

SWEDISH AGENCY FOR HEALTH TECHNOLOGY ASSESSMENT AND ASSESSMENT OF SOCIAL SERVICES

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APPLYING AN HTA-APPROACH IN ASSESSING SOCIAL SERVICES

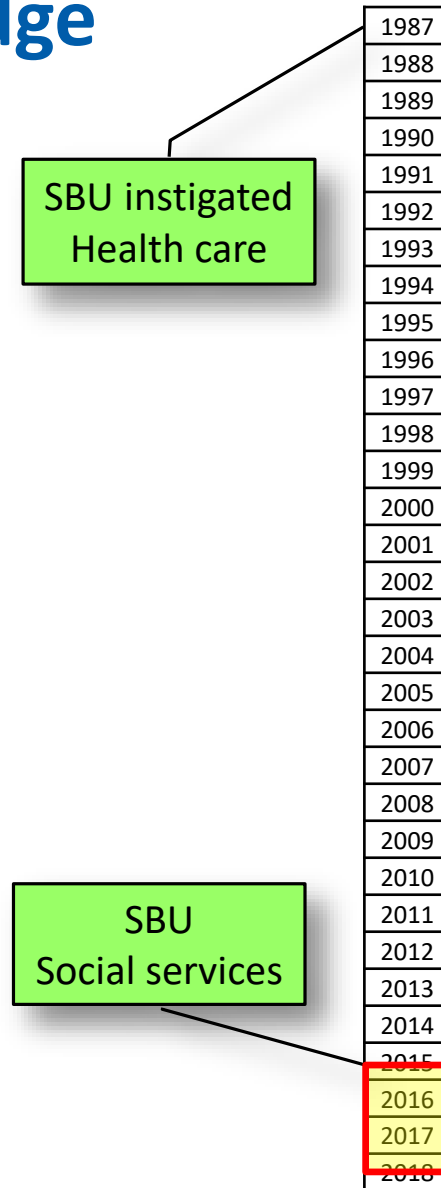
THE RISE OF SOCIAL TECHNOLOGY ASSESSMENT

Experiences and examples from SBU,
Sweden



SBU – a national centre of knowledge for health care and social services

- Agency under the Ministry of Health and Social Affairs (full funding)
- Focus on interventions, diagnostic tools, risk factors (not only RCT's)
- Qualitative synthesis since 2008
- Organisation for Health Technology Assessment also applicable for STA (clinical, economic, ethical, organizational, social, and legal impacts)



Starting points, key elements

- The method of HTA is applicable, but some adjustments are probably needed
- At first, choose relevant questions/projects with possible clear conclusions
- Communication -- building trust and confidence among professionals and researchers in the area of social care



To start with the method, does STA differ from HTA?

Advantage from experience in HTA:

Work processes are extensively tested and found relevant & applicable

Differences are mainly quantitative, not qualitative (except in infrastructure for dissemination)

To be taken into consideration...

- Identifying the literature...
 - Grey literature
 - Other databases
 - Broader scope for searching
- Assessing the quality...
 - Same requirement for quality, use check lists
- Synthetisation of result
 - Qualitative research



Same process as for HTA

- Combine internal methodological expertise (SBU staff) with external content expertise
- User participation
 - Before project start, client organisations' reviews research questions
 - During project, if relevant a client reference group follow the process
 - Before publication, results are discussed with client organisations
- Extensive quality assurance of products
 - Internal review
 - External review by 2 or more experts
 - Scientific advisory board
 - Board of directors



REPORTS 2015–2018

Social services



SBU Assessment

- Interventions to improve foster children’s mental and physical health
- In home care for abusive and neglectful parents
- Medical examination of foster care children
- Treatment foster care for antisocial youth
- Interventions in residential care to prevent juvenile delinquency
- Interventions for unaccompanied asylum-seeking young people
- Fetal Alcohol Syndrome (FAS) and Fetal Alcohol Spectrum Disorders (FASD) – conditions and interventions
- Interventions to prevent misuse of alcohol, drugs and gambling in youth

Treatment foster care for antisocial youth

- Approximately 2,000 adolescents are annually placed in residential care in Sweden due to their behavior problems. An alternative to residential care is Treatment Foster Care Oregon, TFCO.
- Moderate certainty of evidence that placing seriously delinquent adolescents in TFCO reduces the risk for future criminal behavior.
- TFCO may also reduce the risk of delinquent peer associations and drug use, while improving the individuals' psychological health.
- Considering the long-term effects, TFCO is more cost-effective than residential care.





COMMUNICATION



Activities to strengthen evidence based practice

Regional – local level

- Establish an infrastructure for evidence-based practice
 - Dialogue with professionals (meetings, reference groups)
 - Involving SBU:s STA-Network
 - Training of academia in systematic reviews (+100)
 - Recruiting senior academia as experts in our projects
 - Training of local facilitators in searching and quality assessing evidence
 - Training of managers in implementation leadership



Increased opportunities to reach social services

1. High interest in evidence based working methods
2. Increased number of national and international evaluations
3. Increased interest among experts
4. Confidence in the SBU evaluation method



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Thank you!



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