

Pursuing Good Practice? The Limits of Evidence-Based Practice

Mel Gray & Catherine McDonald

MEL GRAY is Professor of Social Work at the University of Newcastle, New South Wales Australia. Address: School of Humanities and Social Sciences, The University of Newcastle, University Drive, Callaghan 2308, NSW Australia. [email:Mel.Gray@newcastle.edu.au]

CATHERINE MCDONALD is a Senior Lecturer in the School of Social Work and Applied Human Sciences, The University of Queensland. Brisbane. 4072. Queensland, Australia [email:C.McDonald@uq.edu.au]

Abstract

Summary

Many of the profession are pursuing ways to develop and promote good and accountable practice. One of the most popular courses suggested is evidence-based practice. Locating our discussion within the context of neo-liberalism, we argue here that evidence-based practice has arisen not only in response to the ongoing desire to promote scientific practice, but also to increase social work's 'fit' with the current context.

Findings

We conclude that social work is an extremely complex set of activities and that evidence-based practice is too conceptually narrow and theoretically limited, particularly in its constrained capacity to take up many of the developments in social theory. Finally, we suggest that the conceptual objectives of evidence-based practice can be met by the integration of ethical reasoning in practice which we suggest is a strategy of mature professionalism which can be more readily applied in the diverse contexts and forms of social work practice.

Application

The ethical intent (and indeed, the cognitive discipline) of evidence-based practice can equally be realised through deployment of ethical reasoning as a mode of good practice.

Key Words Evidence-based practice, neo-liberalism, ethical reasoning, mature professionalism.

Pursuing Good Practice? The Limits of Evidence-Based Practice

Currently social work is witnessing the resurgence of a long-standing orientation towards a form of social work practice, variously called scientific practice, empirical clinical practice, research-based practice, or evidence-based practice (Trinder, 2000a). Simply stated, evidence-based practice means basing intervention on proven effectiveness derived from empirical research. Occurring on a broader scale than social work, the renaissance of evidence or more particularly of a particular form of 'evidence' in the contemporary regime of welfare is entirely congruent with the times. As we will see, discussions about the delivery of social welfare as well as contemporary approaches to social policy in the advanced or neo-liberal welfare states increasingly make reference to the proactive use of evidence conducted within a realist ontology using positivistic empirical strategies.

We consider this to constitute a re-emergence of the scientific aspirations of social work, indicating the extent to which it was (and to a certain extent still is) a quintessentially modernist project. The positivist orientation embodied by evidence-based practice has been articulated and debated within the formal social work literature virtually since the profession's inception, sometimes dominating debate, and at other times, more muted. Over the last decade evidence-based practice has vigorously revitalized these aspirations, and is mooted by some social work scholars and practitioners as the most productive development seen in some time. Its contemporary emergence has been spurred by a range of objectives, the most intuitively compelling of which are ethical in intent. The (desirable) promotion of practitioner accountability to people who use social work services and to other relevant bodies is vigorously advanced as a key reason why social workers should embrace evidence-based practice (see Gambrill 2003, 2001, 1999; Rosen 1999).

Yet other social work authors regard the renaissance of evidence-based practice with ill-disguised disquiet (for example, Goldstein 1992; Trinder 2000b; Witkin and Harrison 2001; Webb 2001) arguing, in the main, that its ontological and epistemological assumptions are inappropriate and that it represents (at a minimum) an unwelcome privileging of an apolitical positivism. Such a position, it is argued, is highly problematic in an era when we have become acutely aware of silent (and silenced)

voices and sustained power imbalances and degrees of disadvantage unaffected by decades of modern welfare. After briefly introducing the contours of evidence-based practice, we argue that the impetus towards it represents more than its stated desire to promote professional accountability. Rather, the re-emergence of evidence-based practice must be appreciated within the context of neoliberalism, manifest in the various administrative strategies of New Public Management drawn from public choice and agency theory (Peters, 1996: Rhodes, 1994) affecting the organisations in which social workers practice. Secondly (congruent with the movements' critics noted above) we briefly discuss the shortcomings of the epistemology and ontology promoted by evidence-based practice, particularly when confronted with widely-accepted theoretical developments about the nature of social phenomena. Having voiced these two important caveats about evidence-based practice, we come to our key point. It is our contention that the conceptual and practical rigidities created by a strict adherence to an evidence-based practice approach seriously constrain its capacity to inform much of the diversity of social work practice. Rather, we contend that the *ethical intent* ascribed to evidence-based practice in social work can be pursued just as readily (and without the limiting and disabling rigidities) by the use of well-developed moral reasoning. This, we suggest, is more characteristic of the sort of mature professionalism we believe is required by the contemporary context of welfare.

The Contours of Evidence-Based Practice

Clearly informed by developments in psychological behavioural theory, some social workers (particularly academic social workers) began in the 1960s and 1970s to promote practice as instances of research through what became known as the single-subject or single-system design (SSDs). Actively taught in the (North American) universities, practitioners using SSDs employed such methods as structured observation, standardised tests and client reports to establish a base line of data about a client's functioning. This base line is then augmented in successive stages post-intervention, and client progress evaluated. Despite determined advocacy, the SSD approach to practice did not become a core feature of social work (or even particularly influential with practitioners). Although their (practitioners) lack of engagement with research was repeatedly 'blamed', the relative failure was in part caused by epistemological

differences between its supporters and detractors, its inability to demonstrate itself as applicable to many domains of social work practice, as well as technical difficulties in the SSD design itself which severely limited the knowledge claims that could be made.

Subsequently (and primarily in North American social work), several influential social work academics began to develop an approach to practice modelled on research and development projects of other industries. This culminated in what Kirk and Reid (2002) called the *design and development* approach to practice research or the *intervention research* approach (Rothman and Thomas, 1994), designed to develop empirically tested intervention methods in social work. More recently, evidence-based practice in social work has begun to employ the tools of experimental design (randomised controlled trials), review (wherein a number of studies are examined for what they can offer) and meta-analysis (in which results of a series of studies are pooled and tested) (Reid, 2002). Kirk and Reid (2002, p. 153) claim to have identified good examples of the use of randomized designs in many areas of social work practice – in mental health, child and youth behaviour, substance abuse, aging, health, domestic violence, mental health and child abuse.

Both simultaneously and subsequently, developments such as these have transformed into the contemporary evidence-based practice movement in both the USA and Britain (Sheldon, 1986; Kirk and Reid, 2002). Evidence-based practice in social work clearly draws on developments in the health field (Trinder 2000b). There, the seminal work of Cochrane (1972) evolved into a highly influential international research program called the Cochrane Collaboration (Reynolds 2000). Drawing upon this program, the widespread adoption of evidence-based approaches can be seen in clinical practice in medicine, in virtually all aspects of allied health, in health policy and health management. Not without its critics (Polychronis, Miles and Bentley 1996), and with increasing cognisance of its limitations, evidence-based practice is clearly one of the dominant paradigms in health care. From here, it spread into social work.

With several variations, evidence-based practice has risen to considerable prominence, particularly in the United States and Britain. Some proponents advocate a rather narrow form (for example, Thyer 2001), in which interventions or *treatments* are chosen on the

basis of the scientific support for them and which are simultaneously subject to ongoing evaluation of outcomes through the application of single system and other more rigorous research designs. Others such as Gambrill (2003) and Sheldon (2001) promote a broader form of evidence-based practice. While still advocating quite specific methods of drawing evidence into practice (for example, reviews and meta-analysis), this latter approach is less strictly confined to practice as empirical research and is more an overall approach to how practice should be undertaken. For Gambrill for example, evidence-based practice is as much a philosophy of practice as well as a concrete mode of engagement. Still others (such as Rosen 2003, and Rosen and Procter, 2003) have promoted the notion of carefully developed empirically-validated practice guidelines applied along with systematic planned practice and single-system designs.

Contemporary Antecedents to Evidence-Based Practice

While acknowledging that we cannot, in one paper, do justice to the inherent complexities, we nevertheless focus on two types of factors which lead to the development of evidence-based practice – those emanating from within the profession and those arising from the contemporary context of welfare. In regards to the first, we argue that the current promotion of evidence-based practice is the present-day manifestation of a long-standing movement to gain ascendancy within the profession about what constitutes the *nature* of social work. In particular, it is one which has tried (and continues to try) to constitute social work as a scientific profession engaging in the progressive and rational project of modernity. The core debate is epistemological and ontological – about what constitutes appropriate knowledge for social work and, indeed, about how social work should be undertaken. Modern social workers are understood to systematically employ disciplinary knowledge developed and expressed in the social and psychological sciences. This is a long-standing approach, originally developed by Mary Richmond (1917) in her conception of social diagnosis and developed further by such seminal social work theorists as Florence Hollis (1966) who promoted the idea of casework as science.

Accordingly, it promotes a mode of cognition or formal rationality of problem-solving in social work practice theory. Hollis (1966, p. 27), for example, describes case work as

rational, and as *directive techniques*. Written at the high point of social work in the 20th Century, an influential text by Pincus and Minehan (1973) draws heavily on the positivist rationality of systems theory and develops the notion of systems of practice; the change agent system, the client system, the target system and the action system. A modernist scientific orientation continues to underpin contemporary discussions about the practice of social work. The Social Work Dictionary (Barker, 1999 s.v. “social work”), for example, defines social work as ‘the *applied science* of helping people achieve an effective level of psychosocial functioning and *effecting social changes* to enhance the well-being of all people’ (emphasis added).

A significant strand of the social work literature in this tradition has focused on the effectiveness of social work practice. More recently, this is a concern which has escalated in intensity – a development which is itself a function of the current institutional complex in which social work finds itself (and to which we will shortly turn). Joel Fischer first raised the issue when in 1973 he wrote his now famous article ‘*Is casework effective?*’ Since then (and particularly in more recent times) the debate has intensified. Capturing the heat generated in the current debates, in 1996 an entire issue of the influential journal *Social Work Research* (Volume 20, Number 2) was devoted to the topic which, if it did nothing else, illustrated that little resolution about the fundamental issues involved had been achieved.

So, there have been many attempts to establish a scientific foundation for practice since the inception of the profession (Reid, 2002), part of the ongoing progression of what we argue is the *professional project*. This is a construct drawn from the sociology of professions. Drawn from a number of sources (see Macdonald, 1995 for a more thorough discussion), it builds on the Weberian conception of society as an arena in which social entities such as the professions compete for economic, social and political rewards. Such entities, in this case the profession of social work, endeavour to bring themselves into existence and to maintain or improve their relative standing viz a viz other occupations. In this way, the group pursues a *project*. Taken up and extended by Friedson (1970) and in particular, by Larson (1977), the idea of the professional project as strategy developed. Applied to social work, the professional project refers to the various activities undertaken, illustrated we suggest in the contemporary era by the

promotion of evidence-based practice. In other words, evidence-based practice is a strategic claim projected by those wishing to propel the idea that social work has value as a modern profession.

One of the major justifications for the promotion of evidence-based practice is the desire by its proponents to lift social work out of what is presented as a destabilising swamp of irrationality. Gambrill (2003), Rosen (2003) and Sheldon (2001), for example, all argue that social work fails to justify its actions by reference to any discernable (and hence testable, or at a minimum contestable) logic. Social work, as Gambrill (1999) asserted in a seminal article on evidence-based practice, is an 'authority-based profession', but its claims to 'authority' are, for the most part, spurious. In one of her many publications on the topic (2001, p. 170), she argues that social work practice not informed by evidence is a 'recipe for bamboozlement' characterised by such factors as: a fine-sounding but unimplemented code of ethics, reliance on methods of investigation that obscure rather than reveal what social workers do and to what effect, advocacy of a relativistic view of knowledge in which all modes of knowing are equal, propagandistic strategies and hyperbole.

The adoption of evidence-based practice can be understood as a continuation of long-standing attempts to deal with the ubiquity of ambiguity and uncertainty in social work. Our claim that the current engagement with scientific research in the form of evidence-based practice by its proponents represents, in part, a contemporary enactment of the long-standing professional social work project is reflected in the comments of Rosen (2003, p. 198) when he claims that evidence-based practice signifies the profession's commitment to a scientific knowledge base as one of the basic premises of professional social work practice. A recent publication by the Centre for Evidence-Based Social Care in Britain for example, states that 'it is important that professionally qualified social workers base their practice on the best evidence of what works' (Newman 2000: 2), and that a social worker's claim to authority resides in her claim to 'expert knowledge' (ibid: 3). In this manner, the deployment of evidence-based practice 'can be considered as an enactment of cultural beliefs about what a profession should do and be' (Witkin and Harrison, 2001: 294).

When presented in the terms that Gambrill (op cit) uses (that is, in direct contrast to other supposedly 'irrational' forms of practice), evidence-based practice takes on a convincing aura of moral authority. But it also serves to obscure its strategic intent, both in term of the modal form of the social work professional project it projects, but also, we suggest, in terms of its symbiotic relationship with neo-liberal inspired politics underpinning the reform of the state and associated service delivery. It is from this complex of political developments that the second tranche of reasons external to the profession arise, prompting the current resurgence of evidence-based practice.

Here we refer to that series of inter-related projects of state reform legitimised by the neo-liberal turn in politics. As is well known, the last twenty years of the 20th Century witnessed the rise and eventual dominance, particularly in the liberal welfare states, of the doctrines of New Public Management in public administration (Peters, 1996; Rhodes, 1994). In combination with various programs of welfare reform, these had the effect of transforming welfare service delivery. Drawing on micro-economics in the form of public choice theory (Buchanan and Tullock, 1980) and principle-agent theory (Grossman and Hart, 1983), these processes drew previously separate state agencies into the now-dominant logic of the market. Just as neoclassical economics (the economic version of neo-liberalism) is centrally implicated in the reconfiguration of national economies, public choice and principal-agent theories reconfigure the state.

In the language of public choice theory, rational actors (for example, social workers) maximize their own return; using their position for material self-advancement and enrichment. A consequence of this, policy and service delivery is held to be distorted away from the preferences and interests of the majority of citizens. The (assumed) characteristics of public servants cause them to run service delivery agencies in their own interests rather than in the interests of economic and social efficiency. In public choice theory terminology, this is known as *rent seeking*. Agency theory is a particularly influential strand of public choice theory, introducing many of the concepts that now characterize public service delivery, for example, of *principals* and *agents*. Agency theory examines the relationship between principals and agents. A principal is she who sets the task; an agent is he who implements it. The central problem for principals is how to control agents, particularly opportunistic agents. Popularized by

Osborne and Gaebler (1992) in one of that decade's most influential books, *Reinventing Government*, the metaphors *steering* and *rowing* introduced the model to the public sector.

When set in motion, both sets of theory underpin the design prescriptions of New Public Management, which among other things, is clearly related to increased distrust of bureaucracy and disquiet about the autonomy, practices and decision of bureau-professions such as social work (Harris, 2003). Culminating in such developments as the introduction of care management in Britain and managed care in the USA, social workers now find themselves firmly drawn into a re-designed service delivery system which, in turn, promotes new forms of accountability and new forms of practice. In the United States, for example, the rise of managed care has created circumstances in which social workers must demonstrate effectiveness (or at least attempt to do so) to effectively compete for survival.

Enter evidence-based practice. Under the new conditions of service delivery (which we note is present in some, but by no means all contexts of practice – in fact, probably not even in the majority of contexts), social workers are increasingly required to demonstrate 'effectiveness' to third-party purchasers of their services. In this way, the design principles of a reformed state become the driving force for the reconstitution of professional practice. So while on one level, the push for evidence-based practice represents the latest version of the professional project, it also represents an intensification of it and an accompanying tightening of what is deemed acceptable. In other words, evidence-based practice becomes the modal form of practice in neo-liberal welfare states. The question is – does this matter?

Narrowed Assumptions and Theoretical Insufficiency

We suggest that, yes, it does. Our fundamental premise is that the ontological (and hence epistemological) assumptions underpinning evidence-based practice are too narrow, and as a consequence, are unable to engage with what is by now well-established bodies of social theory which have appreciably broadened our understanding of social phenomena. As will become clear, in many ways our criticisms reflect those made by others (such as Webb, 2001), but with one important difference. That is, we do

not believe that there is anything intrinsically wrong with a realist ontology and positivist strategies of inquiry (after all, much Marxist and neo-Marxist theory and analysis is realist and positivist). Rather, our position is that it is too narrow and it is this that renders it problematic, particularly if promoted (as it is by evidence-based practice advocates) in a 'one size fits all' manner.

While adopting the positivist paradigm has done much to promote the academic respectability of social work within educational institutions in the 1960s (and perhaps into the 1970s), we need now to refer to much broader and highly developed ways of thinking developed by our cognate disciplines in the social sciences, which themselves can find little in common with positivism (Goldstein, 1992), but which have moved beyond it. What these developments have done, in effect, is to displace what is now a very old-fashioned notion that positivism is the *only* means of understanding the world and position positivist theoretical accounts in one relatively discrete part of the overall complex of conceptual assemblages making up the social sciences. Brekke (1986), for example, refers to the 'post-positivist dilemma of the social work researcher' (p. 539) arising from a 'crippling epistemological dogma that [is] no longer tenable' (p. 550) and which is limiting 'needlessly the potential of social work as a knowledge-building and knowledge-testing endeavour' (p. 551). He is not suggesting that empirical research be abandoned, but that its theoretical and suppositional roots should be questioned in the light of theoretical developments. Any process of questioning (and broadening and strengthening) social work research is immeasurably assisted through an awareness of the breadth of social science, which often (queasily) confront important issues that social workers are often unwilling or unable to examine.

Critics of the positivistic-empirical approach see it as methodologically inadequate, outdated and overly restrictive for understanding complex social phenomena. It limits the sorts of phenomena that can be studied, dealing best with those aspects which can be rendered 'visible' to and hence measurable by the research tools of positivism. A positivist approach is similarly narrow in the theoretical perspectives it may use. Being realist, it cannot employ constructivist bodies of theory, nor can it attend to the recent developments in critical theory which draw constitutive linkages between structural factors and their constitution in, for example, discourse and language. Finally, a

positivist approach cannot even begin to reconcile itself to the sorts of criticisms made by postmodern theorists about the role of knowledge (such as positivist knowledge) and knowledge claims (such as those made by social workers using evidence-based practice prescriptions) in perpetuating social cleavages and relative disadvantage.

Our argument here is quite simple. Social work is an incredibly complex series of activities undertaken in diverse, unstable, constantly changing social 'spaces'. Empirically-derived attempts to understand those spaces will always be partial and incomplete, and will only be able to attend to those processes amenable to the lens applied. Evidence-based practice research, either single system designs or randomised controlled trials, are equally partial and can only 'see' what that particular lens allows. Of course, such a conclusion is logical, but what it does not do is respond to the *purpose* or *ethical intent* of evidence-based practice – that is to render social work more accountable, more reflective and more informed. In other words, how do we pursue good practice? It is to this that we now turn.

Pursuing Good Practice - The Use of Ethical Reasoning

First and foremost we argue that social work is predominantly, over and above any other constitutive claims about its nature, a practical-moral activity (Parton and O'Byrne, 2000). Unfortunately, so much of what we do and say in social work is unnecessarily constructed within unhelpful binaries - a position demonstrated by Gambrill (1999) in her comparison of 'irrational' authority-based practice with evidence-based practice. Why, we ask, must it be one or the other? Technical mastery, for all of its admirable qualities is not the only quality of a successful social worker. Successful worker-client relationships, irrespective of the model of practice adopted, is fundamentally built on the (at times very practical) value of respect - respect for their intrinsic worth as human beings accompanied by a sense of what they can become if enough resources were available (see for example the positions advanced by Richard Sennet [2003] and Amartya Sen [2001]). Respect then implies a commitment to working both for clients (in, for example, policy domains) and with them (in day-to-day practice) to achieve the possibilities inherent in clients' humanity (Gray and Stofberg, 2000).

Irrespective of the assumptions embedded in and propelled by evidence-based practice, social work cannot accept that it is a purely non-normative technical exercise because, inevitably, techniques themselves imply particular moralities and sets of ethics (Rose, 1999). It is about serving in the context of caring for the other. The fact that social work is about helping (an unquantifiable notion because of its culturally-contingent nature) makes it irreducibly a moral concern. As soon as we enunciate a desire to help, we enter the realm of morality by implying that we want to act beneficently. This is by definition a moral commitment which cannot be reduced to anything else. For this reason, we propose that the deliberate use of ethical reasoning is exquisitely suited to promote the type of ethical intent claimed by evidence-based practice, but without its inherent limitations and its (albeit probably unwitting) acceptance of the politics of neo-liberalism.

Ethics (or moral philosophy) aims to enhance our understanding of moral matters, to deepen awareness of self and others and to inform and guide our responses. Ethical reasoning does not aspire to provide definitive answers as to right or wrong, and as such is well suited to ambiguity. It helps people (such as social workers) develop the ability to think more systematically about moral problems and to reach informed decisions about them - whenever that is possible (and as far as it *is* possible). The skills of ethical reasoning are essentially rational. They include precise question formulation, clear enunciation of answers accompanied by accurate explanations of how that response was reached, and identification and critical examination of all relevant arguments.

Philosophical thinking about ethical problems (which as we suggest, includes all social work 'problems') involves, *inter alia*, choosing between alternative positions and basing this choice, as far as possible, on sound argument. Making well-considered decisions requires a thorough awareness of all aspects of the problem, plus the ability to anticipate the consequences of possible decisions and actions. Moral sensitivity and moral understanding adds to this technology of decision-making, an appreciation of the intensely moral dimensions of social work - among them the importance of respecting others and the enormity of the act of engagement (Gray, 1995).

Using narrative methodology, Shaw and Shaw (1997) conducted research on the criteria social workers used to judge whether their intervention was successful or not. They

found three criteria: first, being in control of or exerting appropriate influence over the situation; second, having good, co-operative clients; and third, sheer luck. Shaw and Shaw concluded that any 'grounded' model of evaluation had to take into account 'practice accountability, explanation of causes, the nature of social work evidence, and the interplay of knowing and feeling in social work' (ibid, p. 76). Determining accountability is extremely complex because of the unpredictability of the people and situations with which social workers deal, yet giving explanations and reasons are central to social work intervention. In their study, they found that there was awareness on the part of practitioners of the fact that 'the evidence facing them in day-to-day practice will always prove more or less ambiguous and complex and open to competing interpretations' (ibid, p. 77).

Facilitating our capacity for ethical reasoning, to develop among other things, the capacity to achieve conceptual clarity - to think systematically, critically and thoroughly about their practice of social work represents a potential alternative to the imperative posed by evidence-based practice. The ability to think critically is pivotal. It teaches us to question our own observations and understanding, to clarify our distinctions and definitions, to be clear about our own moral values and the way they influence our work. It teaches us to carefully construct and scrutinise arguments as to their validity and 'truth'. This critically reflective stance reduces the gap between theory and practice; and practice that is systematic and well thought out is already on its way to becoming good grounded practice theory. It is also clear that being concerned with morality and with ethical reasoning demand, to a certain extent, the same conceptual skills and cognitive capacities as the types of research nominated by evidence-based practice. Ethical reasoning however has a greater capacity to 'fit' and therefore inform the social worker's interaction with the variety of social realities and practice contexts in which they are located.

Conclusion

This paper has critically engaged with evidence-based or empirically based practice that gave rise to the idea of the social worker as practitioner/researcher, the single-system case and design randomised controlled trials. Here, we have argued that evidence-based

practice has come into prominence in recent times both as a contemporary version of the professional project – a strategy for creating and enhancing the position and profile of social work in welfare states - and as a core response to the re-configuration of service delivery in neo-liberal welfare states. As such (and although rarely acknowledged), evidence-based practice is intensely political in intent. Secondly, we have argued that as a result of its avowed realist and positive stance, it presents a way of thinking about the complex and diverse range of social practices that constitute social work in a manner that is too conceptually confined and theoretically impoverished. Finally, we have claimed that the ethical intent (and indeed, the cognitive discipline) of evidence-based practice can equally be found in the deployment of ethical reasoning. Further, the latter is, we suggest, more easily applied in diverse contexts of practice, and one which is congruent with the nature of social work as a practical-moral activity informed by principles of respect. Being concerned about and operationalising accountability for our practice in many respects requires the same set of cognitive skills and routines. These include the attempt to formulate a question as precisely as possible, to state an answer as clearly as possible, to explain a position as accurately as possible, to identify the relevant arguments, to examine arguments critically, to make informed judgements, and to take appropriate action. Making well-considered decisions requires a sound awareness of all aspects of the problem and the ability to anticipate the consequences of possible decisions and actions. It does not mean acting on the basis of feeling or intuition alone (as Gamrill [1999] so damningly suggests). Rather, it suggests that they be subject to the same process of critical reflection through the framework of ethical reasoning as do all our thoughts and observations. This, we suggest, is mature professionalism.

References

- Barker, R.L. (1999) *The Social Work Dictionary*, Washington, DC: NASW Press.
- Brekke, J.S. (1986) Scientific imperatives in social work research: Pluralism is not scepticism. *Social Service Review*, 60 (4): 538-554.

Buchanan, J. and Tullock, G. (1980) *Towards a Theory of the Rent-seeking Society*, A and M Press: Texas

Cochrane, A. (1972) *Effectiveness and Efficiency: Random Reflections on Health Services*, London: Nuffield Provincial Hospitals Trust.

Fischer, F. (1973) 'Is social work effective? A Review.' *Social Work*, 18 (1): 5-20.

Friedson, E. (1970) *The Profession of Medicine*, New York: Dodd, Mead and Co.

Gambrill, E. (2003) 'Evidence-Based Practice: Sea Change or the Emperor's New Clothes?' *Journal of Social Work Education*, 39 (ISSUE): 3-23.

Gambrill, E. (2001) 'Social Work: An authority-based profession', *Research on Social Work Practice*, 11 (ISSUE): 166-175.

Gambrill, E. (1999) 'Evidence-based practice: An alternative to authority-based practice', *Families in Society: The Journal of Contemporary Human Services*, 80 (4): 341-350.

Goldstein, H. 'Should social workers base practice decisions on empirical research? No!' in E. Gambrill and R. Pruger (eds) (1992) *Controversial Issues in Social Work*, Boston: Allyn and Bacon. (pp 271-287)

Goldstein, H. (1986) Towards the integration of theory and practice: A humanistic approach. *Social Work*, 31(5): 352-357.

Gray, M. (1995) The ethical implications of current theoretical developments in social work. *British Journal of Social Work*, 25 (1): 55-70.

Gray, M. and Stofberg, J.A. (2000) Social work and respect for persons. *Australian Social Work*, 53 (3): 55-61.

Grossman, S.J. and Hart, O.D. (1983) 'An analysis of the principal-agent problem', *Econometrica*, 51(ISSUE): 7-46.

Harris, J. (2003) *The Social Work Business*, London: Routledge.

Hollis, F. (1966) *Casework. A Psychosocial Therapy*, New York: Random House.

Kirk, S.A. and Reid, W.J. (2002) *Science and Social Work: A Critical Appraisal* New York: Columbia University Press.

Larson, M. S. (1977) *The Rise of Professionalism: A Sociological Analysis*, Berkeley: University of California Press.

Macdonald, K. (1995) *The Sociology of the Professions*, London: Sage.

- Newman, T. *Developing Evidence-Based Practice in Social Care. Guidelines for Practitioners*, [Online] (Exeter: Centre for Evidence-Based Social Services, Exeter University, 2002). Available: <http://www.ex.ac.uk/cebss/>
- Osborne, D. and Gaebler, T. (1992) *Reinventing Government*, Reading, Ma: Addison-Wesley.
- Parton, N. and O'Byrne, P. (2000) *Constructive Social Work*, London: Macmillan.
- Peters, G. (1996) *The Future of Governing: Four Emerging Models*, Lawrence: University of Kansas Press.
- Pincus, A. and Minehan, A. (1973) *Social Work Practice. Model and Method*, Itasca: F.E. Peacock Publishers.
- Polychronis, A. Miles, A. and Bentley, D.P. (1996) 'Evidence based medicine: reference? dogma/ neologism? new orthodoxy?' *Journal of Evaluation in Clinical Practice*, 2 (ISSUE): 1-3.
- Reid, W.J. (2002) 'Knowledge for Direct Social Work Practice: An Analysis of Trends', *Social Service Review* 76: 6-33.
- Reynolds, S. (2000) 'The Anatomy of Evidence-based practice: Principles and Methods', in L. Trinder and S. Reynolds (eds), *Evidence-Based Practice: A Critical Appraisal*, (pp 17-34) Oxford: Blackwell Science.
- Rhodes, W. (1994) 'The Hollowing Out of the State: The Changing Nature of the Public Service in Britain', *The Political Quarterly*, 65 (2): 138-51.
- Richmond, M. (1917) *Social Diagnosis*, New York: Russell Sage Foundation.
- Rose, N. (1999) *Powers of Freedom: Reframing political thought*, Cambridge: Cambridge University Press.