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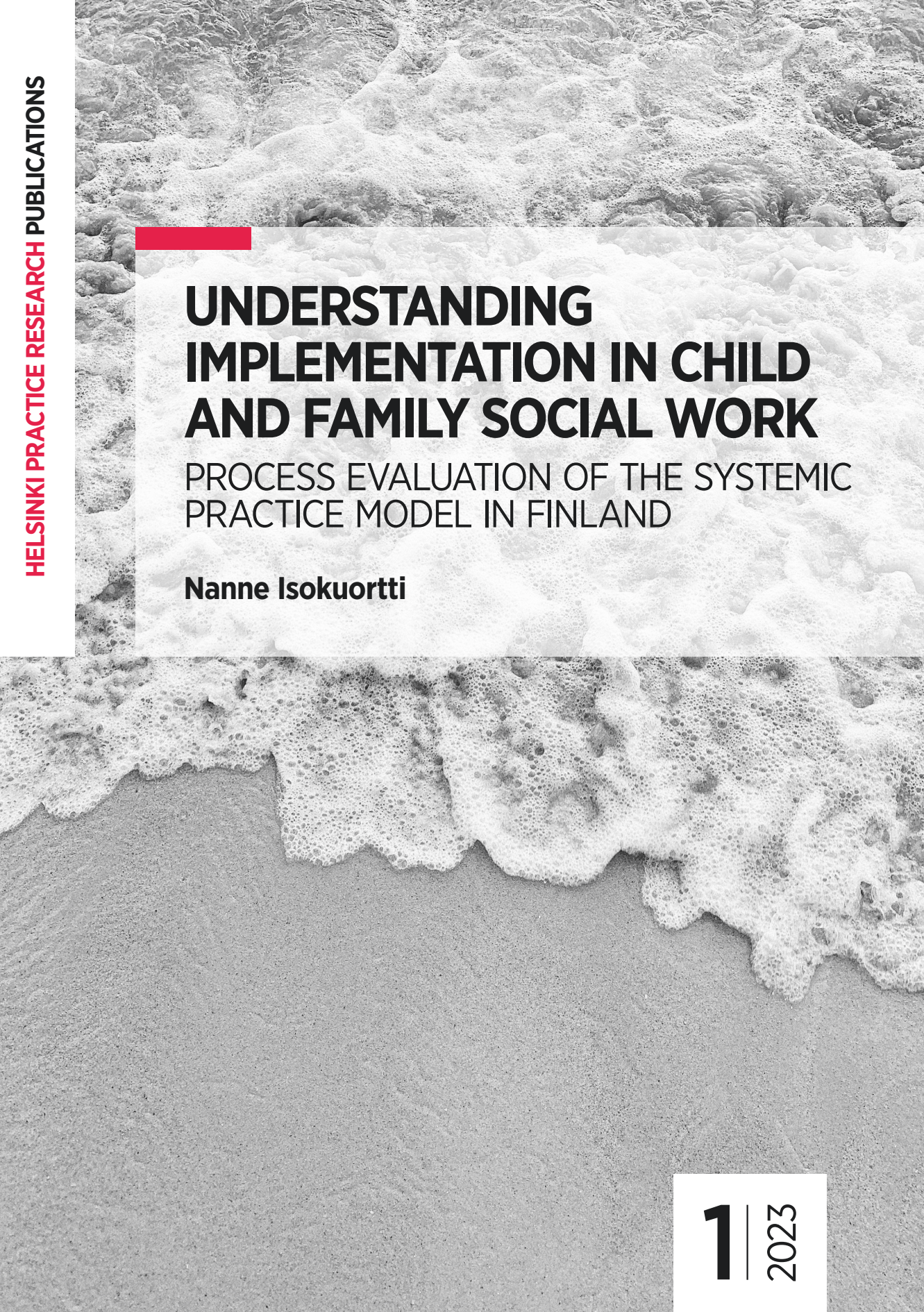

UNDERSTANDING IMPLEMENTATION IN CHILD AND FAMILY SOCIAL WORK

PROCESS EVALUATION OF THE SYSTEMIC PRACTICE MODEL IN FINLAND

Nanne Isokuortti

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Faculty of Social Sciences
Doctoral Programme of Social Sciences
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Nanne Isokuortti

DOCTORAL DISSERTATION

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ABSTRACT

As process evaluations can provide in-depth, practice-level understanding of change efforts, they offer valuable information to policy and practice stakeholders to facilitate implementation. This article-based dissertation comprises a process evaluation of the Systemic Practice Model (SPM) in Finland. The model is an adaptation of the Reclaiming Social Work (RSW) model, originally developed in England. The model aims to improve the quality of service by delivering systemic practice in child and family social work. To investigate other models and knowledge about their effectiveness, the study also sought to synthesise previous research on the effectiveness of child protection practice models. Through combining a process evaluation and systematic review, the overall objective of this research is to facilitate the future implementation of empirically supported interventions in child and family social work.

The research involved three overlapping tasks. First, systematic searches were conducted across 10 electronic databases and the grey literature to identify outcome evaluations of practice models (Article I). Second, qualitative data was collected from various stakeholders (n = 83) at the system, organisation, practitioner, and service user levels to examine the means of achieving the SPM implementation, the contextual factors that influenced it and the actual changes to practice delivered (Articles II and III). Third, to investigate the way the SPM can attain its outcomes, and the underlying reasons for and the context in which this occurs, a programme theory for the model was created in a collaborative workshop process with key informants (n = 12) (Article IV).

Despite their popularity, the systematic review identified limited evidence of the effectiveness of child protection practice models, such as the RSW. Notwithstanding, the SPM was initially implemented at 31 municipal children's service sites as part of a broader children's service reform initiated by the government. The implementation analyses found complex linkages between implementation outcomes and influencing factors at different levels. Essentially, challenges related to the Finnish adaptation and its national implementation strategy, along with problematic circumstances, seemed to percolate down from central government to the local agencies, thereby creating several unintended effects. Although social workers felt positive about the model itself, barriers to its practical application seemed to weaken their motivation to change. Factors that hindered the adoption of systemic practice were a lack of clarity concerning systemic social work practice, insufficient training, and different organisational factors, such as inadequate resources and leadership. Subsequently, the fidelity assessment and family interviews indicated limited changes in practice. The teams that were more successful in adopting systemic practice enjoyed a positive learning environment with little

staff turnover and received hands-on coaching in systemic practice. In order to support the implementation and evaluation in the future, a realist programme theory for the SPM, describing its core components and causal chains, was formulated.

In conclusion, the present research indicates that careful preparation, a clear intervention description, high-quality training, a supportive leadership and work environment and ongoing support at multiple levels are important for future implementation. Without adequate implementation support, interventions seemingly fail to achieve their anticipated outcomes or succeed to only a limited extent. Despite their good intentions, change processes may also generate unintended outcomes, such as implementation-related stress for practitioners. Prior to taking an implementation decision, assessing the intervention's research evidence, fit to the host context and the overall feasibility of implementation is also crucial. This study also recommends that future implementation efforts should proceed carefully from small-scale testing to wider implementation and should aim for rigorous, co-produced outcome and process evaluations with practice and research stakeholders. In essence, the field of social work should treat implementation challenges with the appropriate care they deserve and use tools, strategies and knowledge from implementation research to improve service outcomes.

Keywords: process evaluation, implementation, mechanisms, effectiveness, Systemic Practice Model, child and family social work

TIIVISTELMÄ

Tämä artikkeliväitöskirja keskittyy *systeemisen lastensuojelun toimintamallin* prosessiarviointiin Suomessa. Malli on sovellus englantilaisesta Reclaiming Social Work (RSW) -mallista. Mallin tavoitteena on parantaa lasten ja perheiden sosiaalityön laatua systeemisen työskentelyn avulla. Tutkimuksen päätavoitteena on tuottaa tietoa edistämään empiirisesti tutkittujen interventioiden käyttöönottoa lasten ja perheiden sosiaalityössä.

Tutkimus sisälsi kolme tehtävää: (1) systemaattinen kirjallisuuskatsaus lastensuojelun toimintamallien vaikuttavuudesta (osatutkimus I), (2) implementointitutkimus, jossa arvioitiin eri tason toimijoiden (n = 83) haastattelujen keinoin systeemisen mallin implementoinnin toteutusta, prosessiin vaikuttaneita tekijöitä ja käytännön tasolla tapahtuneita muutoksia (osatutkimukset II ja III), (3) mallin ohjelmateorian eli yksityiskohtaisen kuvauksen rakentaminen mallin kehittäjien ja levittäjien kanssa (n = 12) (osatutkimus IV).

Katsauksessa havaittiin, että vaikka lastensuojelun toimintamallit (esim. RSW) ovat suosittuja monessa maassa, niiden vaikuttavuudesta tiedetään vielä vähän. Tästä huolimatta systeemistä mallia pilotoitiin ympäri Suomea osana lasten ja perhepalvelujen muutosohjelmaa (LAPE) 2016-2018.

Pohjimmiltaan suomalaiseen sovellukseen ja sen implementointistrategiaan liittyneet haasteet näyttivät tihkuvan valtion keskushallinnosta paikallisiin lastensuojeluorganisaatioihin, millä oli epäsuotuisia vaikutuksia mallin käytännön toteutukselle. Vaikka sosiaalityöntekijät suhtautuivat itse malliin myönteisesti, mallin fideliteetin arviointi ja palvelunkäyttäjien haastattelut osoittivat, että pilotointivaiheessa saavutettiin vain vähäisiä muutoksia varsinaisessa työskentelyssä. Mallin jatkototeutuksen ja -tutkimuksen tueksi mallille rakennettiin ohjelmateoria, jossa kuvataan sen ydinelementit ja vaikutusketjut.

Johtopäätöksenä voi todeta, että huolellinen valmistelu, selkeä kuvaus interventiosta, laadukas koulutus ja menetelmäohjaus sekä toimiva johtaminen ja työympäristö kaikilla tasoilla ovat tärkeitä laadukkaalle implementoinnille. Ilman riittävää tukea interventiot eivät saavuta toivottuja tuloksia tai onnistuvat siinä vain rajoitetusti. Ennen implementointipäätöksen tekemistä on olennaista arvioida intervention tutkimusnäyttöä ja yhteensopivuutta uuteen ympäristöön sekä hankkeen toteuttamiskelpoisuutta. Tulevissa muutospyrkimyksissä tulee edetä asteittain pienimuotoisesta testauksesta laajempaan levitykseen, mikäli tutkimustulokset puoltavat sitä. Implementointitutkimus tarjoaa tietoa ja välineitä palvelujen parantamiseksi.

Avainsanat: prosessiarviointi, implementointi, mekanismit, vaikuttavuus, systeeminen lastensuojelun toimintamalli, lasten ja perheiden sosiaalityö

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In Helsinki, April 2023

Author

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LIST OF ORIGINAL PUBLICATIONS

This thesis is based on the following publications:

I Isokuortti, N., Aaltio, E., Laajasalo, T., & Barlow, J. (2020). Effectiveness of child protection practice models: a systematic review. *Child Abuse & Neglect*, 108, 104632–104632. https://doi.org/10.1016/j.chiabu.2020.104632

II Isokuortti, N. (2023). Organisational and systems factors impacting the adaptation of a child welfare practice model from the UK to Finland [Manuscript submitted for publication]. Faculty of Social Sciences, University of Helsinki.

III Isokuortti, N., & Aaltio, E. (2020). Fidelity and influencing factors in the Systemic Practice Model of children's social care in Finland. *Children and Youth Services Review*, 119, 105647–. https://doi.org/10.1016/j.childyouth.2020.105647

IV Aaltio, E., & Isokuortti, N. (2022). Developing a programme theory for the Systemic Practice Model in children's social care: Key informants' perspectives. *Child & Family Social Work*, 27(3), 444–453. https://doi.org/10.1111/cfs.12896

The publications are referred to in the text by their roman numerals.

ABBREVIATIONS

SPM	Systemic Practice Model
RSW	Reclaiming Social Work
SBC	Solution-Based Casework
SoS	Signs of Safety
EBP	Evidence-based practice
QIF	Quality Implementation Framework
CFIF	Conceptual Framework for Implementation Fidelity
EPIS	Exploration, Preparation, Implementation, Sustainment
TA	Technical assistance
ToT	Training of trainers

1 INTRODUCTION

> *The challenge of improving organisational effectiveness through innovation has played a central role in organisational research and practice for well over a century.*
>
> (Glisson, 2015, p. 245)

Ultimately, social service organisations strive to enhance their service provision in order to improve the lives of individuals, families and communities. When I discovered in 2016 that central government intended to introduce the Reclaiming Social Work (RSW) model to Finland in order to improve the quality of child protection services, I became curious about this process. How and why had the implementation decision been taken? How could this kind of complex social intervention, which had been developed in another country, be implemented in another context? What would be the nature of this implementation process in practice? How would different stakeholders, from families to government officials, perceive this initiative? Simultaneously, I felt the urge to investigate the existence of other practice models for child and family social work and the knowledge about their effectiveness. Altogether, curiosity about changing practice and bridging the gap between practice and research ultimately encouraged me to complete my doctoral thesis. Indeed, I realised that implementation research provided excellent means for this purpose. As such, this thesis is connected to the growing tradition of practice-based evaluation research in social work (see, e.g., Webber, 2022).

The evidence-based practice (EBP) movement is increasingly reflected in social work, leading to calls for the more extensive use of interventions supported by empirical evidence as means to improve social services (e.g., Albers et al., 2021; Gilbert et al., 2011; Källström & Grip, 2019; Newlin & Webber, 2015; Schnurr & Slettebø 2015). Rooted in evidence-based medicine (Sackett et al., 1997), in principle, EBP entails both the use of interventions supported by robust empirical evidence and the process of applying an evidence-based intervention in a specific sociocultural context (Soydan & Palinkas, 2014). It is argued that the best possible outcome can be achieved by integrating practitioner expertise and service-user preferences with the best available research evidence (Shlonsky & Wagner, 2005; Soydan & Palinkas, 2014). Although social work has a long history of exchanging ideas and innovations between countries, the demand for empirically supported and cost-effective practices has considerably advanced the international transportation of social interventions (Newlin & Webber, 2015; Schnurr & Slettebø, 2015; Sundell et al., 2014). Implementing interventions with a previous evidence base in new contexts has been seen as more efficient than developing totally new interventions for each context (Moore et al., 2021).

Implementation, in general, refers to a specific set of activities designed to put into practice an activity or programme (referred to as an intervention in the present study) of known dimensions (Fixen et al., 2005, p. 5). Although implementation has been studied in political science since the 1970s (Nilsen et al., 2013; Patton, 2015), along with the growth of EBP, a new field of study – implementation research (or science) – emerged in the 2000's (Albers et al., 2020a; Proctor et al., 2009). Broadly defined, the study of implementation involves collecting data, both descriptive and evaluative, on the past or present operation of a specific intervention (Patton, 2015). Supporting and evaluating implementation is crucial, because failure to realise the implementation as intended compromises its effectiveness (Durlak & DuPre, 2008).

Despite the growing body of implementation literature in social work and human services (Bunger & Lengnick-Hall, 2019; Cabassa, 2016; Metz et al., 2021), most previous research focuses on the actual implementation of new interventions in discrete organisations. In turn, much less is known about the way the implementation process is influenced by implementation-related decision making, policy-level actions, the role of the larger external environment and relationships among organisations (Bunger & Lengnick-Hall, 2019; see also Albers & Shlonsky, 2020; Willging et al., 2015). Indeed, the implementation literature distinguishes between two rather distinct fields of study: policy- and legislation-focused *policy-implementation research* and *implementation science* focusing on the EBPs and other empirically supported interventions (Nilsen et al., 2013). By focusing on both government-level policy processes and the practical implementation of the SPM, the present study adopts elements from both of these fields.

Given that there is a growing body of international implementation literature in social work (Albers et al., 2021; Bunger & Lengnick-Hall, 2019; Cabassa, 2016), it is surprising that very little attention has been paid to utilising these methods in the field of social work in Finland. Nonetheless, researching the process of introducing new innovations in real-world social service settings is crucial for understanding the possibilities and challenges to change and improve practice for children and families involved in child protection. In effect, the present study addresses two international issues: the domestication of the implementation literature in Finnish social work research and the adoption of a UK practice model in Finnish child and family social work.

Child protection services play a vital role in protecting children from serious harm and promoting the well-being of all children. Every year 1.5–5% of children in the UK, USA, Australia, and Canada are reported to child protection agencies for all types of child maltreatment (Gilbert et al., 2009). In 2021, a child welfare notification was submitted for 9 per cent of all children aged 0–17 in Finland; in turn, 3.7 per cent of children aged 0–17 were child welfare service users in open care (i.e., subject to a child protection plan) and 1.0 per cent placed in care during that year (Forsell & Kuoppala, 2022).

It is important to note that countries differ in the organisation of their child protection systems. In Finland, "child welfare must promote the favourable development and wellbeing of the child" (Child Welfare Act, 2007). As a comparative study of child protection systems (Gilbert et al., 1997, 2011) demonstrated, the Nordic and continental European countries tend towards a therapeutic and supportive 'family service orientation', while Anglo-American countries can be classified as more 'child protection oriented'; i.e., they place a greater emphasis on risk and protection. Gilbert et al.'s (2011) study nonetheless acknowledged the similarities between both sets of countries and the increasing emergence of a 'child-focused orientation'.

The English system has been viewed as a hybrid approach that supports vulnerable families but also emphasises child protection, whereas the Finnish system is primarily a family-service oriented system that incorporates elements of a child-focused orientation (Berrick et al., 2016; Gilbert et al., 2011; Parton & Berridge, 2011; Pösö, 2011). In general, the English system involves more national regulation with strict guidelines and procedures to be followed, whereas the Finnish system is a highly de-regulated system that allows much space for professional discretion in decision making (Berrick et al., 2015a, 2016). However, Finnish social workers' perceived work pressure is higher, and their caseloads are twice as high as those of social workers in England (Berrick et al., 2016). The comparative studies have also found that children and parents are involved in decision-making and informed about care order proceedings both in England and Finland (Berrick et al., 2015a, 2015b).

In recent years, Finnish child protection services have encountered multiple challenges. The foremost of these was precipitated by the violent death, at the hands of her caregivers, of an 8-year-old girl subject to a child protection plan in 2012. As a consequence, the Finnish government commissioned a report on the state of Finland's child protection services (Kananoja et al., 2013). The report identified multiple problems, including high staff turnover, poor management, high caseloads, lack of holistic understanding of families' needs and limited service-user participation. In response, the Finnish government launched a comprehensive children's service reform that was to be implemented in 2016–2018.

During the past two decades, practice models (also known as practice frameworks) have become increasingly popular in child and family social work in many countries (e.g., Baginsky et al., 2019; Gillingham, 2018; Laird et al., 2018; Morris et al., 2018). The overall aim of these models is to improve the quality of service and outcomes for children and families by adopting a clear theoretical and practical approach to social work practice (Gillingham, 2018). As such, they are designed to guide all stages and aspects of social work (Baginsky et al., 2021; Barbee et al., 2011). Essentially, the aim is to influence the overall way of working in child and family social work. Barbee et al. (2011) define a practice model as follows:

> *A practice model for casework management in child welfare should be theoretically and values based, as well as capable of being fully integrated into and supported by a child welfare system. The model should clearly articulate and operationalize specific casework skills and practices that child welfare workers must perform through all stages and aspects of child welfare casework in order to optimize the safety, permanency and well-being of children who enter, move through and exit the child welfare system. (p. 623)*

The present study focuses on one such practice model, namely the *Systemic Practice Model* (SPM), which is a Finnish adaptation (i.e., a modified version) of the UK *Reclaiming Social Work* (RSW) model. The SPM was initially implemented nationwide as part of the above-mentioned government-initiated project in multiple service sites in Finland. Originally developed at the Hackney children's service agency in London, England, the model aims to improve service by introducing systemic practice to child and family social work (Forrester et al., 2013; Goodman & Trowler, 2012). Based on observations of direct practice, previous research suggests that the RSW model has improved the quality of children's services (Bostock et al., 2017, 2019b; Forrester et al., 2013). The overarching idea is to form small, multi-disciplinary teams (or units) consisting of a social worker(s), a consultant social worker leading the team, a systemically trained family therapist, and a coordinator who handles administrative tasks. After receiving training on systemic thinking and tools, the practitioners use these tools with families and in weekly team meetings. These meetings provide the main forum for systemic supervision, in which the team members reflect on family cases from multiple perspectives and formulate plans in order to help the family. Despite positive experiences of the RSW and other practice models, no systematic reviews have focused explicitly on assessing the effectiveness of all practice models in improving outcomes for children involved in child protection services. This kind of synthesis represents one of the objectives of the present research. Ideally, this kind of review would serve as a starting point for implementation decisions.

This thesis analyses the complexities that emerge from attempts to improve social work practice with interventions. In general, realist evaluation, the theoretical and methodological framework informing this research, assumes that programmes are complex interventions introduced to complex social systems (Jagosh, 2019; Pawson, 2013). Complexity can derive from multiple interconnected sources, such as participants' volition, the length of implementation chains, multiple contextual layers, the timing of the intervention and research, determining and interpreting outcomes, rivalry between interventions, and the emergence of processes (Pawson, 2013). In a similar vein, Skivington et al. (2021) remark that complexity may arise not only from the intervention itself but also through various interactions between the intervention and its context. According to Skivington et al. (2021), the complexity of an intervention may be connected to, for example, the

characteristics of the intervention itself (e.g., multiple interconnected components or goals) or the permitted level of flexibility in its implementation. However, it should be noted that "complexity comes about because inputs, stakeholders, institutional features and outputs are all in a state of constant change, with or without the help of the programme" (Pawson, 2013, p. 49).

Complexity is embedded in this research in various ways, as the focus is a complex social intervention developed in another country to improve the quality of practice in a complex service environment. Indeed, the SPM itself involves multiple complexities, as further demonstrated in this study. Likewise, child protection services may be regarded as a highly complex implementation environment because of the demanding nature of the work, which deals with child safety and associated risks while supporting family wellbeing (Schnurr & Slettebø, 2015) and occurs in bureaucratic and hierarchical organisations that struggle with high caseloads and staff turnover as well as limited access to research (Mildon & Shlonsky, 2011). For this reason, creating change in such a setting is inherently challenging. As mentioned, implementation is understood as an extremely multifaceted undertaking consisting of multiple minor emergent processes that lead to almost endless complexity (Pawson, 2013). By adding international transportation of a complex practice model to the implementation challenge, this complexity increases considerably.

A particular focus of this research is the process of adapting the UK RSW model to the Finnish context and the factors influencing its implementation outcomes. Therefore, this study builds on the domestication research literature (Alasuutari & Qadir, 2014). When transporting complex social interventions from one country or cultural context to another, adaptations may be required due, for instance, to cultural and legislative differences. A number of previous studies focus on transporting evidence-based, i.e., well-defined, manualized interventions (Gardner et al., 2016; Schoenwald, 2008). While non-manualized interventions (such as the RSW model) allow for more adjustment and transformation, both in terms of the intervention and the context, manualized interventions are stricter in terms of possible modifications (Schnurr & Slettebø, 2015). However, as noted earlier, this kind of flexibility may increase the complexity of the implementation. Despite the growing body of literature on the RSW (e.g., Bostock et al., 2017, 2019b, 2022) and other practice models (e.g., Sanclimenti et al., 2017; Sheehan et al., 2018), the factors that influence their adaptation from one country to another are not fully understood. Indeed, this study is the first to examine the implementation of the RSW model, including its adaptations, outside England (see also a parallel study: Aaltio, 2022). As such, the objective of this research is to provide an in-depth, multi-perspective analysis of how and why the RSW model works (or does not work) in different settings.

In essence, this research comprises a process evaluation of the SPM in Finnish child and family social work. Process evaluations are crucial to understanding whether, how and why interventions work in different settings

(Moore et al., 2015). While outcome evaluation examines whether the intervention achieves its desired outcomes in real-world settings, process evaluations study factors, processes, and strategies that influence the uptake, use and eventual sustainability of the intervention in real-world settings (Proctor et al., 2009; Skivington et al., 2021). Outcome evaluations are vital to determine the effectiveness of the intervention, but the results are insufficient to explain how the intervention impact is achieved. Process evaluation helps researchers and different stakeholders interpret effectiveness data, thereby providing more detailed understanding to inform policy and practice (Moore et al., 2015). Thus, process evaluation may prevent potentially false conclusions about an intervention's effectiveness (Carroll et al., 2007). A detailed implementation analysis is essential particularly when adapting interventions to other contexts (Sundell et al., 2014), which is in the focus of this study. Indeed, it is important to note that careful documentation of an implementation increases the generalizability of the findings to other sites (Crea et al., 2009).

Through combining the process evaluation and the systematic literature review, the overall objective of this thesis is to facilitate the future implementation of empirically supported interventions in child and family social work. More specifically, the purpose of this research is to analyse the SPM's *implementation* (how implementation was achieved and what was actually put into practice, that is, fidelity to the model) and the *contextual factors* associated with implementation as well as key informants' views on its *mechanisms of change*. In addition to these three key domains of process evaluation (Moore et al., 2015), the thesis includes a critical appraisal of previous effectiveness research on different child protection practice models to investigate their evidence base. The empirical research spans from the model's exploration phase to its initial implementation phase while covering system, organisation, practitioner, and service user levels (see different contextual levels: von Thiele Schwarz et al., 2019). By investigating these long "implementation chains" associated with the SPM, the aim is to encompass the complexities of the ever-changing social world at the heart of the realist evaluation that informs this study (Pawson, 2013, p. 35–36; Pawson & Tilley 1997).

The thesis proceeds as follows. Based on four sub-studies (see Table 1), I weave together the research results and emphasise the key findings of the project. I also explain my theoretical and methodological premises and present my empirical findings in relation to the chosen theoretical and methodological framework. The following chapter then discusses the state of implementation research in the field of social work. The third chapter, in turn, focuses on the theoretical and methodological perspectives of the study. Next, the fourth chapter presents the study design, research data and methods and discusses the ethical aspects of the research. The fifth chapter compiles the key research results. This is followed by Discussion and Conclusions, where I discuss the implications of this study as well as its limitations and future directions.

Table 1. *Summary of research articles and their objectives, data, methods and findings.*

Article	Objective	Focus of evaluation	Research data and methods	Key findings
(I) Effectiveness of child protection practice models: a systematic review (Isokuortti et al., 2020)	To assess the evidence of the effectiveness of practice models	Previous effectiveness research	Systematic literature review	Despite the popularity of practice models, the evidence base for their effectiveness remains limited
(II) Organisational and systems factors impacting the adaptation of a child welfare practice model from the UK to Finland (Isokuortti, 2023)	To examine (1) how and why the RSW model was transported and adapted to Finland and (2) factors influencing its implementation at system and organisational levels.	Implementation Context	Qualitative analysis of interviews with leaders and change agents and relevant documents informed by the EPIS framework	Challenging circumstances and an 'ad hoc' implementation strategy percolated down from central government to the local agencies, thereby seeming to generate several unintended outcomes
(II) Fidelity and influencing factors in the Systemic Practice Model of children's social care in Finland (Isokuortti & Aaltio, 2020)	To evaluate (1) fidelity to the SPM and (2) the possible factors influencing implementation teams	Implementation Context	Mixed methods evaluation (administrative data, social worker surveys and interviews, family interviews) informed by the CFIF	High variability in fidelity Despite the implementation challenges, social workers felt positive about the model itself
(IV) Developing a programme theory for the Systemic Practice Model. Thematic analysis of the key informants' perspectives (Aaltio & Isokuortti, 2022)	To formulate an initial programme theory of the SPM including its core components and causal chains	Mechanisms	Qualitative analysis of key informants' workshop data and interviews and previous research	Identification of three core components and two context-mechanism-outcome (CMO) configurations, which represent causal chains of the SPM

2 IMPLEMENTATION RESEARCH AND SOCIAL WORK

In this chapter, I provide an overview of implementation research and the way it has been defined and studied in social work, while also discussing its value to the field. Although there is a growing body of international implementation research in social work, only a small number of Finnish studies have investigated the development and uptake of innovations in this field (examples include Julkunen & Korhonen, 2008; Yliruka, 2015).

2.1 IMPLEMENTATION RESEARCH

Implementation and organisational change have been studied for decades in different fields. In implementation studies, researchers are interested in analysing, for example, the service provided to the participants, the roles of the providers, the way participants engage with the designed activities, the concrete deliverables provided by the implementation and their possible deviation from the original plan, and the explanations for these outcomes (Patton, 2015).

As mentioned earlier, the current literature identifies two fields in the study of implementation: policy implementation research and implementation science (Nilsen et al., 2013; Nilsen & Cairney, 2020). While both aim to study challenges associated with translating certain intentions into desired changes, they differ, for instance, in terms of the object of implementation (policies and legislation vs. specific clinical practices). Emerging from the social sciences in the 1970s, policy implementation research was motivated by the desire to increase the effectiveness of public policy (Nilsen et al., 2013; see also Pressman & Wildaswky, 1979). The need for such research was also identified in Finnish social policy research three decades ago (Piirainen & Suikkanen, 1992, 1993).

By contrast, implementation science has burgeoned since the 2000s along with the rise of evidence-based practice in health care (Albers et al., 2020a; Nilsen et al., 2013). Accordingly, implementation science has been defined as "the scientific study of methods to promote the systematic uptake of research findings and other evidence-based practices into routine practice, and, hence, to improve the quality and effectiveness of health services" (Eccles & Mittman, 2006, p. 1). Indeed, in health care, implementation refers to the adoption of research findings, such as evidence-based interventions or guidelines, in everyday practice to improve effective service (Eccles & Mittman, 2006; Rubenstein & Pugh, 2006). In several evaluation frameworks, implementation is followed by evaluations of feasibility, process, and outcomes, thus encompassing one of the last stages in the development and evaluation process

(Palinkas & Soydan, 2012; Skivington et al., 2021; Webber, 2014). In this literature, implementation refers to scaling up interventions that have proven to be effective and feasible in rigorous evaluations. Despite this difference in terminology, implementation (in terms of, e.g., fidelity) is also often evaluated in process and outcome evaluations. Because less is known about the effectiveness of social interventions (e.g., Newlin & Webber, 2015; Schrader-McMillan & Barlow, 2017; Article I of this study), the strength or weakness of their evidence base can vary widely.

It is important to note that successful implementation also aids outcome evaluations; if the intervention is not put into practice, it is impossible to evaluate its effectiveness (see also Aaltio, 2022). Therefore, to increase the evidence base of social interventions, it is crucial for the field of social work to study implementation: to identify implementation barriers and facilitators, assess implementation outcomes and potential factors influencing these processes, and develop and test strategies to support the implementation (Bunger & Lengnick-Hall, 2019; Proctor et al., 2009). In sum, the issues of implementation and effectiveness are closely linked.

Compared to implementation science, Nilsen et al. (2013) argue that policy implementation research has paid more attention not only to outputs (changes among the implementers) but also to outcomes (changes among those targeted by the policy) as well as to the role of context as an important mediator in these processes. Given that the SPM was implemented as part of a larger government reform to improve children's services, it represents a case where both the 'top down' policy processes and the actual delivery in practice should be analysed. As such, the current study combines both policy implementation research and implementation science (see shared implementation object in Nilsen & Cairney, 2020). For this reason, I use the term 'implementation research' in this thesis. In this endeavour, realist evaluation becomes useful, as it can be applied in research on all kinds of interventions, from policies to specific tools. Section 3.1 explains the role of this theoretical and methodological framework.

2.2 IMPLEMENTATION THEORIES, MODELS AND FRAMEWORKS

In recent decades, implementation researchers have synthesised research on the key factors influencing the implementation process and have strived to understand what constitutes successful implementation. This has resulted in the development of theoretical approaches and categorisations. Nilsen (2015) has classified these into five categories: (1) process models, (2) determinant frameworks, (3) classic theories, (4) implementation theories, and (5) evaluation frameworks.

According to Nilsen (2015), process models are 'how-to-implement' models that aim to describe and/or guide the process of translating research into

practice. As such, they present an ideal view of implementation practice as a step-by-step process. In turn, determinant frameworks, classic theories, and implementation theories aim to understand and/or explain factors that are associated with implementation outcomes. Determinant frameworks describe general types of factors that are hypothesized or have been found to influence implementation outcomes (such as fidelity) and therefore aid the identification of potential barriers and facilitators associated with the implementation process both in practice and research. While classic theories derived from different fields such as psychology, sociology, and organisational theory focus on implementation-relevant issues (e.g., behaviour change, social networks, or organisational characteristics), implementation theories have been developed for implementation-research purposes. Evaluation frameworks, in turn, aim to provide a structure for implementation evaluations. However, some determinant frameworks and implementation theories may also be used as evaluation frameworks.

In what follows, I present one process model, the Quality Implementation Framework (QIF) by Meyers et al. (2012), which I utilised in forming the interview protocols and practice recommendations for the current study (see Section 4.3 and 6.1). The QIF involves 14 critical implementation steps in four phases. According to Meyers et al. (2012), the first phase, "Initial considerations regarding the host setting", includes the completion of three assessment strategies that focus on the organisation's needs and resources (step 1), the intervention's fit with the setting (step 2), and the organisation's capacity/readiness (step 3) (p. 468). The assessment is followed by a discussion on whether and how the intervention should be adapted to fit the local context (step 4). The implementers must also obtain explicit buy-in from critical stakeholders and foster a supportive community/organisational climate (step 5). Potential enhancements to general/organisational capacity (e.g., infrastructure, skills, and motivation of the organisation/community) are also important in order to facilitate high-quality implementation of the innovation (step 6). Furthermore, acknowledging staff recruitment/maintenance, namely identifying skilful practitioners who will implement the intervention and persons who will support the implementers in this process, is crucial (step 7). Next, effective training must provide participants with key knowledge and skills regarding the intervention (step 8). In the second phase, "Creating a structure for implementation", organisations must form implementation teams who hold organisational responsibility for implementation, work with frontline implementers (step 9) and create a comprehensive implementation plan (step 10) (Meyers et al., 2012, p. 470).

In phase three, "Ongoing structure once implementation begins", the actual implementation is initiated (Meyers et al., 2012, p. 471)). In other words, the previous 10 steps should be completed prior the actual delivery of the new intervention. Once the organisation/community and practitioners commence application of the new innovation, it is important to offer technical assistance (TA) to support and solve any implementation-related practical

issues that emerge in the course of the implementation process (step 11). Furthermore, in order to inform and guide the implementation process, it is necessary to conduct a process evaluation to assess the process and associated strengths and difficulties (step 12) and develop a supportive feedback mechanism (step 13). The fourth phase, "Improving future applications", involves only one step, which refers to the mutual learning of researchers, developers and practitioners gained from the implementation experience (step 14) (Meyers et al., 2012, p. 471).

Based on their review, Meyers et al. (2012) conclude that, of these 14 steps, the strongest empirical support is for those critical steps related to the combination of training and on-going support. Furthermore they also found empirical evidence for the benefits of assessing needs and resources and innovation fit with the context when considering implementation, improving and maintaining key stakeholders' buy-in, and building organisational capacity. Finally, the review also emphasises the importance of monitoring implementation.

2.3 RESEARCHING IMPLEMENTATION IN SOCIAL WORK

Social work research has focused on the possibilities of creating change in social-work practice for several decades. However, the past few years have witnessed rapid advances in the field of implementation research with related evaluation methods and frameworks in social work in different settings (Bunger & Lengnick-Hall, 2019; Cabassa, 2016; Metz et al., 2021). Examples include implementation evaluations of social interventions in mental health (Webber et al., 2019, 2021), evidence-based practices in child welfare (Aarons & Palinkas, 2007; Albers et al., 2020b; Garcia et al., 2019, 2020; Willging et al., 2015, 2018), and child welfare practice models (Rijbroek et al., 2017; Sanclimenti et al., 2017). A growing number of studies have also developed fidelity assessment scales for social work contexts (Roberts et al., 2019; Webber et al., 2019).

As implementation research represents an applied discipline close to actual practice, scholars have argued that it can serve as a bidirectional bridge between social work research and practice (Albers et al., 2021; Cabassa, 2016). Cabassa (2016) discusses the value of implementation research for the field of social work and argues, first, that it provides the means to understand the factors and processes that influence the uptake, use, and sustainability of empirically-supported interventions, practice innovations, and social policies in real-world practice. Second, he maintains that implementation research also offers skills, tools, and knowledge for practitioners and leaders to recognise gaps in the quality of service and use practical strategies to support the integration of interventions or policies into practice.

Indeed, given its value for improving social service provision, several researchers have maintained that the field should advance implementation knowledge and skills based on implementation research (Albers & Shlonsky, 2020; Albers et al., 2021; Bunger & Lengnick-Hall, 2019; Metz et al., 2021; Weeks et al., 2021). For example, a systematic review by Albers et al. (2021) identified 18 implementation strategies, such as conducting needs assessments, assessing for readiness, and identifying barriers to change, used by implementation-support practitioners to help leaders and practitioners working in human and social services implement research-supported interventions. Altogether, implementation research can promote the uptake of empirically-supported interventions, the designing and selecting of interventions with implementation in mind and the development of feasible cultural adaptations to fit the conditions of practice and meet the needs of social work service users (Cabassa, 2016).

2.3.1 PREVIOUS RESEARCH ON IMPLEMENTATION IN CHILD AND FAMILY SOCIAL WORK

The following section reviews the previous implementation research from child and family social work contexts. In particular, it focuses on practice models. In addition to the RSW and SPM, other examples of such models include Solution Based Casework (SBC) from the US and Signs of Safety (SoS) from Western Australia.

In general, previous research has identified high variability in the practical implementation of child protection practice models (Antle et al., 2012; Sheehan et al., 2018). Based on scores from 33 SBC items from the Continuous Quality Improvement tool, Antle et al. (2012) detected significant differences in the use of the model. The evaluation also demonstrated that a higher level of fidelity was associated with better case outcomes. Inspired by SBC, but not focusing on a particular practice model, Medina et al. (2022) evaluated the use of solution-focused principles and techniques in child protection with the 18-item Solution-Focused Treatment Fidelity Questionnaire. The research identified change in practitioners' self-reported practices in a solution-focused direction compared to practitioners who had not received training. By contrast, Sheehan et al. (2018) concluded in their review that there was limited evidence of whether SoS had been implemented well. Notwithstanding, measuring fidelity to such models is seen as important (Roberts et al., 2019; Sanclimenti et al., 2017). For this reason, Roberts et al. (2019) have developed a fidelity-measurement tool for SoS, but to date there are no published systematic fidelity assessments of the model. Indeed, a systematic review by Toros and Falch-Eriksen (2021) concluded that more research was required to understand how practitioners succeed in applying SoS and other strength-based approaches in their practice.

A number of evaluations have identified barriers and facilitators in the implementation of practice models (Lambert et al., 2016; Pipkin et al., 2013;

Sanclimenti et al., 2017; Sheehan et al., 2018). Despite professionals' and service' users positive experiences of the models (Sheehan et al., 2018), the evaluations highlight the complexities involved in their implementation. Previous implementation research on these models stresses the importance of engaged and supportive leadership and stakeholder involvement at all levels to increase the organisational buy-in (Lambert et al., 2016; Pipkin et al., 2013; Sanclimenti et al., 2017; Sheehan et al., 2018). Moreover, Lambert et al. (2016) note that practitioners' organisational 'change fatigue' may indeed hinder implementation of new interventions. These studies also emphasize the importance of sufficient resources (Lambert et al., 2016) and high-quality training and coaching (Pipkin et al., 2013; Sanclimenti et al., 2017; Sheehan et al., 2018). Moreover, aligning the implementation effort with other organisational systems and initiatives has also been identified as important (Sanclimenti et al., 2017; Sheehan et al., 2018). Sheehan et al.'s (2018) mixed-methods review of SoS also included high staff turnover as a substantial implementation barrier.

In terms of the factors influencing the implementation of research-supported interventions in child and family social work, a systematic review by Weeks (2021) concluded that funding, collaboration with external partners, agency culture, staff burden, leadership support, practitioners' buy-in regarding the intervention, service users' resistance, intervention fit to the context, intervention clarity, support for staff competency, and the formation of implementation teams played a key role in the process. The review also emphasised the need to allow sufficient time (minimum two years) for change.

In turn, an implementation evaluation of Multisystemic Therapy-Emerging Adults (MST-EA) in Australia (Albers & Shlonsky, 2020) underlined the importance of carefully planning implementation, improving provider agencies' implementation capacities and utilising theories of the policy process in implementation science. Regarding implementation of another manualised intervention in child welfare, Willging et al. (2015, 2017) analysed the SafeCare family visitation programme in the US. Based on frontline practitioners' perspectives, Willging et al. (2017) found that the implementation process was shaped by development and acceptance of contractual arrangements, challenges in measuring and assessing fidelity in the context of service user interactions, competing demands and crises, balancing between the intervention structure and creativity, and forming relationships with families. By contrast, policymakers' experiences highlighted state and county leadership, proactive planning, and legal, legislative, and political pressures as important factors (Willging et al., 2015).

2.3.2 THE RECLAIMING SOCIAL WORK MODEL AND PREVIOUS RESEARCH

2.3.2.1 Hackney children's services

The present research focuses on the adaptation of the RSW model, which was developed at the Hackney children's service agency in London from 2008. The development process and the model's theoretical and methodological underpinnings have been described by former Hackney service leaders in an edited book by Steve Goodman and Isabelle Trowler (2012). The original model initiated a whole system change that "completely redesigned who does what within the child and family social work system" to improve the quality of practice (Goodman & Trowler, 2012a, p. 13). Furthermore, the goal was to ease the pressure experienced by team managers – who held responsibility for cases but possessed limited capacity to follow what actually occurred with the families concerned – and to decrease the amount of administration, and, in turn, increase the amount of direct practice with families (Goodman & Trowler, 2012a).

Although Goodman and Trowler (2012) do not offer a theory of change or a logic model for the innovation per se, the model's key elements are described. According to Goodman & Trowler (2012b), the reform applied the 7S framework, in which addressing all seven interconnected factors (strategy, structure, systems, shared values, skills, staff, and style) was viewed as crucial because a change in one was believed impact all the other factors. Committed to collaborative and respectful practices in child and family social work, the aim was to change behaviours at all levels of the organisation (Goodman & Trowler, 2012a, 2012b). The developers also note that the practitioners in Hackney were required to reapply for their positions as part of the reform.

As Goodman and Trowler (2012b) note, the model involves structuring small systemic units to include a consultant social worker as a unit leader, another social worker, a child practitioner, a unit coordinator who manages administrative tasks, and a trained systemic family therapist, who works as a clinician and maintains the systemic approach in the unit. The main mechanism for case supervision is weekly unit meetings comprising joint discussion, debate, reflection and decision-making.

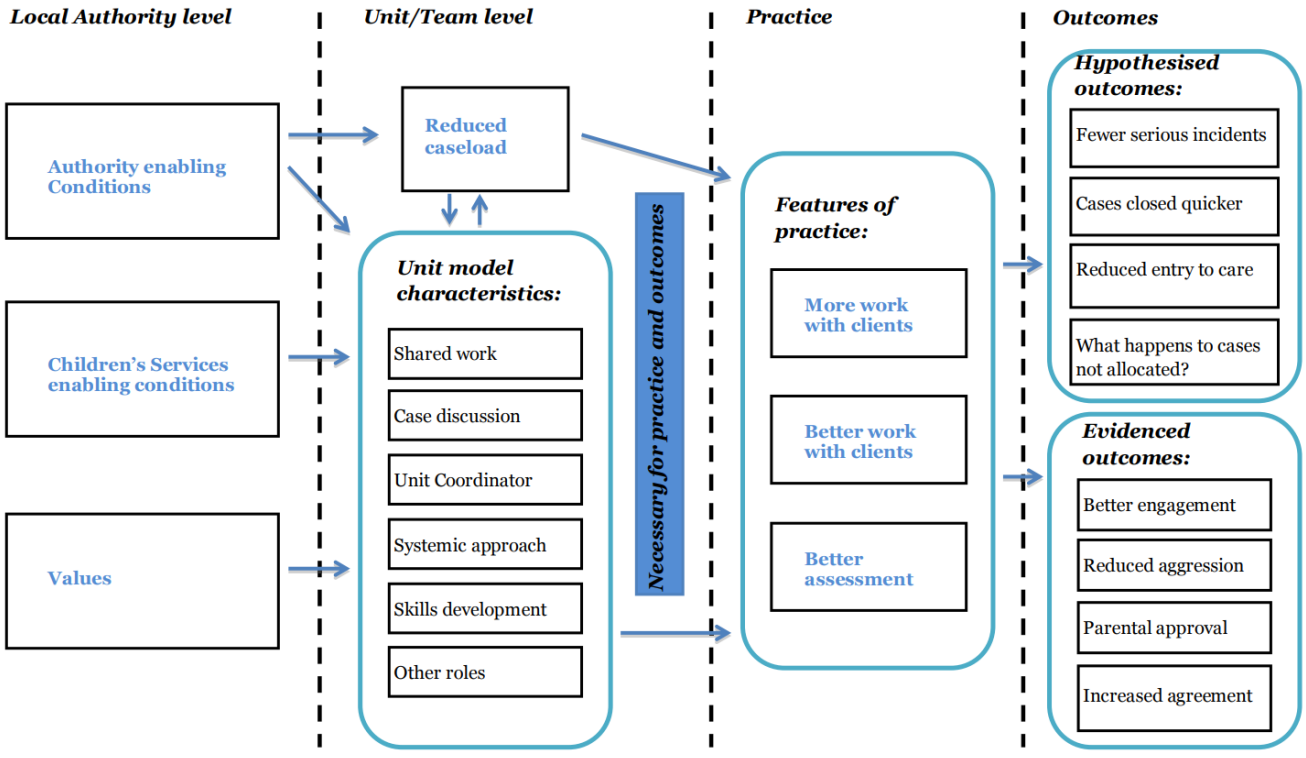
According to Pendry (2012), the practitioners share a systemic approach to practice derived from family therapy and systemic psychotherapy, in particular the Milan systemic approach (e.g., Cecchin & Boscolo, 1987; Selvini et al., 1980). The approach involves utilising related thinking, tools and techniques such as hypothesising, circularity and genograms. Rooted in systems theory and the theory of families as cybernetic systems (Bateson, 1972, 1980), the defining element of family therapy, and thus the RSW model, is that problems are seen to be embedded within relationships; i.e., problems are understood as being interpersonal rather than intrapsychic (Pendry, 2012). The developers argue that the systemic approach comprises an evidence-based method that displays a good fit with the statutory social work

context of children's social care (Pendry, 2012). The original model also applies social learning theory, which emphasises positive reinforcement of desired behaviour (McCafferty, 2012). In the RSW, the purpose is to introduce tools and techniques from these approaches in the context of child and family social work.

A mixed-method evaluation conducted in Hackney (Cross et al., 2010) found that social workers in systemic units were more satisfied with their work environment, social work processes and work-related wellbeing than were practitioners who did not use the approach. Cross et al. (2010) also observed that the number of looked-after children decreased by 30 per cent between 2005 and 2009. However, it is important to note that the majority of this reduction occurred between 2005 and 2007, prior to RSW implementation, indicating that the model was not, as is sometimes claimed, the primary reason for the decrease (Forrester et al., 2013, p. 13). Forrester et al. (2013) also remark that Cross et al.'s (2010) report fails to mention that all staff in Hackney were required to reapply for their positions, and a great number of individuals were not re-employed. According to Forrester et al. (2013), this major organisational change is likely to have shaped the staff profile and impacted the above-mentioned practitioner responses.

In turn, a realist-informed mixed-method evaluation by Forrester et al. (2013) compared the systemic units in Hackney with two other sites in the UK. Thus, the evaluation provided valuable knowledge on how systemic units differ from regular child and family social work. The research indicated that practitioners in the systemic units, for example, spent considerably more time with families, were somewhat less stressed and anxious, exhibited greater confidence in their assessments, and demonstrated higher levels of communication skills compared to regular social work teams. In addition, the families participating in the study felt positive about their service in Hackney. In conclusion, Forrester et al. (2013) identified the following six features that distinguished systemic units in Hackney from regular social work teams: (1) shared work, (2) in-depth case discussion, (3) a shared systemic approach, (4) skills development, (5) special roles and (6) low caseloads (pp. 88–102). Furthermore, the key findings of the evaluation were collated into a logic model (see Figure 1).

Figure 1 *"How the systemic unit model works" by Forrester et al. (2013, p. 188[1])*



[1] Permission to use the figure was received from the authors.

2.3.2.2 Implementation of the Reclaiming Social Work model in other sites in England

Inspired by Hackney, several sites in the UK have aimed to implement the RSW model in their service provision. Based on the published research literature, none of these sites, however, undertook whole-system change similar to that achieved in Hackney. Both a mixed-methods evaluation from five sites (Bostock et al., 2017) and qualitative evaluations focusing on one site (Laird et al., 2017, 2018; Morris et al., 2017) found high variation in the unit structure adopted and the way unit meetings were run and systemic practice was carried out. Bostock et al. (2017) found that while one site undertook no structural changes, four sites introduced some variations to the original structure. All four sites included units consisting of a consultant social worker and three to four social workers. The units at three sites involved the input of a clinician (either as a centralised clinical service or based in the unit) and a (part-time) unit coordinator. The units at two sites also contained a family practitioner.

In their evaluation of the relationship between systemic supervision and direct practice with families, Bostock et al. (2019a) identified the following six essential domains of systemic supervision: (1) the relational nature of problems, (2) the voice of the family, (3) risk talk, (4) curiosity and flexibility, (5) intervention (i.e., developing hypotheses into clear, actionable conversations with families), and (6) collaboration. Based on observations of systemic supervision sessions (n = 14), Bostock et al. (2019b) rated four as "non-systemic", five as "green shoots" and five as "systemic", thus indicating high variability in the use of the approach. Through combining these ratings with observations of direct practice (n = 18), they found a statistically significant association between the quality of case supervision and the quality of social work practice with families. Importantly, practitioners participating in systemic supervision scored the highest in direct practice skills, whereas those who had received non-systemic supervision scored the lowest.

By contrast, Laird et al. (2017, 2018) and Morris et al. (2017) found limited changes in social work practice at a site that failed to undertake any structural changes. Furthermore, a longitudinal study by Bostock and Newlands (2020) identified difficulties in retaining the RSW as it was originally intended. Although all five sites had maintained some of the key elements (in-depth training, small units, group systemic case discussions, clinician support, enhanced administrative support), only one was able to retain all these elements. In what follows, I review the factors that enabled or prevented the adoption and sustainment of the RSW model in the UK.

Regarding potential barriers and facilitators, the findings of Bostock et al. (2017) highlighted the importance of a systemically trained consultant social worker as a leader, systemic case discussion, clinician input and dedicated administrative support in forming a "good practice pyramid" (p. 48), thereby ensuring good systemic practice. These elements were also identified as important in the follow up study (Bostock & Newlands, 2020). Bostock et al.

(2019b) further stress that high quality supervision, in which the clinician's role is crucial, exerts an important influence on the quality of practice.

Based on their findings from a site that partially implemented the model, Laird et al. (2018) emphasise the need to implement the entire model as intended, given that limited training for managers prevented the establishment of shared values and the changing of procedures and practice. Laird et al. (2017, 2018) also stress that the caseloads of social workers should be aligned with systemic practice to allow sufficient time for them to integrate the new approach into the actual service provision.

Both Bostock et al. (2017) and Laird et al. (2018) found that social work practitioners' recruitment challenges and staff turnover hampered the implementation, and thus underline the importance of supportive leadership and engaging the whole system with the change. Likewise, the reasons for departing from the model in the follow up study were related not only to practitioners' and leaders' commitment to the approach but also to the hiatus in the change initiative caused by Ofsted inspections (Bostock & Newlands, 2020). In particular, the report highlights that the only site that retained all the RSW elements was also the only site in which the director of children's services had remained in place (Bostock & Newlands, 2020). Despite the challenges, the previous literature reports practitioners' positive feelings about the RSW model, which they felt had improved their practice through its collaborative, reflexive and purposeful approach (Bostock et al., 2017; Bostock & Newlands, 2020). In terms of service-user experiences, most families involved in systemic units had positive perceptions of their service (Bostock et al., 2017; Morris et al., 2017).

In conclusion, to ensure the best possible outcomes for families involved in child protection, implementation planning should begin with an assessment of the evidence base of the intervention. Although practice models for child and family social work have become increasingly popular in several countries during the past two decades (Gillingham, 2018), no systematic reviews exist that synthesize evidence of these models' effectiveness. The present study aims to fill this gap.

Previous evaluations of the RSW model suggest that its successful implementation can increase the quality of children's services compared to regular child and family social work. However, implementing the model and maintaining the desired change seems challenging in real-world settings. The current research offers a unique comparative perspective on the RSW model's implementation outside its country of origin.

2.3.2.3 The Finnish adaptation: Systemic Practice Model

Inspired, in particular, by Hackney's whole-system change, a brief description of the Finnish adaptation by Lahtinen et al. (2017) introduced the 7S framework and presented six core principles of the model: a systemic approach, relationship-based practice and family therapeutic understanding,

a child-centred approach, service-user participation and encounters with service users, support for organisational structures, and shared values and integrative leadership. The initial evaluation of the model in Finland outlined a preliminary logic model for the SPM (see Table 2) but concluded that a clearer description of its core components and change mechanisms was required (Aaltio & Isokuortti, 2019a). Formulating such a description, namely a programme theory, was thus one the objectives of the present research project.

Although the original RSW model described in this section was not implemented as such in the Finnish context, it informed the Finnish adaptation (Article II) and guided formulation of the programme theory (Article IV). For instance, the above-mentioned features of the original RSW model identified by Forrester et al. (2013) are in line with the core components of the SPM. These core components are reported in Article IV and summarised in Section 5.3 on the programme theory. Ultimately, this study provides a detailed view on the process of transporting and adapting a complex social intervention to another context by using the RSW model as an example.

Table 2. *The initial logic model for the SPM (Aaltio, 2022; originally published in Finnish in Aaltio & Isokuortti, 2019a)*

Structures	**Training**	**Practice**	**Outcomes**
Team structure: • Consultant social worker • Social workers • Family therapist • Coordinator Managers and leaders support local trainers and local teams Caseloads are reduced to enable systemic practice Key partners are identified and informed	Team members are trained in systemic practice and teamwork Practitioners adopt key knowledge and skills	Case work is guided by case discussions conducted within teams Teams hold weekly meetings characterised by the following criteria: • principles of systemic practice structure the discussion • consultant social worker leads the discussion • family therapist supports reflection • cases are discussed frequently and for long enough • documentation is transparent, promotes practitioner's and service users' understanding, and supports progress The whole team is familiar with all the cases that are the responsibility of the social workers in the team Team shares responsibility for these cases The majority of the work is face-to-face practice with families	The family feels they have received the help and support they required The family feels they can affect decisions and the design of their services Mutual trust and understanding between service users and practitioner Increased child well-being Increased parental ability to ensure child's safety and wellbeing Increased family capability Improved practitioner wellbeing and motivation, and decreased exhaustion and burden Practitioners perceive their work as more meaningful Increased safety in work Cost savings Decrease in the number of involuntary care decisions The service system becomes more organized

3 THEORETICAL AND METHODOLOGICAL PERSPECTIVES

The present research adopts a realist-informed approach to the study of the implementation, mechanisms and context of the SPM. The chapter first presents the concept of realist evaluation and explains how it is utilised in this study. It then moves on to explore definitions of implementation, mechanisms and context that are both theoretical and methodological, after which it discusses the focus of the empirical research, i.e., process evaluation.

3.1 CRITICAL REALISM AND REALIST EVALUATION

Based on the epistemological foundations of realist philosophy of science, realist evaluation is a theory-driven, complexity-informed approach for intervention evaluation that urges researchers to identify what works for whom and under which circumstances rather than focusing solely on whether the intervention works (Pawson & Tilley, 1997). Realist evaluation has been particularly instrumental in promoting the investigation of causal mechanisms and contextual contingencies in evaluation research, and currently these ideas seem to be increasingly embedded in mainstream thinking (Moore et al., 2015). Although there are multiple realisms, essentially realism believes that phenomena exist apart from our experience and knowledge of them (Mäntysaari, 2006; Pawson, 2013; Töttö, 2006). As it is understood that there is a social reality that cannot be measured directly, but can be known indirectly, realist philosophy thus sits between positivism and constructivism (Wong et al., 2013).

Critical realism, particularly developed by Roy Bhaskar (1978), believes that reality is stratified into three domains: real, actual, and empirical. The real domain refers to structures and mechanisms that exist and act independently of the conditions that allow us to access them. By contrast, the actual domain involves events and their effects that have been generated by structures and mechanisms. These events may not be observable or explicit. In turn, the empirical domain represents actual events from which we can make observations and attain experiences. Westorp (2019) emphasises that these three domains are nested within each other; namely, everything that is empirical must be actual, and must involve real causal forces. As an illustration, gravity exists even though we cannot see it (real). When an apple falls down from a tree (actual), it can be observed (empirical).

Another important distinction in critical realism is made between closed and open systems. Bhaskar (1978) defines a closed system as non-complex system “in which a constant conjunction of events obtains; i.e., in which an event type a is invariably accompanied by an event of type b” (p. 70). In reality,

closed systems are rare and often generated by humans. Instead, it is important to note that most of reality, including social services, is an open system, where consequences are not always realized. Pawson (2013) notes that the benefit, but also the challenge, of realism is that it adds to the complexity of evaluation research when encouraging researchers to investigate intervention mechanisms and apply contextual thinking to evaluation. Mäntysaari (2006) further emphasises that applying contextual thinking should be the task of social work research, in which critical realism and realist evaluation become useful.

In realist evaluation, researchers must identify the underlying mechanisms of the intervention that trigger change and also the way they counteract existing social processes (Pawson & Tilley, 1997). The starting point in the evaluation is the programme theory, which explains the underlying factors that cause the programme to work (Pawson, 2013). In the above-mentioned apple example, given that such mechanisms exist in the deeper layers of reality (Jagosh, 2019), it would be the realist evaluator's task to identify the fact that gravity serves as the underlying mechanism causing the apple to fall to the ground. In order to provide transferable and cumulative information about the intervention, realist evaluators should formulate context-mechanism-outcome (CMO) configurations explaining why and how the intervention works and in what context (Pawson & Tilley, 1997). Investigating context and mechanisms is crucial, because interventions are implemented in a changing and permeable social world, and therefore different contexts and causal powers may impede or improve the effectiveness of such interventions (Pawson & Tilley, 1997). In other words, causal mechanisms are conditional on context; thus, they generate desired change only in conducive settings.

Due to its ability to encompass the complexities of social reality, realist evaluation has been used in evaluations related to child and family social work (e.g., Baginsky et al., 2017; Caffrey & Browne, 2022; Forrester et al., 2013; Laird et al., 2018; Sheehan et al., 2018; Usubillaga et al., 2022). While the evaluation of intervention outcomes is beyond the scope of this study (see Aaltio, 2022), the aim is to provide an in-depth analysis of the implementation process, including the context and mechanisms of the SPM. In particular, realist evaluation motivated me to embrace the complexity of the topic and analyse the implementation process as a whole at different levels and from multiple perspectives. The combination of a complex intervention in a complex environment, such as the SPM in child and family social work, creates layered complexity, which is important to acknowledge in evaluation research in order to avoid blind spots (see also Jagosh, 2019). The following section reviews not only how the concepts are defined in the implementation literature but also how they are approached in realist evaluation.

3.2 IMPLEMENTATION

In broad terms, *implementation* can be understood as an intentional process to put a specific innovation into real-world practice in a particular setting. Palinkas and Soydan (2012) define implementation as "a purposeful designed set of actions for the application of [a] purposefully designed programme or intervention to cause change" (p. 10), whereas Fixsen et al. (2005) describe it as "a specified set of activities designed to put into practice an activity or programme of known dimensions" (p. 5). In turn, Greenhalgh et al. (2005) refer to "active and planned efforts to mainstream an innovation within an organisation" (p. 582). In these definitions, implementation encompasses 1) purposeful change to service as usual, such as regular child and family social work at a particular agency, that is achieved by 2) initiating specific actions, such as providing training for social workers. Furthermore, Cabassa (2016) adds that implementation is a dynamic process (i.e., the interplay between the intervention, context and people involved in the process) that aims to create change in practice and that requires interaction, collaboration and participation between different stakeholders.

It is important to acknowledge that implementation is part of a diffusion-dissemination-implementation continuum. While *diffusion* refers to a passive spread of new practices, *dissemination* is defined as active and planned efforts to encourage target groups to adopt an intervention; implementation, by contrast, refers to active and planned efforts to uptake an intervention (Greenhalgh et al., 2005; Nilsen, 2015). The implementation literature illustrates this continuum with the notions "let it happen", "help it happen", and "make it happen" (Greenhalgh et al., 2005, p. 82). In the context of this study, the RSW model was disseminated in Finland, and multiple children's service sites aimed to implement its adaptation in their services.

In general, the implementation literature also distinguishes different phases in the implementation process. For example, Fixsen et al., (2005) identify six phases: exploration and adoption, programme installation, initial implementation, full implementation, innovation, and sustainability. In turn, Aarons et al., (2010) distinguish four: the exploration, preparation, implementation, and sustainment phases. Both of these frameworks emphasise that implementation processes are long and involve multiple steps, from deciding to implement a specific intervention and preparing the process to actually using it in practice and sustaining the achieved change over time. The following subsection introduces two key concepts that are important to acknowledge throughout the implementation process.

3.2.1 THE FIDELITY AND ADAPTATION DEBATE

The debate between *fidelity* and *adaptation* represents one of the most central questions in the implementation literature. While fidelity comprises the extent to which the intervention is implemented as it was designed, adaptation refers

to modifying the intervention to increase its fit with the context. In other words, an intervention may be delivered exactly as it was planned or altered to better respond to the needs of its potential users and local circumstances. On one hand, as noted earlier, interventions that have been put into practice as intended are more likely to provide the desired effects than those which are not implemented as fully (Durlak & DuPre, 2008). For this reason, fidelity is considered one of the key outcomes of implementation (Proctor et al., 2011), thus determining the success of the process. On the other hand, given that context plays a major role in implementation, modifying the intervention in order to achieve a good fit with the local setting is crucial (Moore et al., 2021).

Ultimately, in terms of delivering the intervention as faithfully as possible versus customizing it to the setting, the key task is to identify the optimum level of flexibility that can be achieved before the intervention's effectiveness is compromised (Toomey et al., 2020). Bumbarger and Perkins (2008) have argued that absolute fidelity seldom exists; instead of perceiving fidelity and adaptation as polar opposites, researchers should address this issue in a way that promotes best practice. Nonetheless, determining the appropriate level of flexibility within fidelity demands further research (Dusenbury et al., 2003; Toomey et al., 2020). Careful and systematic adaptation is important because adapting interventions with a previous evidence base is often more efficient and feasible than developing completely new interventions for each context (Moore et al., 2021).

The literature contains several definitions of the term fidelity; moreover, several terms, including *adherence*, *integrity* and *implementation*, are used to describe the extent to which an intervention is delivered as intended (Carroll et al., 2007; Dusenbury et al., 2003; Moore et al., 2015; Proctor et al., 2011). In the literature, fidelity usually refers to the extent to which the intervention is delivered as intended. The Comprehensive Framework for Implementation Fidelity (CFIF), by Carroll et al. (2007), a modified version of which (Hasson, 2010) was used in Article II, explains that fidelity (or adherence) involves the assessment of 1) content, 2) coverage (or reach), and 3) dose, which includes both the frequency and duration of the intervention. In turn, Proctor et al. (2011) include 1) adherence to the programme protocol, 2) the dose or amount of programme delivered, and 3) the quality of programme delivery. Both definitions imply that researchers should examine the extent to which the intervention's 'active ingredients' have been administered to the participants as often and for as long as intended. The degree to which the intervention is delivered according to these factors represents the degree of implementation fidelity achieved for that intervention. Toomey et al. (2020) also stress that fidelity is increasingly viewed as a more multifaceted concept encompassing not only the delivery of a programme but also the interrelationships between domains such as delivery and receipt, namely adherence and participant understanding (see, e.g., Bellg et al., 2004).

In turn, adaptation is defined as intentional modification(s) of an intervention in order to achieve a better fit between the intervention and a new

context (Moore et al., 2021). According to Bumbarger and Perkins (2008), adaptation refers to "whether and how much the programme has been altered or adapted" (p. 58). Ultimately, modifications aim to improve the intervention's effectiveness in a new context. Such modifications can include both planned changes undertaken before introducing a new intervention to the setting as well as responsive changes introduced in order to address emerging contextual issues purposefully in the course of implementation (Moore et al., 2021). However, it is important to differentiate these intentional modifications from unintended intervention drift, namely a reactive response to implementation challenges (Bumbarger & Perkins, 2008). In other words, adaptation is an intentional attempt to improve the intervention outcomes in a new context. Indeed, documenting possible adaptations is crucial, since otherwise it can be difficult to determine whether possible adverse outcomes may be due to inappropriate adaptation, implementation challenges, weaknesses in original evidence, mechanisms that do not operate in the new setting, or other causes (Moore et al., 2015, 2021).

3.2.2 TRANSPORTING SOCIAL INTERVENTIONS FROM ONE CONTEXT TO ANOTHER

Ever since the establishment of social work as a profession, the field has been shaped by the circulation of ideas, people, and resources across nation-state borders (Chambon et al., 2013, 2015; Satka, 1995; Schnurr & Slettebø, 2015). The existing literature identifies multiple terms for such processes, such as "transporting" (Gardner et al., 2016; Schoenwald, 2008; Sundell et al., 2014), "international traveling" (Schnurr & Slettebø, 2015), and "knowledge transfer" (Newlin & Webber, 2015). Most of this transporting has occurred within Western countries or from the Global North to the Global South. The latter direction, in particular, has been criticised in the literature (Tascón & Ife, 2019); thus, for this and several other reasons described below, careful consideration of the intervention fit is vital.

When transporting innovations from one country or cultural context to another, the need for adaptation might emerge for several reasons, including differences related to culture, legislation, population, economics, as well as political and service systems. Thus, implementers and researchers must acknowledge these various factors. Moreover, it should be noted that welfare services are organised differently around the world depending on their overall ideology and orientation (Schnurr & Slettebø, 2015). Interventions that are developed in another context may not address local realities sufficiently and might misrecognize or replace local innovations; thus, seeking compatible solutions is important (Fendt-Newlin et al., 2020). Despite the variety of contextual differences, the term "cultural adaptation" seems to be the most frequently used concept in the literature (e.g., Fendt-Newlin et al., 2020; Okamoto et al., 2013; Weeks, 2022).

In all circumstances, assessing the appropriateness of an intervention to the new context with local stakeholders prior to decision-making is likely to increase the feasibility of implementation (see assessment strategies in Meyers et al., 2012). Engaging local stakeholders is also an ethical question (Gopichandran et al., 2016). Additionally, careful consideration and documentation of adaptation is important (Fendt-Newlin et al., 2020; Meyers et al., 2012; Moore et al., 2021). As Meyers et al. (2012) note, "if adaptations are planned, they need to be operationalized and carefully assessed during implementation, or else the nature of the new innovation is unclear" (p. 476). Currently, multiple frameworks exist for adapting interventions to new contexts (e.g., Fendt-Newlin et al., 2020; Moore et al., 2021; Stirman et al., 2013). For example, Moore et al. (2021) stress the importance of (1) assessing the rationale for the intervention and considering the intervention-context fit of existing interventions, (2) planning for and undertaking adaptations, (3) planning for and undertaking piloting and evaluation, and (4) implementing and maintaining the adapted intervention at scale. Forming an adaptation team comprised of diverse stakeholders is seen as a cross-cutting principle (Moore et al., 2021).

3.2.3 IMPLEMENTATION IN REALIST EVALUATION

The thesis now moves on to discuss implementation from the realist perspective. As noted earlier, in realist evaluation, implementation is perceived as a source of complexity because it entails an elaborate process consisting of multiple minor processes (Pawson, 2013). In long causal chains, many features could be described as both contexts and mechanisms (Shaw et al., 2018). Therefore, from a realist perspective, depending on the situation, implementation may serve as a context (e.g., partial implementation impeding the triggering of mechanisms), a mechanism (e.g., implementation strategies and supports) or an outcome (e.g., high fidelity).

Pawson (2013) uses the term "implementation chains", which better illustrates the complex nature of implementation in contrast to the simple delivery of interventions (p. 35–36). Pawson (2013) emphasises that implementation chains are always long in multiple respects: long, for example, not only in terms of the personnel and institutions required to develop and deliver interventions but also long when it comes to practical deliverables. By referring to implementation chains, Pawson underlines that interventions travel a long way before they end up in day-to-day implementations in hospitals, schools, and social-service agencies, and even when they actually occur in individuals' lives, the process of delivery is extremely complex. Thus, he stresses that "implementation chains are prone to inconsistency and reinterpretation, blockages, delays and unintended consequences" (p. 36). The present study adopts this kind of complexity-informed approach to implementation, in which the purpose is to investigate implementation as a long process consisting of multiple stakeholders and emergent micro-

processes at different levels – a process that can involve both anticipated and unintended effects.

Finally, regarding fidelity and adaptation, Pawson (2013) notes that it is important to acknowledge the influence of intervention drift but criticises the notion of a "permitted" degree of implementation flexibility (p. 49) Specifically, he objects to "the mentality of control and the assumption that stakeholder interpretation is some kind of noise" to be monitored (p. 49). According to Pawson (2013), intervention outcomes are realised in human interpretation; thus, stakeholders themselves constitute the programme (p. 49). In this research, I argue that it is possible, and important, to assess fidelity while taking into account the complex nature of social reality when evaluating interventions.

3.3 MECHANISMS

In general, mechanisms for change explain how an intervention produces intended (or unintended) effects (Moore et al., 2015). Pawson and Tilley (1997) note that studying mechanisms, i.e., what it is about the intervention that triggers the desired change, lies at the heart of realist evaluation. In conformity with critical realism, they refer to underlying mechanisms to explain how things work, because such mechanisms may not be observable. Therefore, penetrating beneath the surface and investigating the underlying generative macro and micro social forces is important. Pawson and Tilley (1997) underline that, ultimately, interventions aim to create change by introducing alternative causal mechanisms, which are targeted at removing or counteracting the mechanisms driving existing social or behavioural problems. More specifically, interventions aim to alter participants' behaviour by changing their reasoning through offering resources (Pawson, 2013). Reasoning refers to "the desirability of the ideas offered by programme", whereas resources comprise "the means for subjects to change their minds" (Pawson & Tilley, 1997, p. 66). Eventually, subjects will only act upon the resources and choices offered by the intervention if they are introduced in the right context (Pawson & Tilley, 1997). Therefore, by understanding the mechanisms involved, it is possible to understand why the intervention works (or fails to work).

Dalkin et al. (2015) advance this understanding of mechanisms and underline that a mechanism is comprised of the combination of resources and reasoning. They propose that the resources connected to the intervention are introduced in a context that facilitates change in participants' reasoning. Consequently, reasoning changes the behaviour of participants, which leads to outcomes. This revised formula, "M (Resources) + C→M (Reasoning) = O" (Dalkin et al., 2015, p. 4), was used in developing the programme theory for the SPM (Article III). Furthermore, it is important to note that complex

interventions often aim to create change at multiple levels; thus, they can involve long causal chains (Shaw et al., 2018). This characteristic was also acknowledged in the development of the SPM programme theory.

3.4 CONTEXT

In principle, context refers to anything external to the intervention that influences its implementation and effects in real-world settings (Moore et al., 2015). Although context is a critically important concept for understanding and explaining implementation, currently no consensus exists on either the definition of context or the precise means for researching contextual influences in implementation research (Nilsen, 2015). However, similar to the definition above, Nilsen (2015) understands context as "the conditions or surroundings in which something exists or occurs, typically referring to an analytical unit that is higher than the phenomena directly under investigation" (p. 7). According to Nilsen (2015), the literature contains differing understandings of the influence of context, as some understand it as the setting in which implementation occurs, while others view it as a more active and dynamic entity that exerts a substantial effect on the implementation process and outcomes. The present study leans towards this latter approach.

Indeed, as noted earlier, realist evaluators believe that mechanisms only activate and fire in the right context (Pawson & Tilley, 1997). For this reason, thorough investigation of the circumstances in which an intervention is implemented is crucial. According to Pawson (2013), evaluators must analyse the influence of the institutional, cultural, and historical surroundings on the success of the intervention. Pawson (2013) underlines that "all depends on the context" (p. 7). Therefore, it is realist evaluators' task to clarify the pre-existing circumstances and the conditions under which mechanisms can be successfully fired (Pawson, 2013; Pawson & Tilley, 1997). Pawson and Tilley (1997) note that interventions are always introduced to pre-existing social contexts, which play a major role in explaining the intervention outcomes. Therefore, evaluators must examine how far the pre-existing structures enable or disable the intended mechanisms of change (Pawson & Tilley, 1997). The task is then to identify (1) "the social and cultural conditions necessary for change mechanisms to operate" and (2) the way they are "distributed within and between programme contexts" (Pawson & Tilley, 1997, p. 77).

Researchers have aimed to describe context through various categorizations. The context referred to in realist evaluation includes the material, social, psychological, organisational, economic and technical context (Greenhalgh et al., 2017). Pawson (2013) specifies four familiar contextual layers: "individuals (the characteristics and capacities of the various stakeholders in the programme), interpersonal relations (the stakeholder relationships that carry the programme), institutional settings (the rules,

norms and customs local to the programme) and infrastructure (the wider social, economic, cultural setting of the programme)" (p. 37).

In implementation research, different determinant frameworks have aimed to capture the most important contextual factors (Nilsen, 2015). In these settings, in general, contextual factors may relate, for example, to organisational norms and resources or practitioner's skills and attitudes towards the intervention (Moore et al., 2015). For instance, the Exploration, Preparation, Implementation, Sustainment (EPIS) framework used in Article II includes the outer and inner context, innovation factors and bridging factors affecting implementation in public service sectors (Aarons et al., 2010; Moullin et al., 2019). In turn, the CFIF (Carroll et al., 2007; Hasson, 2010) lists the following factors that may influence fidelity: intervention complexity (a description of the intervention and its real nature), facilitation strategies (e.g., training, manuals), the quality of delivery (the appropriateness of the process), participant responsiveness (engagement with the intervention), context (e.g., the surrounding social systems as well as historical and concurrent events) and recruitment (procedures used to attract potential intervention participants).

Altogether, the different influencing factors listed in the frameworks are understood as different types of context in this study, whereas innovation factors and intervention complexity refer to the characteristics of the model. In Article III, to avoid conceptual confusion, we specifically investigated organisational factors as a more precise term for what Hasson (2010) refers to as context.

4 DATA AND METHODS

This chapter describes the sub-studies and research questions and reports how these questions were studied in the present research.

4.1 SUB-STUDIES AND RESEARCH QUESTIONS

This thesis consists of a systematic literature review of existing practice models and a process evaluation of the SPM. The research questions are the following:

1. What is known about the effectiveness of child protection practice models?
2. How was the implementation of the Systemic Practice Model achieved, and what was actually delivered in practice?
3. Which contextual factors facilitated and/or interfered with the implementation of the model?
4. Based on key informants' perceptions, what are the model's mechanisms for change?

The first research question is addressed by synthesising evidence on the effectiveness of child protection practice models presented in Article I and summarised in the Section 5.1. In turn, the second research question is answered through an analysis of implementation phases and strategies as well as a fidelity assessment. These findings are reported in Articles II and III and summarised in Sections 5.2.1 and 5.2.2. In turn, the third question, on context, is addressed through an analysis of the system, organisational, practitioner, and service user level factors associated with the implementation of SPM. These findings are also studied in Articles II and III, but they are summarised in Section 5.2.3. By combining the findings of the whole implementation study, I present a realist synthesis of the implementation chains in Section 5.2.4. The fourth question entails the construction of a realist programme theory through a collaborative workshop process between researchers and key informants. The related results are reported in article IV and summarised in Section 5.3. Furthermore, the contribution statements of co-authored Articles I, III and IV are reported in the Appendices A, B and C.

4.2 STUDY DESIGN

As described earlier, the empirical research in this thesis consists of a process evaluation of the SPM, which is informed by realist evaluation. By definition, process evaluations focus on the process, namely, how something occurs (Patton, 2015). As noted earlier, this encompasses an analysis of the actual implementation, the way the intervention works, and the kind of contextual

factors that are associated with the process (Moore et al., 2015). The evaluation not only investigates the anticipated outcomes but also the unintended effects (Patton, 2015). Process evaluations are methodologically pluralistic; thus, quantitative and qualitative methods can be used, both independently and in combination (Moore et al., 2015). However, Patton (2015) notes that qualitative inquiry is particularly useful in examining events during a fluid and dynamic process and in investigating the way people interact with each other and experience the process.

While Article III applies a mixed methods research design, Articles II and IV rely on qualitative data. In Article III, I was responsible for the qualitative data collection and analysis, whereas another doctoral researcher, Elina Aaltio, was in charge of the quantitative data collection and analyses. For this reason, I focus on the qualitative strand in this summary. The qualitative analysis in this sub-study offered an in-depth understanding of changes to practice and the reasons for success or failure in implementing the model. In turn, the quantitative analysis helped us obtain information of the extent of the observed phenomena as well as the means to test hypotheses based on qualitative data. In Article IV, led by the first author's (EA), we jointly collected and analysed the data.

4.3 PRODECURE

When this research began, I worked in the administration of one of the research sites and could use part of my time for research, as my work focused on developing social services. Although I was not involved in the implementation of the model at that site, this position facilitated collaboration with those responsible for the local initiative. Given that my goal was to produce practice-relevant research that could inform the implementation of the model and other change initiatives in the future, I received useful feedback on my research plan and presented the results once finished. This commitment was important because we aimed to collect a wide range of data from multiple stakeholders and service users. Thus, this collaboration allowed me to gain access to the field and begin data collection. Then, in 2019, I took up a post at the University of Helsinki.

Another important collaboration was with a fellow doctoral researcher, Elina Aaltio (National Institute of Health and Welfare and University of Jyväskylä). Initially, when preparing my doctoral research in 2017, I learned that Aaltio was also planning an evaluation of the same model. We soon joined forces and collaborated on the initial evaluation report of the SPM (Aaltio & Isokuortti, 2019a) and the practitioner level implementation study (Article III). Simultaneously, Aaltio conducted an outcome evaluation of the model, while I also focused on the system and organisational level factors associated with the implementation (Article II). We decided to collect both outcome and qualitative process data from the same sites, which both facilitated the

research process (e.g. joint ethical review, research permits) and also allowed a deeper understanding of the SPM implementation in the selected sites. Neither Aaltio nor I participated in either the decision-making process for the model's implementation in Finland or the design of the training contents.

The research project consisted of three overlapping tasks: (1) a systematic literature review, (2) an implementation study, and (3) a programme theory. First, the review process began during my research visit to the University of Oxford in January 2018. During this visit, I drafted a review protocol with the help of Professor Jane Barlow. The protocol (CRD42018111918) was published in PROSPERO (International Prospective Register of Systematic Reviews) in October 2018. The author screened the titles and abstracts of all electronic database references identified by the search strategy. Two other reviewers (Elina Aaltio and Taina Laajasalo) participated in searching the grey literature. Three researchers (NI, EA, TL) independently assessed the full text of studies that were likely to meet the inclusion criteria. When the reviewers' conclusions differed, the study was reviewed jointly or resolved by a fourth reviewer (JB). The decision on including the studies and quality assessment was taken mutually.

Second, the implementation study (and the overall evaluation) focused on the SPM's initial implementation phase, which occurred during the children's service reform in 2016-2018. The reform was funded by the Ministry of Social Affairs and Health. In turn, the Finnish Institute for Health and Welfare (henceforth, the Institute) disseminated the model and supported its implementation in service sites. The model was primarily disseminated via a national training of trainers (ToT), which will be analysed further in this study. The central government did not set criteria for the model's practical implementation; thus, the sites were allowed to decide the number of teams in which they implemented the model and the manner of its implementation. By summer 2018, 31 municipal children's service sites located in 14 regions out of a total of 19 around Finland aimed to pilot the model in their service provision.

As SPM training was a funded part of the reform, the initial implementation was set to end by 2018.[2] Consequently, this timeline guided the data collection. All the implementation-related interviews were conducted in January–November 2018 (Articles II and III). Thus, with the exception of the trainers' interview at site 1, which was conducted at the beginning of the implementation, the data was collected between five and twelve months after commencement of the implementation. The author conducted all the interviews with research participants except for four interviews with service

[2] At the end of 2018, the Institute was granted additional project-based funding, which allowed the national ToT to continue in 2019. In 2020–2022, the Finnish regions were allocated additional funding that was used to support the model's implementation. At the time of writing, information on potential additional implementation funding and continuance of the ToT from 2023 onwards was unclear (see also Fagerström & Rautiainen, 2023).

users at one site, which were conducted by a research assistant following the researcher's guidance and a shared interview protocol.

The interview protocols were informed by the implementation literature. First, I operationalized the Quality Implementation Framework (QIF) into specific interview questions on the implementation process to identify, for example, whether implementers had used assessment strategies in their implementation-related decision-making, had assessed their readiness to change or had formed an implementation plan. Second, I used the Diffusion of Innovations (Rogers, 2003), a classic implementation theory, to operationalise into interview questions the five attributes explaining the diffusion of innovations in order to examine how they were manifested in the context of the SPM.

The protocols for professionals included primarily questions on their perceptions of the model and its implementation. In turn, service users were asked questions on the service they had received during the implementation period and possible changes within it. To detect model-related changes, related probing questions were asked (e.g., use of systemic tools and techniques). The interviews were pseudonymized for the purpose of analysis. The service users were offered a cinema voucher as an incentive, and the social workers participated in the interviews during their work hours.

The interviews included both focus groups and individual interviews. According to Moore et al. (2015), focus groups can be used to create interactions which provide deep insights into consensus and conflict in the views and experience of participants, whereas individual interviews are useful when discussing more sensitive issues, or in situations where a group dynamic might prevent expression of different views. Principally for these reasons, social work practitioners, managers, and trainers were interviewed in focus groups, whereas individual interviews were used for service users and system-level stakeholders. Moreover, the focus groups were designed based on the participant's role in the process. In alignment with realist evaluation, which urges researchers to acknowledge the particular circumstances in question, the focus groups were organized at each research site. In sum, social workers were interviewed in team-based focus groups, while consultant social workers, leaders, and trainers were interviewed along with their peers at the site. However, two exceptions were made. First, the leaders at site 1 were interviewed individually, because finding a mutual interview time appeared challenging. Second, given that site 2 involved only one implementation team, its consultant social worker was interviewed individually. Third, the ToT providers were interviewed in a group as they worked as a team in contrast to other national stakeholders. The interviews were recorded and transcribed verbatim. The author translated the citations (reported within quotation marks) selected for the publications and this report into English.

The third phase comprised a collaborative, research-led process to develop a programme theory for the SPM (Article IV). Given that the initial evaluation concluded that all stakeholders would benefit from a clearer description of the

SPM (Aaltio & Isokuortti, 2019a), the researchers suggested that the National Institute of Health and Welfare organise a process to produce a coherent description of the SPM to support the model's future implementation and evaluation. As noted earlier, the evaluations and descriptions of the RSW model guided the formulation of the programme theory, but since the Finnish adaptation differed from the original model in several ways, it was important to define the key characteristics of the SPM. The differences between the original model and the adaptation are reported in the articles II, III, and IV and summarised in Section 5.2.1. After the Institute agreed to this collaboration, the researchers organised five workshops for key informants between January and August 2019 to clarify the model's core components and change mechanisms. The process resulted in both a peer-reviewed article and also a brief report in Finnish to guide practical implementation of the model (Aaltio & Isokuortti, 2019b).

4.4 SAMPLING AND PARTICIPANTS

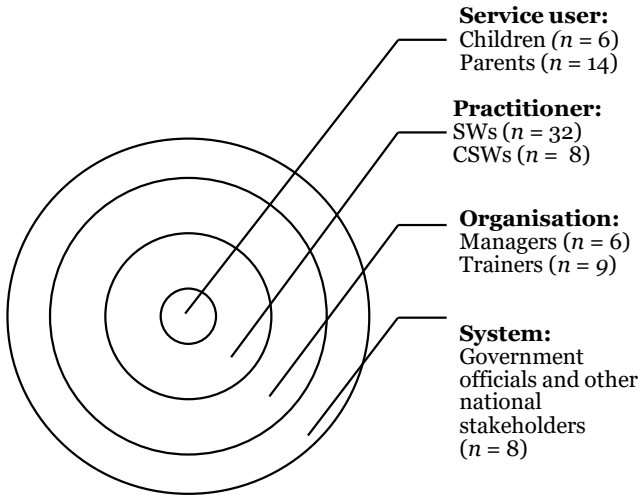
The original idea was to collect both baseline and follow-up data from systemic and non-systemic teams from only one site. This plan also included collection of baseline and follow up data from service users from systemic teams. However, this plan was modified after identifying two other sites from which both outcome and process data could be collected (see also Aaltio, 2022). Essentially, for inclusion in the present study, all sites were required to have implemented the model in the initial phase and be sufficiently large to include multiple child protection teams to allow comparison. The selected sites varied geographically: site one was situated in Southern Finland, site two in Eastern Finland and site three in Central Finland. These sites were also willing to allow more extensive data collection.

For the above-mentioned reason, the interviews were conducted with practitioners and service users in these selected three sites, in which the outcome data was also gathered. As this decision increased the overall sample size, and thereby demanded more of the researcher's resources, only follow-up interviews were used in this study. In contrast to the whole system changes performed in the UK, the service sites in Finland decided to implement the model in only some of their teams. During the initial implementation phase, a total of nine child protection teams at these sites implemented the SPM, from which four were at site 1, one at site 2 and four at site 3. All these teams participated in the study.

A total of 83 participants participated in the implementation-related interviews used in Articles II and III (Figure 2). All the social workers ($N = 44$) in nine implementation teams were invited to be interviewed, of whom 32 agreed (participation rate 73%). Service users ($n = 20$) were selected with the help of the social workers, because not all families served by the team had experience of systemic practice due to implementation challenges that will be

presented in the results section. For this reason, the participation rate was not calculated. The service-user participants included six 12–17-year-old children (one male and five female) and 14 parents (12 mothers and two fathers). The relationship between the participants was not restricted. From the sample, 14 service users were related, representing seven families from a total of 11 families. All service users had been involved in child protection prior to the SPM implementation. The managers and trainers were identified with the help of a research contact person and invited to participate in the interviews, to which all agreed. Regarding system-level stakeholders, after interviewing the government officials, model developers and disseminators, other national stakeholders were identified using a snowball technique. All of these stakeholders agreed to participate in the study.

Figure 2 *Research participants from different contextual levels in the implementation study. Note: SW = social worker, CSW = consultant social worker.*



Finally, the programme theory for the SPM (Article III) was created in collaboration with a group of key informants in five workshops between January and August 2019. The workshop participants (n = 12) were key individuals involved in the development of the Finnish adaptation, the training programme and national dissemination. Of these 12, eight were practitioners in children's services, of whom six possessed experience of working in a systemic team. We also conducted two interviews, the first with two RSW experts and the second with one Finnish workshop participant.

4.5 RESEARCH DATA AND ANALYSIS

4.5.1 ARTICLE I: SYSTEMATIC LITERATURE REVIEW ON THE EFFECTIVENESS OF CHILD PROTECTION PRACTICE MODELS

The review involved systematic searches across 10 electronic databases between February and March 2019. The specific research question was "how effective are child protection practice models at improving outcomes for children aged 0-17 years and their parents involved in child protection services?" After reading the full texts, three eligible models were identified: Solution-Based Casework (SBC), Reclaiming Social Work (RSW) and Signs of Safety (SoS). In order to identify all eligible studies, these models were hand searched in additional key databases and the grey literature between June and August 2019.

For the purpose of the study, we stipulated that a practice model must be designed to improve child protection outcomes, and the model's aims and methods for achieving these aims should be clearly defined. Moreover, it should involve all the following elements: (1) a clear theoretical basis, (2) a framework for client practice, and (3) description of practitioner skills and/or tools. In order to investigate the extent to which the practice models provide intended effects in real-world settings, we only included studies focusing on these models that applied, at minimum, a quasi-experimental study design. Because no consensus currently exists on the key outcomes of children's social services (Forrester, 2017), the studies included in the review could involve a range of improvements in child and family well-being. The full exclusion and inclusion criteria are described in Article I. After extracting key data from the studies included, the Quality Assessment Tool for Quantitative Studies (Thomas et al., 2004) was used to review each study.

4.5.2 ARTICLE II: ORGANISATIONAL AND SYSTEMS FACTORS

To study how and why the UK RSW model was adapted to Finland and the potential factors influencing its implementation at the system and organisational levels, two focus groups for consultant social workers, two focus groups for service managers, three focus groups for trainers, one focus group for trainers' trainers, and six individual interviews were used in the analysis (a total of 31 participants). These interviews were examined using theoretical thematic analysis (Braun & Clarke, 2013) informed by the EPIS framework (Aarons et al., 2010). The purpose here was to analyse which of the EPIS constructs emerged from the data and how this occurred. The documents (e.g., descriptions of the field visits to the UK, notes on the RSW model adaptation process, and government documents on the children's service reform) supplemented the interview data (see other sources in the references).

4.5.3 ARTICLE III: FIDELITY AND INFLUENCING FACTORS

The qualitative data comprised nine focus groups for social workers (2–5 participants in each interview, n = 32) and 20 individual interviews for children and families involved in systemic teams at three sites, whereas the quantitative data consisted of administrative data and a survey of social workers at 23 sites.

The primary data used in the fidelity assessment was quantitative, which was complemented with qualitative data. The qualitative data was used to rate the adoption of systemic thinking and techniques. The fidelity measures were based on the authors' operationalisation of the core components of the SPM, which were generated based on the findings from the initial evaluation and the stakeholder discussions. Subsequently, we defined the content and thresholds (high, medium and low) for each fidelity measure (Table 2 and 3 in Article III).

The analysis of the influencing factors, in turn, was based on qualitative data and complemented with quantitative data. Theoretical thematic analysis (Braun & Clarke, 2013) was used in the analysis, which implied the investigation of potential implementation barriers and facilitators based on the CFIF (Carroll et al., 2007). Comparison of the qualitative interview findings from three implementation sites with the survey results enabled the interview participants' perceptions of the factors impacting the implementation to be analysed against a larger sample; moreover, the quantitative data allowed for initial testing of some of the hypotheses (see mixing methods: Creswell & Plano Clark, 2008).

4.5.4 ARTICLE IV: PROGRAMME THEORY

The primary data for developing the programme theory for the SPM was derived from the researcher-led workshop process. This comprised five workshop sessions, from which the first three were audio-recorded and analysed and the final two used to discuss and refine the resulting draft. In addition, the researchers and most of the workshop participants participated in a 5-day systemic training course between the workshops run by two British RSW experts to deepen understanding of the original model. Furthermore, the research literature (e.g., the systemic family therapy literature, RSW evaluations), researchers' notes, and personal communications with four informants were used as supplementary data.

4.6 ETHICAL CONSIDERATIONS

The research followed the guidelines on the responsible conducting of research by the Finnish Advisory Board on Research Integrity. Ethical approval for the overall research project was granted by the National Institute of Health and Welfare Research Ethics Committee (2017–09). Furthermore, research permits were obtained from each implementation site. Participants were

informed about the research either by e-mail or with printed fact sheets as well as verbally in the interview. All the participants signed a consent form concerning their participation and the audio recording. Regarding underaged research participants, informed consent was also obtained from at least one guardian. It was also emphasised that participation in the research was voluntary.

To comply with data protection regulations, a privacy notice was processed by the University of Helsinki data protection office. In order to gather the data, it was necessary to collect the participants' personal details. However, only the minimum necessary of amount of personal data was collected and processed (see also Section 4.3). This information as well as the audio files and transcriptions were stored safely, are accessible only to the author and will be deleted after completion of the research.

Although implementation research may be seen as a somewhat mechanical field of study, ultimately, it aims to analyse human actions in complex settings. It also focuses on potential barriers to change efforts – efforts that aim to produce improvements but which are usually anything but linear and simple. Thus, implementation studies may involve multiple complexities, which raise various ethical issues (Gopichandran et al., 2016; Luyckx et al., 2019). This is particularly the case when evaluating a model that is expected to generate positive results and decrease problems in a child protection system that has faced a crisis. Nonetheless, it is important from an ethical perspective to investigate both anticipated and unexpected implementation outcomes and share these findings. In particular, child protection research should always aim to create a positive impact on those involved in the services in question. Thus, the current research strives to produce knowledge that can be used to improve the quality of service.

As engaging local stakeholders is important in implementation research (Gopichandran et al., 2016), I aimed to build trustful relationships with the participants. It should be noted that the participants spoke freely about implementation-related difficulties and referred to the confidentiality of the interviews. While this trust is highly valued, it is important to acknowledge that critical observations cannot be excluded from the analysis. As mentioned above, the current study aimed to approach the data with the maximum possible level of objectivity to analyse the process from multiple perspectives.

Finally, through analysing decision-making, policy processes and leadership in central government and organisations, implementation research, such as the present study, is also intertwined with research on power. According to Williams (2012), researching people in positions of power is important because the use of power can vary widely: it can be abused, wielded inefficiently, or used to create positive change. Williams argues that it is the researcher's task to analyse not only the actions of these 'up-system actors' (i.e., determining who did what, when, where and how, and why) but also the perceptions of these actions in relation to official views. Williams (2012) also notes that evaluative research, such as this study, focuses also on the outcomes

of these actions. Therefore, reflecting on questions of power and different expectations towards the change initiative and associated research has been an important part of the research process.

5 RESULTS

This chapter weaves together the research results related to the systematic literature review on the effectiveness of child protection practice models with the empirical findings on the implementation of the SPM, the contextual factors that affected it and the study participants' perceptions of the mechanisms through which the intervention could work. The chapter begins by presenting current knowledge on the effectiveness of child protection practice models based on the systematic literature review. Then, it summarises the findings of the whole implementation study and presents a synthesis of implementation chains (Pawson, 2013). Finally, it presents the programme theory, explaining how the model should produce its desired effects in ideal circumstances.

5.1 SYSTEMATIC LITERATURE REVIEW ON THE EFFECTIVENESS OF PRACTICE MODELS

This section reports the results of a systematic review, the purpose of which was to assess the effectiveness of child protection practice models compared to regular child protection practice (Article I). Systematic searches across 10 electronic databases and the grey literature yielded a total of 1360 possibly eligible citations. After screening the titles and abstracts, 77 full-text articles were screened for inclusion. Our final sample consisted of five papers (representing six studies) focusing on three practice models. Three papers (representing four studies) focused on SBC (Antle et al., 2008, 2009, 2012), one on the RSW model (Bostock et al., 2017), and one on SoS (Reekers et al., 2018). SBC and SoS are rooted in a solution-based approach, whereas the RSW model involves a systemic approach. All of these models are applied in public child protection service settings and emphasise the relational aspect of social work practice. All the studies included in the review applied a quasi-experimental design.

In sum, only a small number of controlled studies assessing the effectiveness of the models in terms of key child- and family-level outcomes were identified in the review. Further, based on the quality assessment, these studies were methodologically weak due to selection bias risk, low statistical power (due to small sample sizes), short-term follow up, and reliance on single-source data. The studies also contained inadequacies in their reporting that hampered the further assessment of bias.

While a number of studies have also identified positive practitioner experiences regarding the use of models such as SoS and RSW (e.g., Bostock et al., 2017; Sheehan et al., 2018) and a statistically significant relationship

between systemic supervision quality and overall quality of direct child protection practice (Bostock et al., 2019b), the current systematic review findings suggest that there remains a lack of rigorous evidence demonstrating that these models lead to better outcomes for children and families. In sum, although the implementation of these models represents a potential improvement on regular child protection practice, and thereby the possibility of improving outcomes for children and families, the evidence base for their effectiveness remains limited.

5.2 IMPLEMENTATION AND CONTEXTUAL FACTORS

This section presents the findings of the investigation of the model's implementation in Finland and the possible influencing factors at different contextual levels. First, drawing on Article II, I summarize how the RSW model was transported and adapted to Finland based on qualitative interviews with leaders and key stakeholders. Second, I summarize the mixed-methods fidelity results based on Article III. In accordance with the CFIF (Carroll et al., 2007), the aim was to assess the extent to which the content of the model, in other words its "active ingredients", were delivered to the participants as often and for as long as intended. Third, I summarise the findings on system, organisational, practitioner, and service user level factors based on articles II and III. In the final section, I synthesise these findings to illustrate complex linkages between implementation outcomes and contextual factors.

5.2.1 TRANSPORTING AND ADAPTING THE RSW MODEL FROM THE UK TO FINLAND

Initially, the RSW model was transported and adapted to Finland in a collaborative process that involved multiple stakeholders from different organisations and networks (see Figure 3). Based on the documents and interviews related to initial encounters with the original model conducted for Article II, one field visit to London by an NGO-initiated project in 2014 seemed particularly influential, as it resulted in enthusiasm and persistent advocacy (e.g., meetings with various stakeholders, talks, and articles) to advance the model's implementation in Finland. Then, a seminar organised in June 2015 invited the participants to discuss how the RSW model could be implemented in Finland. According to the interviewees, the model seemed to spark general interest and appeal among key stakeholders who could influence decision-making at the national level. When a funding opportunity emerged via the new government's anticipated children's service reform during 2015, these stakeholders suggested integrating the model into the initiative.

Consequently, the central government launched a process to adapt and pilot the model as part of the reform (2016-2018) in different regions. The regions then collaborated to apply for government funding to local change

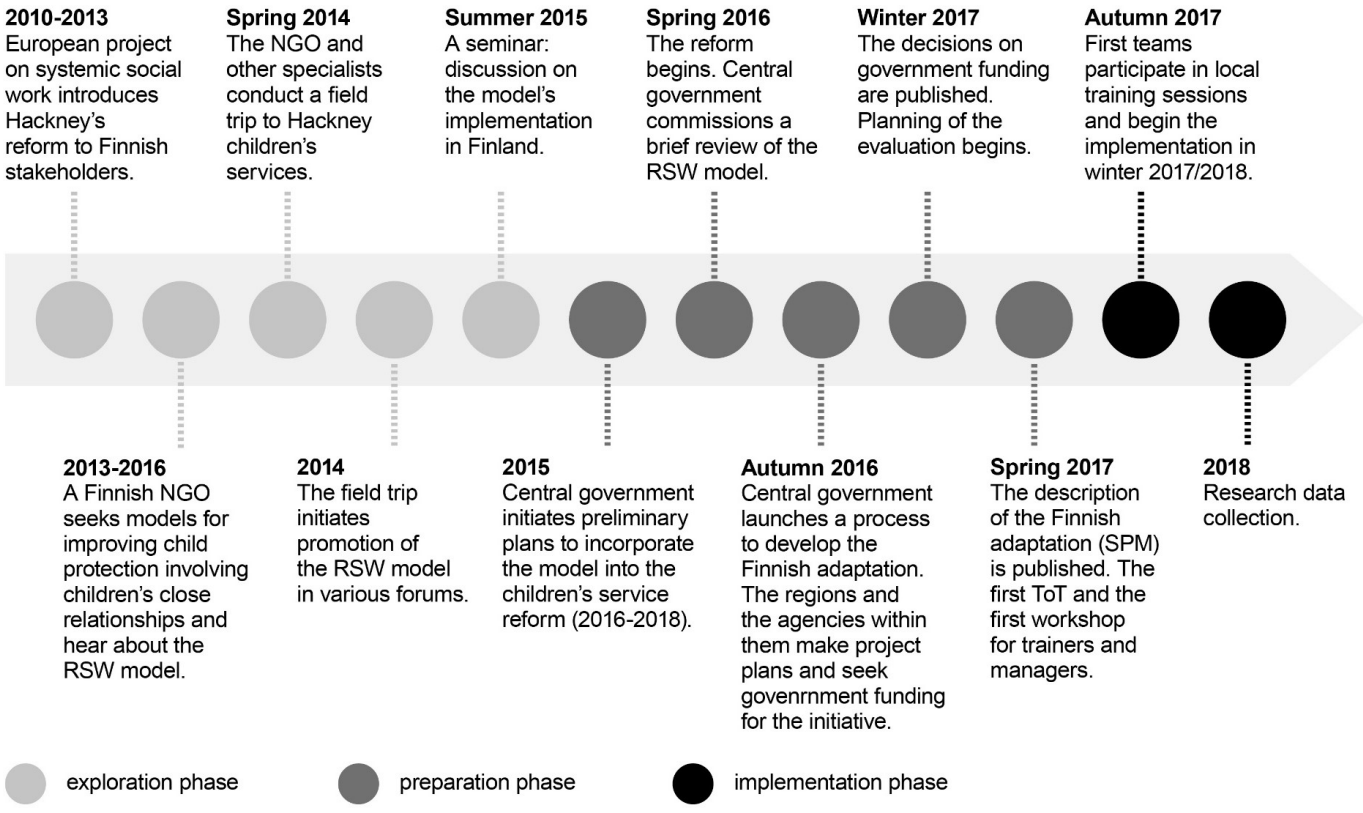
efforts during autumn 2016. Parallel to this application process, the Institute commissioned a brief review of the RSW model and coordinated a collaborative, government-led workshop process to adapt the model to Finland. The working group was named "A Multi-professional Model for Child Protection", but the interviews and the meeting notes indicated that the group focused on the "Hackney model" from the very beginning. The group's task was to "assess and apply the Hackney model and form principles for its implementation in the context of Finnish child protection" (Lahtinen et al., 2017, p. 9). The adaptation was published in spring 2017 and was titled *A Systemic Practice Model for Child Protection (*Fin. systeeminen lastensuojelun toimintamalli*)*. The publication described the model's basic principles and preconditions at a general level.

In general, the national stakeholders had positive perceptions of the model and its fit into Finnish child protection system. According to the interviewees, the primary difference between the SPM and the original RSW model was the implementation of a team-based model (Finland) in contrast to the introduction of systemic change in the whole organization (Hackney). They also remarked that the RSW units also involved fewer social workers than the Finnish teams; moreover, the coordinators in Finland had often completed a higher education degree in social services. Furthermore, in Finland, social workers, rather than consultant social workers, were responsible for cases, while UK practitioners had received longer training in systemic practice. The Finnish adaptation also introduced new methods (such as inviting families to the team meetings) and tools (such as the 'collaborative helping map' or 'three houses') from outside the RSW curriculum. In addition, ideas and their operationalisation evolved during the initial implementation.

The interviews with key stakeholders indicated that the SPM was intentionally structured to be flexible in terms of its further adaptation to local contexts. Although one aim of the effort was to standardise social work practice, the national stakeholders were hesitant to introduce procedures that would support the fidelity of the model (e.g., adhering to a specific team structure, developing a manual). The national stakeholders interviewed for the study also noted that they did not collaborate with either the original developers or the RSW researchers when modifying the model to the Finnish context.

To facilitate the implementation, the Institute organized a seven-day ToT and four coaching sessions and seminars targeted at local trainers and leaders. The first ToT was organised in spring 2017. The ToT was perceived as a cost-effective solution, as it would provide free training to a number of participants who would, in turn, train the local teams. The sites began structuring systemic teams and organising the training for practitioners in the autumn 2017. First systemic teams began the new approach in the autumn 2017 and winter 2018.

Figure 3 *The SPM implementation timeline and stakeholders.*



5.2.2 FIDELITY TO THE SYSTEMIC PRACTICE MODEL

In terms of actual change in practice, the fidelity assessment revealed considerable variability in the delivery of the model at the 23 research sites (see Table 5, Article III). The sites succeeded best in forming systemic teams, as all the teams participating in the study included a clinician and a consultant social worker. However, one fourth of the teams lacked a coordinator. Furthermore, when examining the indicators related to the systemic team as a whole, the results show that only six per cent of the teams met all three fidelity criteria (i.e., the right structure and high contributions from both the clinician and the coordinator), whereas 39 per cent achieved high scores on two indicators, and 41 per cent on only one indicator. In addition, 14 per cent of the teams failed to achieve a high fidelity score on any of the indicators. The qualitative interviews also demonstrated that, in three teams, the implementation was flawed before the follow-up quantitative data collection, as one lacked a clinician, and two only involved the clinician approximately once a month.

The sites encountered most challenges in the coverage of team meetings and adhering to systemic practice. Indeed, the vast majority (86%) of social workers achieved low scores in terms of the number of cases they presented to the team in the weekly meeting during the implementation period. On average, these social workers brought just one case per month to the meeting for case discussion. Regarding systemic practice, only one third of the social workers scored high on the use of key systemic techniques (i.e., they had used key systemic techniques with two or more service users). The majority (79%) achieved low scores in terms of the frequency of family meetings, and one in four (25%) had been unable to increase the intensity with any of their cases. None of the social workers scored high, but 27 per cent scored low, on both indicators.

The social worker interviews also indicated that the practitioners began to select some families for the systemic approach, whereas the remainder received 'regular' child protection services within the same team. Moreover, the qualitative analysis of the adoption of systemic thinking and techniques revealed considerable variation (range 3-9 on a scale of 0–10) between the teams involved. Whereas some social workers demonstrated application of systemic practice with families, others scarcely used such techniques and even discontinued their implementation during the course of the study. From nine teams, three scored high in the adoption of systemic thinking and techniques.

Finally, interviews with service users indicated limited evidence of systemic practice (i.e., application of systemic techniques) at the family level. Based on the interviews, it also seemed that the practitioners had used genograms merely to scope the family members' networks instead of discussing relationships between the individuals as intended. At site 2, where the agency had lessened the social workers' caseloads prior to the intervention, the service users interviewed for the study observed a positive change in the frequency of meetings.

5.2.3 CONTEXTUAL FACTORS

This subsection synthesizes the potential factors influencing the SPM implementation at the system, organisational, practitioner, and service user contextual levels.

In terms of the system level (Article II), the findings indicate that factors such as the political environment, a lack of planning and preparing the government initiative, as well as limited funding and collaboration with the original model developers impeded the implementation. In terms of planning and preparation, one national stakeholder remarked, "we did not do any SWOT-analysis in advance or any other risk analysis, as we lacked a more detailed project plan. So, we have just gone with the flow". Based on the interviews, central government struggled to achieve its ambitious aims with limited resources and planning during a single term of office. Moreover, its success was further hampered by the need to manage several parallel change efforts, such as the overall children's service reform. Despite the challenges, most national stakeholders were fully committed to the initiative that facilitated the implementation.

In turn, organisational-level implementation (Article II) seemed to be shaped by organisational readiness for change, leaders' engagement and implementation vision as well as implementers' knowledge and skills, permanency and motivation to change. The analysis suggests that the managers struggled with similar challenges to those faced by central government while aiming to organize the minimal resources available to the teams. Given that the description of the Finnish adaptation had not been published at the time the agencies sought government funding, the managers possessed little information about the model and were thus unaware of what they had agreed to. As the expansion of the initiative and the lack of clarity of the model seemed to challenge the development and the delivery of the national ToT, the responsibility for translating the model into real-world child protection social work remained with the local trainers, who eventually felt unequipped with the necessary skills to train the systemic teams. As one trainer (site 1) remarked, "if it starts a certain way, it tends to remain that way in the system". Consequently, the consultant social workers felt that the responsibility for the actual change ultimately remained with the teams, in particular with the clinician who aimed to integrate systemic family therapy into the team's practice. Essentially, local stakeholders considered successful recruitments and staff retention key to successful implementation.

Regarding implementation determinants associated with the practitioner level (Article III), a lack of clarity and insufficient training in systemic practice as well as organisational factors such as high caseloads, staff turnover, and a lack of leader commitment to change created challenges for the adoption of the new approach. Essentially, several practitioners felt that the training left them confused about the actual systemic practice. Consequently, many began to consider only those cases that had been discussed in the systemic team meetings as part of the systemic approach. Although social workers were able

to apply the new approach with a small number of families, they remained responsible for their entire caseload. The interviewees felt obliged to prioritise families for the model, which created a split sense of reality: service as usual with some families and systemic practice with others. This kind of "cheap version" of the model, as one social worker (site 1) put it, frustrated the practitioners, especially because a reduced caseload was included in the original model. Accordingly, the social workers reported that their motivation would have been higher if the model had been implemented more fully.

Conversely, those practitioners in site two, in particular, were content with their senior managers, as the agency had decreased their caseloads prior to the implementation. Interestingly, this team scored only four in the adoption of systemic thinking and techniques on a scale from zero to ten, indicating this support was not connected with higher fidelity to systemic practice.

Instead, coaching in systemic practice and social workers' positive perceptions of the SPM itself seemed to facilitate change (Article III). The teams that were more successful in adopting systemic practice enjoyed a positive learning environment with little staff turnover and received hands-on coaching from a team member who was specialised in systemic family therapy. The social workers interviewed for the study reported that the clinician or other colleague trained in family therapy not only helped them engage in systemic practice, but also supplemented formal training with hands-on coaching. Indeed, this kind of conducive team atmosphere and high motivation seemed to strengthen practitioners' commitment to coaching, which may have positively affected their skills and engagement with systemic practice. In contrast, partial implementation, i.e., the ability to apply systemic practice with only a few families, seemed to weaken social workers' motivation and hinder learning and application of the new approach.

Regarding the service user level (Article III), most children and parents interviewed for the study were satisfied with the help received from child protective services. According to the interviewees, service users whose social worker applied systemic techniques with them or had attended the reflective team meeting themselves felt that it provided them with new perspectives on their situation (particularly professionals' discussion on the family's situation in their presence). However, five of the six users who knew that their case had been discussed in the team meeting were somewhat disappointed with the modest impact of the discussion on their family's service, indicating a relatively weak linkage between the meetings and practice. As one mother (site 1) pointed out, "of course, the social workers can think about good practices or means to help a family, but I think that those means should be brought concretely to the family level".

5.2.4 IMPLEMENTATION CHAINS

The following subsection synthesises the findings of the implementation study from a realist perspective to demonstrate the complex linkages between

implementation and contextual factors. Based on the results, it seems that the circumstances and implementation decisions at the system level created particular challenges for the Finnish adaptation and the national ToT. Given that the national stakeholders still lacked a detailed understanding of the implications of systemic practice for child and family social work in Finland, understandably, this knowledge and associated skills were not clearly communicated to local trainers. Although central government provided the ToT, many local agencies were not sufficiently prepared to implement the model fully in their teams. The lack of a well-defined national training package and understanding of the model's most essential elements seemed also to result in high variation in local training and practical implementation of the model.

Despite the challenges, some practitioners were able to expand their understanding of family dynamics and approach problems systemically from multiple perspectives. However, given that many teams lacked the necessary resources and experienced challenging circumstances, changing their way of working comprehensively was difficult. For this reason, actual change in family-level practice was minimal during the initial implementation phase. Partial implementation, in turn, seemed to weaken both the practitioners' motivation to change and the application of the approach with families. Indeed, some teams ceased the implementation in the course of the study. These findings are synthesised with five CMO-configurations based on the implementation outcomes observed in two sub-studies (Articles II and III):

1. If central government is under-resourced (C1) and large-scale initiatives are prepared poorly (C2), little implementation support, such as coaching and a manual, is offered to local agencies (M resource); consequently, local managers and implementers may possess a limited understanding of the intervention subject to implementation (M reasoning), which hampers organisational readiness to change (O).
2. If the core model components are not known (C), implementation support practitioners, such as trainers (M resource), might not understand the nature of the model (M reasoning); then the training is incapable of demonstrating how the model can be used in practice (O).
3. If full flexibility in the model's implementation is allowed (C1) and few processes or procedures (M resource) are undertaken to ensure fidelity to the model, local implementers might be unaware of the most important elements to implement (M reasoning), which is likely to generate unintended intervention drift (O).
4. If the team structure and team meetings (M resource) are partially implemented due to organisational barriers, such as lack of resources (C), their motivation to change will begin to decrease (M reasoning), which can result in limited learning and application of systemic practice (O).

5. If the practitioners do not apply systemic practice (M resource) due to implementation barriers (C), they will return to their previous way of working (M reasoning), which prevents achievement of the intended outcomes of systemic practice (O).

In what follows, the focus shifts to a discussion of what constitutes the intended outcomes in the SPM and how they should be achieved in ideal circumstances.

5.3 PROGRAMME THEORY FOR THE SYSTEMIC PRACTICE MODEL

This final results section summarises the programme theory for the SPM based on the key informants' views and researchers' synthesis reported in Article IV. In essence, the goal is to provide a detailed description of the model's core components and the mechanisms that create intended outcomes in an ideal context. In accordance with realist evaluation, the aim is to explain how the model's resources should work to change human reasoning and behaviour to achieve the desired change (Pawson & Tilley, 1997).

5.3.1 CORE COMPONENTS

Based on the analysis, three core components – a systemic team, systemic weekly meetings, and systemic practice – were identified. In what follows, I explain each of these briefly. First, while a regular social work team includes, primarily, social workers and a team manager, ideally, a systemic team comprises a consultant social worker, a systemic family therapist (a clinician), a coordinator and two to three social workers. Additionally, the team could include one or more family practitioners.

Although the key informants exhibited divergent views on the composition of the team, eventually they concluded that it should include a permanent group of practitioners with a shared approach and orientation to systemic practice. According to them, the team should also aim to engage in mutual reflection from multiple perspectives as well as share responsibility and knowledge of family cases. The key informants maintained that the consultant social worker should be a senior level practitioner who leads the team and supervises the team meetings. Together with the clinician, it would be the task of the consultant social worker to ensure that the team maintains a systemic approach. The clinician's role would then be to introduce new insights, facilitate reflexive curiosity and help the social work practitioners utilise systemic thinking and techniques. In turn, the coordinator would provide administrative support for the social workers, while the social workers would hold responsibility for cases and work directly with children and families.

Second, the key informants maintained that the systemic team meetings should provide a forum for systemic supervision. In these sessions, the practitioners would reflect on cases from multiple perspectives, generate hypotheses, and plan subsequent interventions to help the family. The key informants emphasized that discussions should be curious and respectful towards all stakeholders. Ultimately, the aim would be to slow down rather than to arrive at quick solutions. Moreover, the team members would apply systemic tools and methods specific to systemic practice in the meetings. Although the key informants agreed on the main ideas, in particular, the coverage and function of team meetings divided their views. First, while some maintained that the meetings should focus in-depth on one to two cases,

others felt that the meeting should cover a larger number of cases in order to serve as the main forum for case supervision. Eventually, the key informants concluded that each social worker should be able to present one to two cases per week at the meetings. Second, while some suggested that the meetings should provide a safe space for reflection and learning for the team members alone, others felt that the meetings should also be open to the families and other professionals working with the family. After pondering the different options, the participants concluded that the meetings should be exclusive to the systemic team members.

Third, according to the key informants, systemic practice entails purposeful, relationship-based, and systemic-oriented work with families. In accordance with the principles of systemic family therapy, in contrast to perceiving problems individually, systemic practice should concentrate on relationships between child and family and on the physical and immaterial living-environments. Reflection should focus not only on the service users but also on the child protection system and practitioners. Systemic practice comprises three key methods and techniques characteristic of family therapy: genograms, formulating hypotheses (Cecchin & Boscolo, 1987) and circular and other types of questions (Tomm, 1988). The participants noted that practitioners could also use additional tools, such as a timeline. Furthermore, the key participants maintained that the practitioners should aim to acknowledge the limits of their knowledge (Anderson, 1997) and be respectful and curious (Cecchin & Boscolo, 1987). In addition, seeking permission (Aggett et al., 2015) from the service users when proceeding and building a relationship with them was seen important.

Altogether, the above-mentioned methods and tools should provide insights into and new perspectives on family dynamics, history, patterns, and narratives for all stakeholders. According to the key informants, the purpose here would be to expand the practitioners' understanding of families' situations, strengthen the interaction between family members and empower families to find solutions to their own problems. When applying systemic practice, the practitioners should meet the families frequently and aim to build trust with the child and parents, focus on strengths, share power, and avoid knowing better.

5.3.2 IDEAL CONTEXT

In the workshops, the participants were encouraged to specify the ideal context for a systemic team and practice. Although the focus of the SPM was team level change, the workshop participants suggested that service leaders and managers should examine children's services through a systemic lens and provide sufficient resources for frontline practice. Indeed, as one key informant put it, analysing "the whole chain" of services "systemically (…) beyond organisational boundaries" was seen important. Therefore, the

participants highlighted the importance of a shared understanding between the leaders and practitioners.

5.3.3 CONTEXT-MECHANISM-OUTCOME CONFIGURATIONS

Based on the researchers' synthesis, two context-mechanism-outcome (CMO) configurations were formulated to illustrate that, in the right context, the resources provided by the SPM can result in reasoning that generates the intended outcomes (see Tables 3 and 4). These CMO configurations represent the causal chains of the SPM. Because the SPM involves long causal chains (Shaw et al., 2018), the process entails two levels. Therefore, the outcomes at the practitioner level serve as a context or mechanism for the family level.

At the practitioner level, if the organisation supports the proper functioning of the systemic teams and the team forms a safe space for learning (C), the combination of resources (i.e., forming a systemic team that receives training and coaching on the approach and holds weekly supervision sessions) and reasoning (i.e., understanding of family dynamics and approaching problems systemically from multiple perspectives combined with mutual reflection and shared responsibility) (M) are predicted to result in intensive systemic practice and improve practitioners' work-related wellbeing and retention (O).

Table 3. *The intended causal chains at the practitioner level (Aaltio & Isokuortti, 2022).*

Practitioner level			
Resources	**Context**	**Reasoning**	**Intermediate outcomes**
Systemic team + Systemic training and coaching + Systemic weekly meetings providing systemic case supervision	Organisation and leaders who implement daily practices and resources to support the proper functioning of the systemic teams, e.g., ensuring reasonable caseloads and recruiting the requisite team members + A team that forms a safe space for learning	Practitioners expand their understanding of family dynamics and begin to approach problems systemically from multiple perspectives + Mutual learning and reflection + Systemic team shares responsibility which provides emotional and practical support for practitioners	Intensive systemic practice, including respectful, power-sharing and curious relationships with families + Improved work-related wellbeing + Decreased staff turnover

Consequently, if the families regularly meet the same practitioner or practitioners, who share power and engage with them in a respectful and curious way (C), then the application of systemic practice by skilful practitioners who enjoy their work (M), is predicted to generate new insights and change in family members' beliefs, which in turn can improve family dynamics, child safety, and family wellbeing (O).

Table 4. *The intended causal chains at the family level (Aaltio & Isokuortti, 2022).*

Family level			
Resource	**Context**	**Reasoning**	**Intermediate and long-term outcomes**
Skilful, and permanent practitioners who experience wellbeing + Systemic social work practice	The family meeting context is respectful, characterised by power-sharing, and curious + Regular and frequent meetings with the same practitioner/s	Identifying multiple perspectives + Identifying problematic interaction and communication, e.g., family patterns or scripts + Family's own motivation for change aroused	New insights and change in beliefs + Improved family dynamics + Increased safety + Improved parent/ child wellbeing

6 DISCUSSION AND CONCLUSIONS

6.1 DISCUSSION

The present study has attempted to understand the possibilities and challenges for improving social work practice with complex social interventions. Through analysing implementation outcomes, potential influencing factors and identifying the intervention's mechanisms of change, it is possible to understand the functioning of the intervention in different contexts. Investigating both anticipated and unintended outcomes associated with the process is important because only when interventions are implemented fully can we expect to achieve the desired results (Durlak & DuPre, 2008). Consequently, the study investigated the adaption of the UK RSW model to Finland, the means of achieving the SPM implementation, the contextual factors that influenced it and the actual changes to practice delivered. Implementing interventions with a robust evidence base is more likely to generate the desired impact. To understand the extent to which child protection practice models lead to better outcomes for children and families, the study also synthesised the evidence on their effectiveness.

The systematic review (Article I) found limited evidence of the effectiveness of three practice models (RSW, SBC, SoS). Notwithstanding, the models appear to be popular in several countries. Indeed, the RSW model was adapted to Finland, where multiple children's service sites across the country aimed to implement it as part of their service provision within a government-funded initiative (Article II). While most participants found the model promising, the change effort involved various barriers that impeded its implementation (Articles II and III). To support the model's implementation and evaluation, a programme theory for the SPM was formulated (Article IV).

Above all, the implementation analyses conducted in this study illustrate the complex linkages associated with collaborative change efforts such as the SPM implementation. Although most stakeholders were committed to the initiative, the findings indicate that challenging circumstances and an 'ad hoc' implementation strategy percolated down from central government to the local agencies, thereby creating several unintended outcomes. In particular, disseminating a vaguely described model that allowed high flexibility in implementation without a well-defined national training package seemed to have impeded implementation in local agencies. Despite the positive experiences of professionals with the model, a limited knowledge base regarding systemic practice along with high caseloads hampered their ability to apply the new approach. Consequently, the fidelity assessment and family interviews indicated limited changes in practice in the initial implementation phase. Hands-on coaching in systemic practice along with a positive learning environment, however, facilitated the uptake of the new approach. Taken

together, these findings reveal the long implementation chains through which interventions proceed before eventually impacting service users' everyday lives (Pawson, 2013).

Many of the implementation determinants identified in the study, such as careful preparations, intervention clarity, implementation leadership, stakeholder engagement and ongoing support, are reported in the existing implementation literature on child and family social work (Albers & Shlonsky, 2020; Lambert et al., 2016; Pipkin et al., 2013; Sanclimenti et al., 2017; Sheehan et al., 2018; Weeks, 2021). Several findings also accord with UK RSW evaluations. For example, both Bostock et al. (2017) and Laird et al. (2018) reported variation in delivering intended structural changes and conducting systemic practice, while also identifying similar organisational barriers, such as high caseloads. The finding related to the clinician's role in maintaining systemic practice is also aligned with UK experiences (Bostock et al. 2017; 2019). In contrast, while the RSW evaluations reported high satisfaction with systemic training (Bostock et al. 2017; Dugmore et al., 2018; Laird et al., 2018), the present study found multiple challenges related to Finnish training sessions.

The results concerning the whole-system change were mixed. On one hand, the frontline practitioners reported that leaders' engagement was important in terms of implementing the model as intended and modifying their work environment to support the new practices. On the other hand, interestingly, leaders' support was not connected with higher fidelity to systemic practice. At the site where the agency had reduced the practitioners' caseload prior to the implementation and where leaders actively interacted with the staff, the practitioners were more content with the change initiative but demonstrated little change in actual practices. Concurrently, it is important to note that those practitioners at other sites who were more successful in adopting the systemic approach were nonetheless only able to apply these tools and techniques with some of the families. Essentially, none of the teams involved in this study were able to practise the systemic approach with their entire caseload. Therefore, the role of organisational support should not be underestimated.

In terms of the larger political and service environment, the present results demonstrated a lack of resources at all levels. Interestingly, they also revealed the interviewees' resignation to the limited resources available to them – to the extent that they could not even imagine another kind of situation. Previous research and public discussions have acknowledged such resource scarcity in frontline practice (e.g., Mänttäri-van der Kuip, 2016), but less attention has been paid to limited resources at system and organisational levels. These findings are aligned with experiences of the RSW implementation in the UK. Indeed, Bostock et al. (2017) observed that managers laboured under the twin pressures of saving money and protecting the quality of service, whereas Laird et al. (2017) asked whether expecting change in practice was even fair or feasible in the current context of austerity. This kind of situation is unstainable and fails to support good quality implementation leadership, as stakeholders

in central government and service organisations lack sufficient time and resources for intervention selection and implementation preparation processes. Along with improving implementation skills, I consider this an important issue for the sustainability of social and health care in the future.

In light of these findings and earlier RSW evaluations (Bostock et al., 2017; Bostock & Newlands, 2020; Laird et al., 2018), it seems that a clear, shared understanding of the model as well as high quality training and ongoing support, such as intervention coaching, provide the foundation for successful implementation. In the literature, these tasks are often related to purveyors, who represent the intervention and help the organisations implement it more fully (Fixsen et al., 2005). Nevertheless, to apply a new approach in practice, the practitioners must be provided with opportunities to use the tools and techniques with families. This, in turn, requires leaders' engagement and the advancement of implementation friendly work environments. To do so, service leaders – and in large-scale implementation efforts also system level stakeholders – must possess proper resources and means for planning, preparing, and monitoring the change processes.

Present research also illustrates the multiplicity of adapting complex social interventions to different contexts. Therefore, possible modifications should be carefully considered and documented (Fendt-Newlin et al., 2020; Meyers et al., 2012; Moore et al., 2021). In terms of the RSW, the therapeutic family service orientation characteristic of the Finnish child protection system (Gilbert et al., 1997, 2011) might have facilitated introduction of this relationship-based practice model to Finland. While previous studies in the UK (Bostock et al., 2017, 2022; Laird et al., 2017) have found that maintaining systemic practice is challenging in a broader child protection system that remains risk adverse and punitive, such difficulties were not highlighted in the present research as such. It is possible, therefore, to hypothesize that the risk-focused child protection (e.g., UK) and support-focused family service (e.g., Finland) orientations identified in previous research (Gilbert et al., 1997, 2011) still exist to some extent.

In turn, adopting systemic supervision, which is the defining feature in the original model (Bostock et al., 2019a, 2019b, 2022), generated more challenges. As there was no clear understanding of the core components of the SPM, Finnish stakeholders began, in the course of implementation, to expand the team meetings from practitioners' reflective rehearsal spaces to sessions involving children and families. This also seems to be the current understanding of the systemic meeting (e.g., Fagerström & Rautiainen, 2023; the Centre of Excellence on Social Welfare in the Eastern Finland, 2023). According to Fagerström and Rautiainen (2023), family therapists who were familiar with open dialogue criticized the RSW model for not involving service users in the meetings in the first ToT. Consequently, service users were informed of the possibility of voluntarily attending the meetings in Finland.

Although this decision was based on good intentions, it poses the following challenges. First, systemic supervision of professionals is thus far the only

feature of the model that enjoys empirical support in terms of its ability to improve practice (Bostock et al., 2019b). Therefore, adapting this component might compromise the model's potential effectiveness. Second, the results indicated that the decision caused confusion among the practitioners about the nature of systemic practice outside the meetings. Ultimately, the categorisation of families into systemic and non-systemic clients within the same teams places service users in an unequal position. It also conflicts with the original intention to provide high-quality services to all families involved with child protection. Moreover, practice models essentially aim to change the entire way of working instead of using particular tools with particular families. The practitioners interviewed for this study were aware of this dilemma and experienced stress as a result of it. Third, although the present study found that systemic meetings could provide new insights for the family members present, many of them felt that the meetings failed to produce the desired impact on their family's actual situation. Essentially, these findings indicate limited changes in practice outside the team meetings, namely a lack of face-to-face systemic practice with families. For these reasons, the merging of two components – systemic team meetings and systemic practice with families – should be carefully considered.

The single most striking observation from this research relates to mixed views on fidelity versus flexibility in implementation. While the interviewees reported that one of the key aims of the initiative was to standardise social work practice, maintaining a highly flexible approach to implementation was also considered important. It is possible to hypothesise that the extensive professional discretion in Finnish social work culture (Berrick et al., 2015a, 2016) explains the hesitancy to introduce procedures that would support the fidelity. Therefore, a non-manualised practice model, such as the RSW, was possibly seen as the most promising intervention option. Simultaneously, more structured EBPs are increasingly being adopted in children's services in many countries (Gilbert et al., 2011).

Throughout, this research has underlined the importance of successful implementation for achieving the desired results while also illustrating related challenges. It has also demonstrated that little is known of the effectiveness of child protection practice models. Consequently, there is an urgent need to increase the use of empirically proven interventions in social work practice to support children and families involved in child protection. First, we require more high-quality research on what works, for whom and under which circumstances. Second, we should aim to implement these best practices as thoroughly as possible. The following section now turns to a discussion on how this could be achieved.

6.2 IMPLICATIONS FOR POLICY, PRACTICE, AND RESEARCH

It is important to note that it is not research itself that changes practice – it is the people in the organisations concerned, both on the frontline and in leadership positions. It is they who take the decision to change or maintain the status quo. Policymakers and developers, in turn, play a key role in selecting interventions for dissemination and supporting and/or financing their implementation. However, if we wish to improve practice with empirical research, we also require researchers. Therefore, one of the conclusions of this study is the need for reciprocal academic practice partnerships.

This kind of partnership is characterized by mutual respect and genuine interest in both using research to improve practice and informing the research process with practice questions. Such partnerships can advance both theory and practice in social work in order to better understand emerging problems and the solutions to them (Palinkas et al., 2017). A systematic review by Drahota et al. (2016) found that mutual trust and respect, a shared vision, a good relationship between the partners, and effective communication are important factors in establishing a functioning partnership. Seeking these kinds of collaborations is crucial for creating meaningful research and impactful practice in the future. This aspect is therefore reflected in the following implications for policy, practice, and research.

6.2.1 IMPLICATIONS FOR POLICY AND PRACTICE

In order to improve the outcomes for its service users, the field of social work should treat the implementation challenge with the seriousness it deserves. While frontline implementers are responsible for actual changes in service provision, policymakers and other national stakeholders must, to the best of their ability, ensure ideal circumstances for the local implementation. Therefore, improving implementation knowledge and skills at all levels (government, regions, organisations, and provider) can not only aid distinct change efforts but also advance improvement of services in the longer run.

In what follows, I provide concrete suggestions for supporting successful future implementation. Based on the study findings, QIF by Meyers et al. (2012) and the ADAPT guidance by Moore et al. (2021), the key recommendations for policy and practice are summarized in Figure 4.[3] As noted earlier, collaboration between different stakeholders in all phases is important.

[3] The recommendations are published in Finnish in Appendix D.

Figure 4 The key recommendations for policy and practice based on the study findings, QIF by Meyers et al. (2012) and the ADAPT guidance by Moore et al. (2021).

Prior to taking an implementation decision:

- When considering implementing an innovation, assess its research evidence, fit to the host context and the overall feasibility of implementation. In other words, examine the extent to which, and at what financial cost, the intervention is likely to achieve the desired results in this setting. Engage diverse stakeholders in the decision-making.
- Assess the readiness to change. Ensure that available resources are in alignment with implementation goals to increase the sustainability of the initiative.

Preparation:

- Collaborate with evaluators when adapting or developing the intervention to help create empirical support for the implementation.
- Refine or build a programme theory; namely, specify how and why the intervention can achieve its desired results. Identify what cannot be omitted from the intervention and what elements can be modified. Document possible modifications to the intervention.
- Form an implementation vision and a concrete plan to guide and support the entire process. Foster the buy-in of all relevant stakeholders and develop an implementation support team.
- Consider potential implementation barriers in advance and identify solutions to overcome these challenges to prevent possible adverse effects.

Actual implementation:

- Provide implementing practitioners with high-quality training and coaching together with support material (e.g., a manual) to ensure that the intervention can be delivered with high fidelity.
- Offer implementation support to leaders who occupy important roles in terms of engaging the whole organisation in the desired change and advancing implementation friendly work environment.
- Monitor the process and evaluate the implementation outcomes to understand practical-level actions and behaviour in real-world practice. Correct the implementation strategy if necessary.

Sustaining change:

- Support the maintenance and follow the use of the intervention to facilitate long-lasting change.

In terms of decision-making, leaders, policymakers and other stakeholders in decisive roles should select interventions that are likely to provide the desired results in a given context. In addition to assessing the evidence base of the intervention, considering its appropriateness to the context and the overall feasibility of the initiative is essential (see also Metz & Albers, 2014; Meyers et al., 2012; Moore et al., 2021). It is essential to ask what empirical research exists about the intervention, whether it has worked in different settings, whether it is likely to work in the present context, and to determine the resources that policymakers and organisations are willing to invest in the initiative. In this endeavour, collaborating with researchers, practitioners and those using the services is extremely useful.

Thorough decision-making is particularly essential in large-scale, government initiatives, as these implementation processes potentially involve long-lasting and far-reaching effects on practice. In line with the previous implementation literature (Albers & Shlonsky, 2020; Garcia et al., 2019; Lambert et al., 2016; Sanclimenti et al., 2017), this present study also emphasises the importance of aligning project goals with available resources as well as avoiding several parallel initiatives targeted at the same service providers.

While it is important to improve services for families involved in child-protection, it is also crucial to assess how implementation can be supported and sustained over time with scarce resources. Ensuring that key stakeholders at all levels are allocated sufficient time and resources for planning and preparation is vital (Metz & Albers, 2014). Forming an implementation vision early on also aids planning for an implementation that can be better sustained over time. For this reason, it seems necessary to prioritise change initiatives, i.e., to implement fewer but higher quality initiatives. This question is connected to a dependence on grants that typically last for 3 to 5 years, thereby hampering support for the long-term sustainment of innovations (Willging et al., 2015). As a positive example, when the Norwegian government rolled out Multisystemic Therapy (MST) in the country, the implementation strategy included long-term public funding and structures for the intervention's implementation and research (Biglan & Ogden, 2008; Schnurr & Slettebø, 2015).

To communicate the content and goals of the intervention to its providers and evaluators and to prevent intervention drift, developers must identify the core components and mechanisms that generate the desired results. Furthermore, providing a foundation for adaptations in the development phase is helpful, i.e., identifying which components can be altered and which should never be modified.

Foremost, devoting time and effort to intervention selection and early preparation increases the likelihood of successful implementation (Metz & Albers, 2014, Meyers et al., 2012; Saldana et al., 2011). It should be highlighted that all the actions above ought to occur prior the actual implementation. Acknowledging potential challenges in the early preparation phases can

prevent possible adverse effects, such as practitioners' change fatigue and burden. In other words, 'wearing implementation lenses' from the beginning of the project is recommended. Regarding facilitation of actual implementation, offering high quality training and coaching along with support materials, such as a manual, are a top priority. Finally, the process should be monitored to identify potential unintended effects. In the following, I present recommendations on how to support the implementation of the SPM in the future.

Currently, a total of 146 trainers have completed the systemic ToT (Fagerström & Rautiainen, 2023). In 2021, the SPM was used in 18 of the 19 regions in Finland (Yliruka & Tasala, 2022). Although the implementation of the model involved multiple challenges, and the parallel outcome evaluation found that the SPM did not outperform service as usual (Aaltio, 2022), many stakeholders have had positive perceptions of the model, as demonstrated in this study. For this reason, I do not suggest that agencies should necessarily reject the model (or relationship-based practice in general) in their service provision. Importantly, the findings from this research should be used to inform both the development of the SPM and also its training and implementation support. In essence, Fagerström and Rautiainen (2023) report that the ToT has already been improved based on the participant feedback as well as programme theory and research findings.

Currently, the model is viewed more as a value base that guides social work practice than as an intervention (Yliruka et al., 2023). Henceforth, clarifying the essence of the approach seems important. Updating the programme theory, developing a manual to guide practice and establishing fidelity criteria for the model would aid its implementation and evaluation in the future. These would also help provide a clearer picture of the model to the service organisations, which must consider whether they possess the available resources and other support to adopt and maintain the model in their service provision. The above-mentioned actions could also enhance the facilitating factors, such as positive participant responses and coaching on systemic practice. In essence, providing a realistic understanding of the model and minimising potential harmful effects on the practitioners and service users is extremely important.

Ideally, practice models can provide a uniform, theory-informed framework for child and family social work. This kind of approach to practice could not only clarify social work aims and tools for practitioners and leaders but also provide a more standardised service for families. Ultimately, higher quality service for all families should improve the service outcomes. However, the results of the systematic literature review conducted in the present study indicated that the evidence of the effectiveness of practice models is still limited. Furthermore, in line with the previous literature, current implementation findings demonstrate that implementing and sustaining such models in social service organisations is difficult. This is not to claim that practice models could not work, but it seems that their successful application

requires high-level investment from organisations and the individuals within them. Therefore, social work researchers, developers and practitioners should continue collaboration and also identify and evaluate parallel approaches in order to improve service user outcomes.

In summary, implementation aims to create purposeful and long-lasting change in real-world settings, and thus it requires comprehensive support. Therefore, thorough planning and preparation, a clear intervention description, supportive leadership and facilitative work environment at different levels and high-quality training and on-going support for practitioners are important in implementing complex social interventions in child and family social work.

Implementation research provides the tools, strategies and knowledge to improve service outcomes; thus, it holds great potential for the field of social work. For instance, implementation frameworks can be used in designing and longitudinally evaluating future change initiatives throughout all phases of their implementation (Albers et al., 2017; Moullin et al., 2019). Various frameworks and methods can also be used to facilitate implementation decision-making and adapting new innovations in different settings (Fendt-Newlin et al., 2020; Moore et al., 2021; Miller et al., 2020; Stirman et al., 2013) as well as deciding upon suitable implementation strategies (Powell et al., 2017). In addition, implementation research has developed tools for assessing readiness to change (Weiner et al., 2020). Indeed, social service providers and developers should utilise this research to improve their implementation knowledge and skills (see also Albers & Shlonsky, 2020; Albers et al., 2021; Bunger & Lengnick-Hall, 2019; Metz et al., 2021; Weeks et al., 2022). Moreover, adapting these tools to the Finnish context would advance their application in this setting.

Given that achieving change is inherently challenging, it is impossible to guarantee an infallible implementation process, as unanticipated difficulties can emerge in the course of the process. For this reason, I recommend that future change efforts should proceed carefully from small-scale testing to wider implementation if evaluation results provide evidence that implementation is worthwhile (see also Skivington et al., 2021). Through this kind of approach, potential harmful effects can be minimised, as the initiative can be adjusted and improved in subsequent phases. It is also important to emphasise that careful monitoring, preferably a robust evaluation research, can support this task.

Finally, improving the evidence base in social work requires a cultural change, as, currently, it is far from rare to use social-service interventions that have not been the subject of any evaluation (Schrader-McMillan & Barlow, 2017). Complexity does not mean that an intervention cannot not be evaluated. Instead, it is important to collaborate and work systematically on how this characteristic can be best acknowledged in the intervention development and evaluation (see, e.g., Webber et al., 2016). In order for research findings to impact practice, researchers, in turn, must conduct more

engaged research (Fouché & Chubb, 2020). Therefore, extending the academic practice partnership to cover the entire process from the initial planning phase to full evaluation could enable all members to buy into the research project, thereby providing a more complete perspective on the conducting of research and the interpretation of findings (see, for example, Moran et al., 2020).

6.2.2 IMPLICATIONS FOR SOCIAL WORK RESEARCH

There are several implications of the current research for future evaluations. Based on the findings of the review (Article I), more research on the effectiveness of child protection practice models is required. The limited evidence base for the effectiveness of these models is likely to be connected to the various challenges of conducting outcome evaluations in child and family social work. These challenges include, for example, the complex nature and demanding circumstances of child protection services, difficulties in the operationalisation and measurement of outcome variables, developing a research culture and infrastructure in social work, and implementation problems (Forrester, 2017; Gillingham, 2018; see also Aaltio, 2022). Notwithstanding, increasing the evidence base of child protection practice models (and other social work interventions) is crucial to determine the best possible ways to help families involved in child protection and identify possible harmful effects of practice. Rigorous mixed-method studies, such as realist randomised trial designs (e.g., Bonell et al., 2016) or other kinds of high-quality study designs that combine outcome and process evaluation, could be suitable for this purpose.

In terms of advancing implementation research in social work, the present study has shown the importance of analysing change processes in their full length. As also noted elsewhere (Albers & Shlonsky, 2020), in addition to assessing how interventions are delivered in practice, investigating decision-making and policy processes provides useful knowledge on the initial implementation stages. Future implementation studies should also test and evaluate implementation scales, tools, and strategies in a social-service context as well as analyse their mechanisms of change (see also Albers et al., 2020a, 2020c). Furthermore, more research is required on the role of organisational context in successful implementation. In particular, defining and testing interventions to enhance the context is a priority (Williams & Glisson, 2020). In both the above-mentioned tasks, realist evaluation can be useful.

The SPM's implementation has arguably been one of the largest change initiatives in Finnish child and family social work for decades. Although achieving change takes time, I argue that it was crucial to carefully examine these early stages of the process to produce knowledge for the future. The present research focused on the initial implementation phase, whose goal was to implement the adaptation of the RSW model in Finland (Lahtinen et al., 2017). The fact that establishing full implementation often requires years

(Fixsen et al., 2005) was acknowledged in the research by, for example, applying looser fidelity criteria. Simultaneously, it is important to continue evaluation research on the model, which will be discussed next.

Given that the present study formulated the initial programme theory for the SPM based on key informants' perceptions, testing this theory with empirical data is crucial. Indeed, investigating how the proposed causal chains are manifested in practice would help refine the theory, thus deepening understanding of the model. Such research could investigate both practitioner and service-user interactions with the model as well as its effectiveness (see also recommendations in Aaltio, 2022). However, as noted earlier, it also seems that the initial theory should be updated to match the current view of the model's core components. Indeed, it is crucial to determine what is understood as full implementation now and to what extent the implementation sites have achieved this state. More research is also required to ensure whether, how and why the additional adaptation related to systemic supervision improves the potential effectiveness of the model.

In addition, collecting follow-up process data, particularly from practitioners and service users, would provide valuable information on how the SPM is currently used in practice. While interviews would help to examine these stakeholders' current perceptions of the initiative and identify potential unexpected effects, gathering systematic fidelity data would offer a more detailed view on the use of the model throughout the country. Future research should seek to collect observational data on systemic team meetings and systemic practice with families (see also Gillingham, 2018). Combined with a detailed coding of practice and related quality rating (see Bostock et al., 2019), this kind of analysis would provide important information on the quality of systemic practice in real-world settings.

6.3 STRENGTHS AND LIMITATIONS

The current research contains several limitations. Although we undertook extensive searches in our systematic literature review (Article I), one of the reasons for the small number of studies ultimately reviewed is likely to be our stringent inclusion criteria. On the other hand, scoping and critically appraising previous effectiveness research on popular practice models provides valuable information not only for other evaluators but also for decision-makers and practice stakeholders in many countries.

While the strength of the empirical implementation study (Articles II and III) relates to collecting data from multiple participants, this approach did not allow a comprehensive focus on each participant group. However, combining different perspectives in joint analyses provided interesting insights into the phenomena that might not have emerged from individual analyses. Although the overall sample size in the qualitative interviews was relatively large, the representativeness of each sub-sample varied. Despite all managers,

consultant social workers, and trainers agreeing to participate in the study, the number of participants remained limited, given there were fewer people working in these positions at three research sites. The small sample size also concerns system-level stakeholders, as there were only a few such individuals involved in the initiative. For this reason, special attention was paid to preserving their anonymity. In turn, it was fortunate that the majority of social workers invited to the interviews were willing to participate. Moreover, as the focus was social work practitioners, interviews with clinicians and coordinators were not conducted but should be included in future research.

Altogether, the qualitative interviews used in Articles II and III provided rich information on different stakeholders' perceptions of the process and their learning; moreover, they helped identify unintended effects, such as discontinuing the implementation in the course of the study. Although researcher values and subjective skills are increasingly conceptualised as a resource for knowledge production (Braun & Clarke, 2021), it is important to acknowledge that the same researcher was responsible for both gathering and analysing this data. To limit potential bias, the interpretation of the results was therefore discussed with a co-author and supervisors. Furthermore, the use of evaluation frameworks (the CFIF, EPIS) appeared helpful in both articles and increased the reliability of research. Through a theory-driven analysis on how certain factors appear in the interview data, it is possible to increase the transparency of the analysis.

One source of weakness in Article III was that the fidelity assessment relied on self-reported fidelity data in the absence of a validated fidelity-measurement tool for the SPM. For this reason, the results merely indicate the estimated fidelity based on adherence to the model in its initial implementation phase. However, the findings from this study can inform the development of such a tool in the future. Moreover, collaborating with another researcher provided an opportunity to utilise quantitative data in the fidelity assessment. Indeed, mixing methods allowed us to conduct a robust analysis of fidelity, the influencing factors and their interrelationship.

Moreover, although gathering data from families involved in child protection is often challenging and time-consuming (Morris et al., 2018), the current research was able to include family-members' voices. Nonetheless, as the model was not fully implemented during this study period, the interviews did not provide in-depth understanding of their perspectives on the model. This data, however, complemented the fidelity assessment, helped us to identify unanticipated implementation outcomes.

Lastly, as the purpose of the programme theory process was to form a national consensus on the SPM in collaboration with the Institute, and because there was limited evidence of using the model in practice, the participants consisted of key individuals responsible for the development and dissemination of the SPM. Therefore, it is important for future research to engage other stakeholders in the process, including SPM practitioners and service users, when refining the programme theory. As this research primarily

utilised workshop data, a wider variety of methods would be useful in subsequent studies, as more time will have elapsed since the implementation and thus more experience will have been gained of using the model in practice. Furthermore, given that organisational-level causal chains were beyond the scope of this study, future research should consider including this level in the analysis.

Despite these limitations, the value of the current study relates to testing these research methods and approaches in the context of Finnish child and family social work. As such, I hope that the study can assist other research undertaking similar endeavours.

6.4 CONCLUSIONS

Changing practice in child and family social work is challenging. However, successful implementation of the intervention's core components, namely its most essential elements, is a prerequisite for its desired results. The thesis demonstrates the crucial importance of careful decision-making on what to implement as well as planning, preparing and supporting the implementation. Through offering tools, strategies and knowledge to improve service outcomes, implementation research can advance both practice and research in social work. By focusing not only on anticipated outcomes but also on unintended effects, process evaluations, such as the present research, provide valuable knowledge to policymakers, developers, and practice stakeholders on how and why interventions work in different settings. Together with robust outcome evaluations, these methodologies and approaches can enhance the use of empirically supported interventions in social work.

REFERENCES

Aaltio, E. (2022). *Effectiveness of the Finnish Systemic Practice Model for children's social care. A realist evaluation*. (JYU dissertations 571, 2022:131) [Doctoral dissertation, University of Jyväskylä]. http://urn.fi/URN:ISBN:978-951-39-9224-8

Aaltio, E. & Isokuortti, N. (2019a). *Systeemisen lastensuojelun toimintamallin pilotointi. Valtakunnallinen arviointi* [The initial implementation of the Systemic Practice Model for child protection. National evaluation]. Report 3/2019. Finnish Institute for Health and Welfare.

Aaltio, E. & Isokuortti, N. (2019b). *Systeemisen lastensuojelun toimintamallin ydinelementit : Kuvaus asiakastason ydinelementeistä, tavoitteista ja toimintamekanismeista* [The core elements of the Finnish Systemic Practice Model for child protection. Description of the core elements, objectives and mechanisms]. Discussion Paper 33/2019. Finnish Institute for Health and Welfare.

Aaltio, E., & Isokuortti, N. (2022). Developing a programme theory for the Systemic Practice Model in children's social care: Key informants' perspectives. *Child & Family Social Work*, 27(3), 444–453. https://doi.org/10.1111/cfs.12896

Aarons, G. A., & Palinkas, L. A. (2007). Implementation of evidence-based practice in child welfare: service provider perspectives. *Administration and Policy in Mental Health and Mental Health Services Research*, 34(4), 411–419. https://doi.org/10.1007/s10488-007-0121-3

Aarons, G., Hurlburt, M., & Horwitz, S. M. (2010). Advancing a Conceptual Model of Evidence-Based Practice Implementation in Public Service Sectors. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(1), 4–23. https://doi.org/10.1007/s10488-010-0327-7

Alasuutari, P., & Qadir, A. (2013). *National policy-making : domestication of global trends*. Routledge.

Albers, B., Mildon, R., Lyon, A. R., & Shlonsky, A. (2017). Implementation frameworks in child, youth and family services – Results from a scoping review. *Children and Youth Services Review*, 81, 101–116. https://doi.org/10.1016/j.childyouth.2017.07.003

Albers, B., Mildon, R., & Shlonsky, A. (2020a). En route to Implementation Science 3.9. In Albers, B., Mildon, R., & Shlonsky, A. (Eds.), *Implementation science 3.0*. (pp. 1-38). Springer.

Albers, B., Hateley-Browne, J., Steele, T., Rose, V., Shlonsky, A., & Mildon, R. (2020b). The Early Implementation of FFT-CW®, MST-Psychiatric®, and SafeCare® in Australia. *Research on Social Work Practice*, 30(6), 658–677. https://doi.org/10.1177/1049731520908326

Albers, B., Metz, A., & Burke, K. (2020c). Implementation support practitioners - a proposal for consolidating a diverse evidence base. *BMC Health Services Research*, 20(1), 368–368. https://doi.org/10.1186/s12913-020-05145-1

Albers, B. & Shlonsky, A. (2020). When Policy Hits Practice - Learning from the Failed Implementation of MST-EA in Australia. *Human Service*

Organizations: Management, Leadership & Governance, 44(4), 381–405. https://doi.org/10.1080/23303131.2020.1779893

Albers, B., Metz, A., Burke, K., Bührmann, L., Bartley, L., essen, P., & Varsi, C. (2021). Implementation Support Skills: Findings From a Systematic Integrative Review. *Research on Social Work Practice*, 31(2), 147–170. https://doi.org/10.1177/1049731520967419

Antle, B. F., Barbee, A. P., Christensen, D. N. & Martin, M. H. (2008). Solution-Based Casework in Child Welfare: Preliminary Evaluation Research. *Journal of Public Child Welfare*, 2(2), 197-227. https://doi.org/10.1080/15548730802312891

Antle, B. F., Barbee, A. P., Christensen, D. N. & Sullivan, D. J. (2009). The prevention of child maltreatment recidivism through the Solution-Based Casework model of child welfare practice. *Children and Youth Services Review*, 31(12), 1346-1351. https://doi.org/10.1016/j.childyouth.2009.06.008

Antle, B. F., Christensen, D. N., van Zyl, M. A. & Barbee, A. P. (2012). The impact of the Solution Based Casework (SBC) practice model on federal outcomes in public child welfare. *Child Abuse & Neglect*, 36(4), 342-353. https://doi.org/10.1016/j.chiabu.2011.10.009

Baginsky, M., Moriarty, J., Manthorpe, J., Beecham, J., & Hickman, B. (2017). Evaluation of Signs of Safety in 10 pilots. Research report. London: Department for Education.

Baginsky, M., Moriarty, J., & Manthorpe, J. (2019). Signs of Safety: lessons learnt from evaluations. *Journal of Children's Services*, 14(2), 107–123. https://doi.org/10.1108/JCS-11-2018-0028

Baginsky, M., Ixer, G., & Manthorpe, J. (2021). Practice Frameworks in Children's Services in England: An Attempt to Steer Social Work Back on Course? *Practice* (Birmingham, England), 33(1), 3–19. https://doi.org/10.1080/09503153.2019.1709634

Barbee, A., Christensen, D., Antle, B., Wandersman, A., & Cahn, K. (2011). Successful adoption and implementation of a comprehensive casework practice model in a public child welfare agency: Application of the Getting to Outcomes (GTO) model. *Children and Youth Services Review*, 33(5), 622–633. https://doi.org/10.1016/j.childyouth.2010.11.008

Bateson, G. (1972). *Steps to an Ecology of Mind: Mind and Nature*. Ballantine.

Bateson, G. (1980). *Mind and Nature: A Necessary Unity*. Fontana/Collins.

Bellg, A., Borrelli, B., Resnick, B., Hecht, J., Minicucci, D., Ory, M., Ogedegbe, G., Orwig, D., Ernst, D., & Czajkowski, S. (2004). Enhancing Treatment Fidelity in Health Behavior Change Studies: Best Practices and Recommendations From the NIH Behavior Change Consortium. *Health Psychology*, 23(5), 443–451. https://doi.org/10.1037/0278-6133.23.5.443

Berrick, J. D., Peckover, S., Pösö, T., & Skivenes, M. (2015a). The formalized framework for decision-making in child protection care orders: A cross-country analysis. *Journal of European Social Policy*, 25(4), 366–378. https://doi.org/10.1177/0958928715594540

Berrick, J. D., Dickens, J., Pösö, T., & Skivenes, M. (2015b). Children's involvement in care order decision-making: A cross-country analysis. *Child Abuse & Neglect*, 49, 128–141. https://doi.org/10.1016/j.chiabu.2015.07.001

Berrick, J., Dickens, J., Pösö, T. & Skivenes, M. (2016). Time, Institutional Support, and Quality of Decision Making in Child Protection: A Cross-Country Analysis. *Human Service Organisations: Management, Leadership & Governance*, 40(5), 451–468. https://doi.org/10.1080/23303131.2016.1159637

Bhaskar, R. (1978). *A realist theory of science*. Brighton: The Harverter Press.

Biglan, A., & Ogden, T. (2008). The Evolution of Evidence-based Practices. *European Journal of Behavior Analysis*, 9(1), 81–95. https://doi.org/10.1080/15021149.2008.11434297

Bostock, L., Forrester, D., Patrizo, L., Godfrey, T., Zonouzi, M., Bird, H., Antonopoulou, V., & Tinarwo, M. (2017). Scaling and deepening Reclaiming Social Work model: evaluation report. London: Department for Education.

Bostock, L., Patrizo, L., Godfrey, T., Munro, E., & Forrester, D. (2019a). How do we assess the quality of group supervision? Developing a coding framework. *Children and Youth Services Review,* 100, 515–524. https://doi.org/10.1016/j.childyouth.2019.03.027

Bostock, L., Patrizo, L., Godfrey, T. & Forrester, D. (2019b). What is the impact of supervision on direct practice with families? *Children and Youth Services Review*, *105*, 104428–. https://doi.org/10.1016/j.childyouth.2019.104428

Bostock, L. & Newlands, F. (2020). Scaling and deepening the Reclaiming Social Work model: longitudinal follow up. Evaluation report. London: Department for Education.

Bostock, L., Patrizio, L., Godfrey, T., & Forrester, D. (2022). Why does systemic supervision support practitioners' practice more effectively with children and families? *Children and Youth Services Review*, 142, 106652–. https://doi.org/10.1016/j.childyouth.2022.106652

Braun, V. & Clarke, V. (2013). *Successful qualitative research. A practical guide for beginners*. SAGE Publications.

Braun, V., & Clarke, V. (2021). One size fits all? What counts as quality practice in (reflexive) thematic analysis? *Qualitative Research in Psychology*, 18(3), 328–352. https://doi.org/10.1080/14780887.2020.1769238

Bumbarger, B., & Perkins, D. (2008). After randomised trials: issues related to dissemination of evidence-based interventions. *Journal of Children's Services*, 3(2), 55–64. https://doi.org/10.1108/17466660200800012

Bunger, A., & Lengnick-Hall, R. (2019). Implementation Science and Human Service Organisations Research: Opportunities and Challenges for Building on Complementary Strengths. *Human Service Organisations, Management, Leadership & Governance*, 43(4), 258–268. https://doi.org/10.1080/23303131.2019.1666765

Cabassa, L. (2016). Implementation Science: Why It Matters for the Future of Social Work. *Journal of Social Work Education*, 52(Suppl 1), S38–S50. https://doi.org/10.1080/10437797.2016.1174648

Caffrey, L., & Browne, F. (2022). Understanding the social worker–family relationship through self-determination theory: A realist synthesis of Signs of Safety. *Child & Family Social Work*, 27(3), 513–525. https://doi.org/10.1111/cfs.12903

Carroll, C., Patterson, M., Wood, S., Booth, A., Rick, J., & Balain, S. (2007). A conceptual framework for implementation fidelity. *Implementation Science : IS*, 2(1), 40–40. https://doi.org/10.1186/1748-5908-2-40

Cecchin, G. & Boscolo, L. (1987). Hypothesizing, circularity, and neutrality revisited: An invitation to curiosity. *Family Process* 26(4), 405–413. https://doi.org/10.1111/j.1545-5300.1987.00405.x

Chambon, A. S., Schröer, W., & Schweppe, C. (2013). Introduction. In Chambon, A. S., Schröer, W., & Schweppe, C. (Eds.) *Transnational social support* (pp. 1–10). Routledge.

Chambon, A., Johnstone, M., & Köngeter, S. (2015). The circulation of knowledge and practices across national borders in the early twentieth century: a focus on social reform organisations. *European Journal of Social Work*, 18(4), 495–510. https://doi.org/10.1080/13691457.2014.953041

Crea, T. M., Usher, C. L. & Wildfire, J. B. (2009). Implementation fidelity of Team Decisionmaking. *Children and Youth Services Review*, 31(1), 119–124. https://doi.org/10.1016/j.childyouth.2008.06.005

Creswell, J. W. & Plano Clark, V. L. (2008). *The mixed methods reader*. SAGE Publications.

Cross, S., Hubbard, A. and Munro, E, (2010). Reclaiming Social Work London Borough of Hackney Children and Young People's Services: Independent evaluation.

Dalkin, S. M., Greenhalg, J., Jones, D., Cunningham, B., & Lhussier, M. (2015). What's in a mechanism? Development of a key concept in realist evaluation. *Implementation Science*, 10, Article 49 (2015). https://doi.org/10.1186/s13012-015-0237-x

Drahota, A., Meza, R. D., Brikho, B., Naaf, M., Estabillo, J. A., Gomez, E. D., Vejnoska, S. F., Dufek, S., Stahmer, A. C., & Aarons, G. A. (2016). Community-Academic Partnerships: A Systematic Review of the State of the Literature and Recommendations for Future Research. *The Milbank Quarterly*, 94(1), 163–214. https://doi.org/10.1111/1468-0009.1218

Dugmore, P., Partridge, K., Sethi, I., & Krupa-Flasinska, M. (2018). Systemic supervision in statutory social work in the UK: systemic rucksacks and bells that ring. *European Journal of Social Work*, 21(3), 400–414. doi.org/10.1080/ 13691457.2018.1446914

Durlak, J. A. & Dupre, E. P. (2008). Implementation Matters: A Review of Research on the Influence of Implementation on Program Outcomes and the Factors Affecting Implementation. *American Journal of Community Psychology*, 41(3-4), 327–350. https://doi.org/10.1007/s10464-008-9165-0

Dusenbury, L., Brannigan, R., Falco, M., & Hansen, W. B. (2003). A review of research on fidelity of implementation: implications for drug abuse prevention in school settings. *Health Education Research*, 18(2), 237–256. https://doi.org/10.1093/her/18.2.237

Eccles, M. P., & Mittman, B. S. (2006). Welcome to Implementation Science. *Implementation Science* : IS, 1(1), 1–1. https://doi.org/10.1186/1748-5908-1-1

Fagerström, K. & Rautiainen, E-L. (2023). *Lastensuojelun systeemisen toimintamallin kouluttajakoulutuksen kehityskaari ja vuoden 2022 kouluttajakoulutuksen arviointi* [The development of training of trainers

of Systemic Practice Model and evaluation of the year 2022 training of trainers]. Discussion paper 13/2023. Finnish Institute for Health and Welfare. https://urn.fi/URN:ISBN:978-952-408-071-2

Fendt-Newlin, M., Jagannathan, A., & Webber, M. (2020). Cultural adaptation framework of social interventions in mental health: Evidence-based case studies from low- and middle-income countries. *International Journal of Social Psychiatry*, 66(1), 41–48. https://doi.org/10.1177/0020764019879943

Fixsen, D., Naoom, S., Blase, K., Friedman, R., & Wallace, F. (2005). Implementation Research: A Synthesis of the Literature. University of South Florida, Louis de la Parte Florida Mental Health Institute, The National Implementation Research Network.

Forrester, D. (2017). Outcomes in Children's Social Care. *Journal of Children's Services*, 12(2-3), 144-157. https://doi.org/10.1108/JCS-08-2017-0036

Forrester, D., Westlake, D., McCann, M., Thurnham, A., Shefer, G., Glynn, G., & Killian, M. (2013). Reclaiming social work? An evaluation of systemic units as an approach to delivering children's services. University of Bedfordshire.

Forsell, M. & Kuoppala, T. (2022). *Lastensuojelu 2021 : Huostaanottojen määrä väheni vuonna 2021* [Child welfare 2021: The number of children taken into care continued to decline in 2021]. Statistical report 22/2022. Finnish Institute for Health and Welfare.

Fouché, C. & Chubb, L. (2020). Results to practice. Navigating complexities to create meaningful impact. In Joubert, L., & Webber, M. (Eds.). *The Routledge Handbook of Social Work Practice Research* (p. 455-466). Taylor and Francis. https://doi.org/10.4324/9780429199486

Gardner, F., Montgomery, P., & Knerr, W. (2016). Transporting Evidence-Based Parenting Programs for Child Problem Behavior (Age 3-10) Between Countries: Systematic Review and Meta-Analysis. *Journal of Clinical Child and Adolescent Psychology*, 45(6), 749–762. https://doi.org/10.1080/15374416.2015.1015134

Garcia, A., Myers, C., Morones, S., Ohene, S., & Kim, M. (2020). "It Starts from the Top": Caseworkers, Supervisors, and TripleP Providers' Perceptions of Implementation Processes and Contexts. *Human Service Organisations, Management, Leadership & Governance*, 44(3), 266–293. https://doi.org/10.1080/23303131.2020.1755759

Garcia, A. R., DeNard, C., Morones, S., & Eldeeb, N. (2019). Mitigating barriers to implementing evidence-based interventions: Lessons learned from scholars and agency directors. *Children and Youth Services Review*, 100, 313–331. https://doi.org/10.1016/j.childyouth.2019.03.005

Gilbert, N. (1997). *Combatting child abuse: International perspectives and trends*. Oxford University Press.

Gilbert, N., Parton, N. & Skivenes, M. (2011). *Child protection systems: International trends and orientations*. Oxford University Press.

Gilbert, R., Kemp, A., Thoburn, J., Sidebotham, P., Radford, L., Glaser, D. & Macmillan, H. L. (2009). Recognising and responding to child maltreatment. *The Lancet*, 373(9658), 167-180. https://doi.org/10.1016/S0140-6736(08)61707-9

Gillingham, P. (2018). Evaluation of Practice Frameworks for Social Work with Children and Families: Exploring the Challenges. *Journal of Public*

Child Welfare, 12(2), 190–203. https://doi.org/10.1080/15548732.2017.1392391

Glisson, C. (2015). The Role of Organisational Culture and Climate in Innovation and Effectiveness. *Human Service Organisations: Management, Leadership & Governance*, 39(4), 245-250. https://doi.org/10.1080/23303131.2015.1087770

Goodman, S., & Trowler, I. (2012a). Introduction. In Goodman, S., & Trowler, I. (Eds.). *Social work reclaimed : innovative frameworks for child and family social work practice* (pp. 11-13). Jessica Kingsley Publishers.

Goodman, S., & Trowler, I. (2012b). A Systems Methodology for Child and Family Social Work. In Goodman, S., & Trowler, I. (Eds.). *Social work reclaimed : innovative frameworks for child and family social work practice* (pp. 14-25). Jessica Kingsley Publishers.

Gopichandran, V., Luyckx, V. A., Biller-Andorno, N., Fairchild, A., Singh, J., Tran, N., Saxena, A., Launois, P., Reis, A., Maher, D., & Vahedi, M. (2016). Developing the ethics of implementation research in health. *Implementation Science : IS*, 11(1), 161–161. https://doi.org/10.1186/s13012-016-0527-y

Greenhalgh, T. (2005). *Diffusion of innovations in health service organisations : a systematic literature review*. Blackwell.

Greenhalgh, T., Pawson, R., Wong, G., Westhorp, G., Greenhalgh, J., Manzano, A. & Jagosh, J. (2017). What realists mean by context; or, why nothing works everywhere or for everyone. The RAMESES II Project.

Hasson, H. (2010). Systematic evaluation of implementation fidelity of complex interventions in health and social care. *Implementation Science* : IS, 5(1), 67–67. https://doi.org/10.1186/1748-5908-5-67

Isokuortti, N. (2023). Organizational and systems factors impacting the adaptation of a child welfare practice model from the UK to Finland [Manuscript submitted for publication]. Faculty of Social Sciences, University of Helsinki.

Isokuortti, N., Aaltio, E., Laajasalo, T., & Barlow, J. (2020). Effectiveness of child protection practice models: a systematic review. *Child Abuse & Neglect*, 108, 104632–104632. https://doi.org/10.1016/j.chiabu.2020.104632

Isokuortti, N., & Aaltio, E. (2020). Fidelity and influencing factors in the Systemic Practice Model of children's social care in Finland. *Children and Youth Services Review*, 119, 105647–. https://doi.org/10.1016/j.childyouth.2020.105647

Jagosh, J. (2019). Realist Synthesis for Public Health: Building an Ontologically Deep Understanding of How Programs Work, For Whom, and In Which Contexts. *Annual Review of Public Health*, 40(1), 361–372. https://doi.org/10.1146/annurev-publhealth-031816-044451

Julkunen, I. & Korhonen, S. (2008). Effectiveness Through Dialogue: Good Practice Development Processes in Finland. In Bryderup, I. (Ed.) *Evidence Based and Knowledge Based Social Work: Research Methods and Approaches in Social Work Research* (p. 115–130). Aarhus University Press.

Kananoja, A., Lavikainen, M., & Oranen, M. (2013). *Toimiva lastensuojelu. Selvitysryhmän loppuraportti* [Functioning Child Protection. Final report of the clearing group]. Ministry of Social Affairs and Health publications 2013:19. Ministry of Social Affairs and Health.

Källström, Å., & Grip, K. (2019). Thinking critically about cross-cultural implementation: Swedish social workers' experiences of testing the Kids' Club method for helping child and mother victims of intimate partner violence. *European Journal of Social Work*, 22(4), 587–598. https://doi.org/10.1080/13691457.2018.1441130

Lahtinen, P., Männistö, L., & Raivio, M. (2017). *Kohti suomalaista systeemistä lastensuojelun toimintamallia: Keskeisiä periaatteita ja reunaehtoja* [Toward the Finnish Systemic Practice Model for child protection. Core principles and preconditions]. Discussion paper 7/2017. Finnish Institute for Health and Welfare. https://urn.fi/URN:ISBN:978-952-302-827-2

Laird, S. E., Morris, K., Archard, P. & Clawson, R. (2017). Working with the whole family: What case files tell us about social work practices. *Child & Family Social Work*, 22(3), 1322. https://doi.org/10.1111/cfs.12349

Laird, S. E., Morris, K., Archard, P. & Clawson, R. (2018). Changing practice: The possibilities and limits for reshaping social work practice. *Qualitative Social Work*, 17(4), 577–593. https://doi.org/10.1177/1473325016688371

Lambert, D., Richards, T. & Merrill, T. (2016). Keys to Implementation of Child Welfare Systems Change Initiatives. *Journal of Public Child Welfare*, 10(2), 132–151. https://doi.org/10.1080/15548732.2015.1113226

Luyckx, V. A., Reis, A., Maher, D., & Vahedi, M. (2019). Highlighting the ethics of implementation research. *The Lancet Global Health*, 7(9), e1170–e1171. https://doi.org/10.1016/S2214-109X(19)30310-9

McCafferty, S. (2012). Behavioural-based Interventions. Social Learning Theory. In Goodman, S., & Trowler, I. (Eds.). *Social work reclaimed : innovative frameworks for child and family social work practice* (pp. 33-56). Jessica Kingsley Publishers.

Medina, A., Beyebach, M., & García, F. E. (2022). Effectiveness and cost-effectiveness of a solution-focused intervention in child protection services. *Children and Youth Services Review*, 143. https://doi.org/10.1016/j.childyouth.2022.106703

Metz, A., & Albers, B. (2014). What Does It Take? How Federal Initiatives Can Support the Implementation of Evidence-Based Programs to Improve Outcomes for Adolescents. *Journal of Adolescent Health*, 54(3), S92–S96. https://doi.org/10.1016/j.jadohealth.2013.11.025

Metz, A., Albers, B., Burke, K., Bartley, L., Louison, L., Ward, C., & Farley, A. (2021). Implementation Practice in Human Service Systems: Understanding the Principles and Competencies of Professionals Who Support Implementation. *Human Service Organisations: Management, Leadership & Governance*, 45(3), 238–259. https://doi.org/10.1080/23303131.2021.1895401

Meyers, D., Durlak, J. & Wandersman, A. (2012). The Quality Implementation Framework: A Synthesis of Critical Steps in the Implementation Process. *American Journal of Community Psychology*, 50(3-4), pp. 462–480. https://doi.org/10.1007/s10464-012-9522-x.

Mildon, R. & Shlonsky, A. (2011). Bridge over troubled water: Using implementation science to facilitate effective services in child welfare. *Child Abuse & Neglect*, 35(9), 753–756. https://doi.org/10.1016/j.chiabu.2011.07.001

Miller, C., Wiltsey-Stirman, S., & Baumannn, A. (2020). Iterative Decision-making for Evaluation of Adaptations (IDEA): A decision tree for balancing adaptation, fidelity, and intervention impact. *Journal of Community Psychology*, 48(4), pp. 1163–1177. https://doi.org/10.1002/jcop.22279

Moore, G., Audrey, S., Barker, M., Bond, L., Bonell, C., Hardeman, W., Moore, L., O'Cathain, A., Tinati, T., Wight, D. & Baird, J. (2015). Process evaluation of complex interventions: Medical Research Council guidance. UK Medical Research Council (MRC).

Moore, G., Campbell, M., Copeland, L., Craig, P., Movsisyan, A., Hoddinott, P., Littlecott, H., O'Cathain, A., Pfadenhauer, L., Rehfuess, E., Segrott, J., Hawe, P., Kee, F., Couturiaux, D., Hallingberg, B., & Evans, R. (2021). Adapting interventions to new contexts—the ADAPT guidance. *BMJ* 2021;374:n1679.

Morris, K., Archard, P. J., Laird, S. E. & Clawson, R. (2018). Family experiences of children's social care involvement following a social work change programme. *Journal of Social Work Practice*, 32(3), 237–250. https://doi.org/10.1080/02650533.2017.1326473

Moullin, J. C., Dickson, K. S., Stadnick, N. A., Rabin, B., & Aarons, G. A. (2019). Systematic review of the Exploration, Preparation, Implementation, Sustainment (EPIS) framework. *Implementation Science : IS*, 14(1), 1–1. https://doi.org/10.1186/s13012-018-0842-6

Mänttäri-van der Kuip, M. (2016). Moral distress among social workers: The role of insufficient resources. *International Journal of Social Welfare*, 25(1), 86–97. https://doi.org/10.1111/ijsw.12163

Mäntysaari, M. (2006). *Tarkentuva tieto sosiaalityössä* [Detailing knowledge in social work]. In Kuusela, P. & Niiranen, V. (Eds.) *Realismin haaste sosiaalitieteissä* [The challenge of realism in social sciences] (Pp. 137-162). Unipress.

Newlin, M., & Webber, M. (2015). Effectiveness of knowledge translation of social interventions across economic boundaries: a systematic review. *European Journal of Social Work*, 18(4), 543–568. https://doi.org/10.1080/13691457.2015.1025710

Nilsen, P. (2015). Making sense of implementation theories, models and frameworks. *Implementation Science : IS*, 10(1), 53–53. https://doi.org/10.1186/s13012-015-0242-0

Nilsen, P., Ståhl, C., Roback, K., & Cairney, P. (2013). Never the twain shall meet? A comparison of implementation science and policy implementation research. *Implementation Science : IS*, 8(1), 63–63. https://doi.org/10.1186/1748-5908-8-63

Nilsen, P. & Cairney, P. (2020). Policy implementation research. In Nilsen, P., & Birken, S. A. (Eds.). *Handbook on implementation science* (pp. 368-388). Edward Elgar.

Okamoto, S. K., Kulis, S., Marsiglia, F. F., Holleran Steiker, L. K., & Dustman, P. (2014). A Continuum of Approaches Toward Developing Culturally Focused Prevention Interventions: From Adaptation to Grounding. *The Journal of Primary Prevention*, 35(2), 103–112. https://doi.org/10.1007/s10935-013-0334-z

Palinkas, L. A., & Soydan, H. (2012). New Horizons of Translational Research and Research Translation in Social Work. *Research on Social Work Practice*, 22(1), 85–92. https://doi.org/10.1177/1049731511408738

Parton, N. & Berridge (2011). Child Protection in England. In Gilbert, N., Parton, N., & Skivenes, M. (Eds). *Child protection systems : international trends and orientations* (pp. 60-86). Oxford University Press.

Pawson, R. & Tilley, N. (1997). *Realistic evaluation*. London: SAGE.

Pawson, R. (2013). *The Science of Evaluation: A Realist Manifesto*. SAGE Publications Ltd.

Pendry, N. (2012). Systemic Practice in a Risk Management Context. In Goodman, S., & Trowler, I. (Eds.). *Social work reclaimed : innovative frameworks for child and family social work practice* (pp. 26-33). Jessica Kingsley Publishers.

Piirainen, K. & Suikkanen, A. (1992). *Toimeenpanotutkimus. Osa I.* [Implementation research. Part one.] *Janus*, 1, 15-18.

Piirainen, K. & Suikkanen, A. (1993). *Toimeenpanotutkimus. Osa II.* [Implementation research. Part two.] *Janus*, 1, 20-23.

Pipkin, S., Sterrett, E. M., Antle, B. & Christensen, D. N. (2013). Washington State's adoption of a child welfare practice model: An illustration of the Getting To Outcomes implementation framework. *Children and Youth Services Review*, 35(12), 1923–1932. https://doi.org/10.1016/j.childyouth.2013.09.017

Powell, B. J., Beidas, R. S., Lewis, C. C., Aarons, G. A., McMillen, J. C., Proctor, E. K., & Mandell, D. S. (2017). Methods to Improve the Selection and Tailoring of Implementation Strategies. *The Journal of Behavioral Health Services & Research*, 44(2), 177–194. https://doi.org/10.1007/s11414-015-9475-6

Pressman, J. L., & Wildavsky. (1979). *Implementation : how great expectations in Washington are dashed in Oakland; or why it's amazing that federal programs work at all : this being a saga of the economic development administration* (2. ed.). University of California Press.

Proctor, E. K., Landsverk, J., Aarons, G., Chambers, D., Glisson, C., & Mittman, B. (2009). Implementation Research in Mental Health Services: an Emerging Science with Conceptual, Methodological, and Training challenges. *Administration and Policy in Mental Health and Mental Health Services Research*, 36(1), 24–34. https://doi.org/10.1007/s10488-008-0197-4

Proctor, E., Silmere, H., Raghavan, R., Hovmand, P., Aarons, G., Bunger, A., Griffey, R., & Hensley, M. (2011). Outcomes for Implementation Research: Conceptual Distinctions, Measurement Challenges, and Research Agenda. *Administration and Policy in Mental Health and Mental Health Services Research*, 38(2), 65–76. https://doi.org/10.1007/s10488-010-0319-7

Pösö, T. (2011). Combatting Child Abuse in Finland: From Family to Child-centered Orientation. In Gilbert, N., Parton, N., & Skivenes, M. (Eds). *Child protection systems : international trends and orientations* (pp. 112-130). Oxford University Press.

Reekers, S. E., Dijkstra, S., Stams, G. J. J., Asscher, J. J. & Creemers, H. E. (2018). Signs of effectiveness of signs of safety? – A pilot study. *Children and Youth Services Review*, 91, 177-184. https://doi.org/10.1016/j.childyouth.2018.06.012

Rijbroek, B., Strating, M. M. H., & Huijsman, R. (2017). Implementation of a solution based approach for child protection: A professionals' perspective.

Children and Youth Services Review, 82, 337–346. https://doi.org/10.1016/j.childyouth.2017.09.024

Roberts, Y. H., Caslor, M., Turnell, A., Pearson, K. & Pecora, P. J. (2019). An International Effort to Develop a Fidelity Measure for Signs of Safety®. *Research on Social Work Practice*, 29(5), 562–571. https://doi.org/10.1177/1049731518754724

Rogers, E. M. (2003). *Diffusion of innovations* (5th ed.). Free Press.

Rubenstein, L. V., & Pugh, J. (2006). Strategies for Promoting Organisational and Practice Change by Advancing Implementation Research. *Journal of General Internal Medicine : JGIM*, 21(S2), S58–S64. https://doi.org/10.1111/j.1525-1497.2006.00364.x

Sackett, D. L. (1997). *Evidence-based medicine : how to practice and teach EBM*. Churchill Livingstone.

Saldana, Chamberlain, P., Wang, W., & Hendricks Brown, C. (2011). Predicting Program Start-Up Using the Stages of Implementation Measure. *Administration and Policy in Mental Health and Mental Health Services Research*, 39(6), 419–425. https://doi.org/10.1007/s10488-011-0363-y

Sanclimenti, J. G., Caceda-Castro, L. E. & Desantis, J. P. (2017). Child Welfare Practice Model Implementation Projects: Lessons Learned. *Journal of Public Child Welfare*, 11(3), 279–298. doi:10.1080/15548732.2016.1275920

Satka, M. (1995). *Making social citizenship : conceptual practices from the Finnish poor law to professional social work*. SoPhi. [Doctoral dissertation, University of Jyväskylä]. http://urn.fi/URN:ISBN:978-951-39-4234-2

Schnurr, S., & Slettebø, T. (2015). Programmes crossing borders: the international travelling of programmes in social work. *European Journal of Social Work*, 18(4), 583–598. https://doi.org/10.1080/13691457.2015.1025040

Schoenwald, S. K. (2008). Toward Evidence-Based Transport of Evidence-Based Treatments: MST as an Example. *Journal of Child & Adolescent Substance Abuse*, 17(3), 69–91. https://doi.org/10.1080/15470650802071671

Schrader-McMillan, A. & Barlow, J. (2017). Improving the effectiveness of the child protection system – A review of literature. Department for Social Policy and Intervention, University of Oxford.

Selvini, M. P., Boscolo, L., Cecchin, G., & Prata, G. (1980). Hypothesizing - Circularity - Neutrality: Three Guidelines for the Conductor of the Session. *Family Process*, 19(1), 3–12. https://doi.org/10.1111/j.1545-5300.1980.00003.x

Shaw, J., Gray, S. C., Baker, G. R., Denis, J.-L., Breton, M., Gutberg, J., Embuldeniya, G., Carswell, P., Dunham, A., McKillop, A., Kenealy, T., Sheridan, N., & Wodchis, W. (2018). Mechanisms, contexts and points of contention: operationalizing realist-informed research for complex health interventions. *BMC Medical Research Methodology*, 18, Article 178 (2018). https://doi.org/10.1186/s12874-018-0641-4

Sheehan, L., O'Donnell, C., Brand, S.L., Forrester, D., Addis, S., El-Banna, A., Kemp, A. and Nurmatov, U. (2018) Signs of Safety: Findings from a mixed-methods systematic review focussed on reducing the need for children to be in care. London: What Works Centre for Children's Social Care.

Shlonsky, A., & Wagner, D. (2005). The next step: Integrating actuarial risk assessment and clinical judgment into an evidence-based practice framework in CPS case management. *Children and Youth Services Review*, 27(4), 409–427. https://doi.org/10.1016/j.childyouth.2004.11.007

Skivington, K., Matthews, L, Simpson, S. A, Craig, P, Baird, J, Blazeby, J. M., Craig, N., French, D., McIntosh, E., Petticrew, M., Rycroft-Malone, J., White, M., & Moore, L. (2021). A new framework for developing and evaluating complex interventions: update of Medical Research Council guidance. *BMJ* 2021; 374:n2061. https://doi.org/10.1136/bmj.n2061

Soydan, H., & Palinkas, L. A. (2014). *Evidence-Based Practice in Social Work: Development of a new professional culture* (1st ed.). Routledge. https://doi.org/10.4324/9780203077108

Stirman, S., Miller, C., Toder, K., & Calloway, A. (2013). Development of a framework and coding system for modifications and adaptations of evidence-based interventions. *Implementation Science : IS*, 8(1), 65–65. doi:10.1186/1748-5908-8-65

Sundell, K., Ferrer-Wreder, L. & Fraser, M. W. (2014). Going Global: A Model for Evaluating Empirically Supported Family-Based Interventions in New Contexts. *Evaluation & the Health Professions*, 37(2), 203–230. https://doi.org/10.1177/0163278712469813

Tascón, S. M., & Ife, J. (2020). *Disrupting Whiteness in Social Work* (1st ed.). Routledge. https://doi.org/10.4324/9780429284182

Thomas, B. H., Ciliska, D., Dobbins, M. & Micucci, S. (2004). A Process for Systematically Reviewing the Literature: Providing the Research Evidence for Public Health Nursing Interventions. *Worldviews on Evidence-Based Nursing*, 1(3), 176-184. https://doi.org/10.1111/j.1524-475X.2004.04006.x

Toomey, E., Hardeman, W., Hankonen, N., Byrne, M., Mcsharry, J., Matvienko-Sikar, K. & Lorencatto, F. (2020). Focusing on fidelity: Narrative review and recommendations for improving intervention fidelity within trials of health behaviour change interventions. *Health Psychology and Behavioral Medicine*, 8(1), 132–151. https://doi.org/10.1080/21642850.2020.1738935

Tomm, K. (1988). Interventive Interviewing: Part III. Intending to Ask Lineal, Circular, Strategic, or Reflexive Questions? *Family Process*, 27(1), 1–15. https://doi.org/10.1111/j.1545-5300.1988.00001.x

Toros, K., & Falch-Eriksen, A. (2021). Strengths-based practice in child welfare: A systematic literature review. *Journal of Child and Family Studies*, 30(6), 1586-1598. https://doi.org/10.1007/s10826-021-01947-x

Töttö, P. (2006). *Kriittinen realismi ja sosiaalitieteiden menetelmät* [Critical realism and social sciences methods]. In Kuusela, P. & Niiranen, V. (Eds.) *Realismin haaste sosiaalitieteissä* [The challenge of realism in social sciences] (Pp. 45-75). Unipress.

von Thiele Schwarz, U., Aarons, G., & Hasson, H. (2019). The Value Equation: Three complementary propositions for reconciling fidelity and adaptation in evidence-based practice implementation. *BMC Health Services Research*, 19(1), 868–10. https://doi.org/10.1186/s12913-019-4668-y

Weiner, B., Clary, A., Klaman, S., Turner, K., Alishahi-Tabriz, A. (2020). Organisational readiness to change: what we know, what we think we know, and what we need to know. In Albers, B., Mildon, R., & Shlonsky, A. (Eds.), *Implementation science 3.0*. (pp. 101-144). Springer.

Webber, M. (2014). From Ethnography to Randomized Controlled Trial: An Innovative Approach to Developing Complex Social Interventions. *Journal of Evidence-Based Social Work*, 11(1-2), 173–182. https://doi.org/10.1080/15433714.2013.847265

Webber, M. (2022). Development and evaluation of interventions in social work practice research. *China Journal of Social Work*, 15(3), 221–232. https://doi.org/10.1080/17525098.2022.2114137

Webber, M., Morris, D., Howarth, S., Fendt-Newlin, M., Treacy, S., & McCrone, P. (2019). Effect of the Connecting People Intervention on Social Capital: A Pilot Study. *Research on Social Work Practice*, 29(5), 483–494. https://doi.org/10.1177/1049731517753685

Webber, M., Ngamaba, K., Moran, N., Pinfold, V., Boehnke, J. R., Knapp, M., Henderson, C., Rehill, A., & Morris, D. (2021). The Implementation of Connecting People in Community Mental Health Teams in England: A Quasi-Experimental Study. *The British Journal of Social Work*, 51(3), 1080–1100. https://doi.org/10.1093/bjsw/bcaa159

Weeks, A. (2021). Important Factors for Evidence-Based Implementation in Child Welfare Settings: A Systematic Review. *Journal of Evidence-Based Social Work* 18(2), 129–154. https://doi.org/10.1080/26408066.2020.1807433

Weeks, A. (2022). Culturally Adapting Evidence-based and Informed Practices to Meet Client Population Needs and Ensure Appropriate Allocation of Scarce Resources: A Systematic Review. *Human Service Organisations: Management, Leadership & Governance*, 46(3), 238–263. https://doi.org/10.1080/23303131.2022.2033902

Weeks, Altman, D., Khavar, V., Lorthridge, J., & Irons, A. (2022). What Human Service Leaders Need to Know about Supporting Staff to Implement Evidence-Informed Programs. *Human Service Organisations: Management, Leadership & Governance*, 46(3), 264–273. https://doi.org/10.1080/23303131.2021.1967824

Willging, C., Green, A. E., Gunderson, L., Chaffin, M., & Aarons, G. A. (2015). From a "Perfect Storm" to "Smooth Sailing": Policymaker Perspectives on Implementation and Sustainment of an Evidence-Based Practice in Two States. *Child Maltreatment*, 20(1), 24–36. https://doi.org/10.1177/1077559514547384

Willging, C., Gunderson, L., Green, A., Jaramillo, E., Garrison, L., Ehrhart, M., & Aarons, G. (2018). Perspectives from Community-Based Organisational Managers on Implementing and Sustaining Evidence-Based Interventions in Child Welfare. *Human Service Organisations: Management, Leadership & Governance*, 42(4), 359–379. https://doi.org/10.1080/23303131.2018.1495673

Williams, C. (2012). *Researching power, elites and leadership*. SAGE.

Williams, N. & Glisson, C. (2020). Changing Organisational Social Context to Support Evidence-Based Practice: A conceptual and Empirical Review. In Albers, B., Mildon, R., & Shlonsky, A. (Eds.), *Implementation science 3.0*. (pp. 145-172). Springer.

Wong, G., Greenhalgh, T., Westhorp, G., Buckingham, J., & Pawson, R. (2013). RAMESES publication standards: realist syntheses. *Journal of Advanced Nursing*, 69(5), 1005–1022. https://doi.org/10.1111/jan.12095

Usubillaga, J., & Diaz, C. & Forrester, D. (2022). How are policies implemented in children's services? Developing an initial programme

theory to evaluate the implementation of the new Child Sexual Exploitation guidance in Wales. *Child & Family Social Work,* 28(1), 268–278. https://doi.org/10.1111/cfs.12959

Yliruka, L. (2015). *Itsearviointi reflektiivisenä rakenteena : kuvastin-menetelmän toimivuus, käyttöönotto ja kehittäminen* [Self-evaluation as a reflective structure : Workability, adaptation and development of the Mirror Method]. [Doctoral dissertation, University of Helsinki] http://urn.fi/URN:ISBN:978-952-5616-74-3

Yliruka, L. & Tasala, T. (2022). *Lastensuojelun systeemisen toimintamallin kansallinen tilannekuva vuonna 2021* [A national overview of the Systemic Practice Model in 2021]. A research brief 9/2022. Finnish Institute for Health and Welfare. https://urn.fi/URN:ISBN:978-952-343-827-9

Yliruka, L., Alho, S., & Petrelius, P. (2023). *Systeemisen lastensuojelun toimintamallin vaikuttavuutta etsimässä* [Searching for effectiveness of the Systemic Practice Model]. *Yhteiskuntapolitiikka* 88(1), 107-108. https://urn.fi/URN:NBN:fi-fe2023021527424

OTHER SOURCES

Aula, M. K., Juurikkala, V., Kalmari, H., Kaukonen, P., Lavikainen, M., & Pelkonen, M. (2016, April 15). *Lapsi- ja perhepalveluiden muutosohjelma* [Children's service reform]. Ministry of Social Affairs and Health publications 2016:29. Ministry of Social Affairs and Health. http://urn.fi/URN:ISBN:978-952-00-3813-7

The Centre of Excellence on Social Welfare in the Eastern Finland (2023, January 10). *Lastensuojelun systeeminen viikkokokous* [Systemic Weekly Meeting in child protection] [Video]. YouTube. https://www.youtube.com/watch?v=4tyTTP8Jt6M

Child Welfare Act, §4 (2007) https://www.finlex.fi/fi/laki/kaannokset/2007/en20070417_20131292.pdf

Finnish Institute for Health and Welfare. (2016, September 9). *Ryhmä 2A - Lastensuojelun moniammatillinen toimintamalli* [Meeting of the Multi-professional Model for Child Protection 2A working group]. Finnish Institute for Health and Welfare. Helsinki, Finland.

Finnish Institute for Health and Welfare. (2016, September 30). *Ryhmä 2A - Lastensuojelun moniammatillinen toimintamalli* [Meeting of the Multi-professional Model for Child Protection 2A working group]. Finnish Institute for Health and Welfare. Helsinki, Finland.

Finnish Institute for Health and Welfare. (2016, October 18). *Ryhmä 2A - Lastensuojelun moniammatillinen toimintamalli* [Meeting of the Multi-professional Model for Child Protection 2A working group]. Finnish Institute for Health and Welfare. Helsinki, Finland.

Finnish Institute for Health and Welfare. (2016, October, 20). Monitoimijainen lastensuojelun toimintamalli. Lape mallinnustyöryhmä 2A [Multi-professional Model for Child Protection 2A working group] [Power Point presentation]. Finnish Institute for Health and Welfare. Helsinki, Finland.

Finnish Institute for Health and Welfare. (2016, December, 2). Yhteenvetoa ja tiivistys lastensuojelun mallinnusryhmiltä [Conclusions and summaries from the child protection working groups]. Finnish Institute for Health and Welfare. Helsinki, Finland.

Finnish Institute for Health and Welfare. (2016, December, 16). *Monitoimijainen lastensuojelu. Työryhmät: Monitoimijainen lastensuojelun tiimimalli, Lastensuojelun perhetyö ja –kuntoutus* [Multi-Actor Child Protection: the working groups Multi-professional Model for Child Protection and Family Preservation and Counselling] [Power Point presentation]. Finnish Institute for Health and Welfare. Helsinki, Finland.

Mathilda Wrede Institute, Finnish Institute for Health and Welfare and The Central Union for Child Welfare (2015, June). Hackneyn malli. Mahdollisuus suomalaiselle lastensuojelulle? [Hackney model. A possibility for Finnish child protection?] [newsletter].

Ministry of Social Affairs and Health (2016, September 1). *Kärkihanke 3. Lapsi- ja perhepalveluiden muutosohjelma. Hakujulistus 1.9.2016* [Key project 3. Children's service reform. Funding call 1.9.2016]. Ministry of

Social Affairs and Health publications 2016:52. Ministry of Social Affairs and Health. http://urn.fi/URN:ISBN:978-952-00-3834-2

Ministry of Social Affairs and Health and Finnish Institute for Health and Welfare (2016, March). Erityistason palveluiden uudistaminen asiakkaiden tarpeita vastaavaksi. Suunnitelma kansallisen ja maakunnallisen toimeenpanon tueksi (projektisuunnitelma) [Reforming specialised services to respond to the needs of clients. A plan to support national and regional implementation (project plan). Ministry of Social Affairs and Health publications 2016:52. Ministry of Social Affairs and Health.

Pesäpuu (2014). Souvenirs from London 14.5.-17.5.2014. *Matkakertomus* [travel raport].

Särkiö, H., Lahtinen, P., Raivio, M., Maahi, K., Pitkänen, T., Silén, S., Vähänikkilä, S. & Westerlund-Cook, S. (2015). *Lastensuojelun vallankumous* [Revolution in child protection]. 30 päivää, Talentia.

APPENDICES

APPENDIX A.
AUTHORSHIP CONTRIBUTION STATEMENT FOR ARTICLE I

Isokuortti, N., Aaltio, E., Laajasalo, T., & Barlow, J. (2020). Effectiveness of child protection practice models: a systematic review. *Child Abuse & Neglect*, 108, 104632–104632. https://doi.org/10.1016/j.chiabu.2020.104632

The article I assessed the evidence of the effectiveness of child protection practice models in improving outcomes for children and families.

Nanne Isokuortti was responsible for conceptualization (i.e., the original idea, formulation of overarching research aim). All authors contributed to revising the review question. Isokuortti designed the first version of review protocol in the guidance of Jane Barlow. Aaltio and Laajasalo commented and revised the protocol draft. Isokuortti registered the protocol to PROSPERO.

Nanne Isokuortti conducted preliminary searches to identify research aim and existing reviews related to the topic. She also identified the electronic databases (n = 10) and search terms, which other authors commented and revised. Aaltio contributed in preliminary searches to identify most commonly used outcome measures related to the research objective. All authors jointly developed the inclusion and exclusion criteria.

Isokuortti screened the titles and abstracts of all electronic database references identified by the search strategy (n = 1360). Isokuortti, Aaltio and Laajasalo assessed independently full text of studies that were likely to meet inclusion criteria (n = 77). When three authors' conclusions differed, the study was assessed jointly or resolved by Barlow. Isokuortti, Aaltio and Laajasalo hand searched in additional key databases (ASSIA and Social Services Abstracts) and grey literature (Google and Google Scholar) for eligible studies of three eligible practice models, which were identified based on the full texts read. All authors mutually determined the included studies. Isokuortti, Aaltio and Laajasalo extracted data from the included studies and assessed the quality of these studies with the quality assessment tool. Barlow contributed to the quality assessment by resolving the discrepancies.

Isokuortti was responsible for most of the writing (i.e., Introduction, Method, Conclusions) and structuring the article. Aaltio and Laajasalo edited and revised the text based on Isokuortti's writing. Isokuortti, Aaltio and Laajasalo wrote the Results and Discussion together. Barlow complemented, edited and revised the drafts and the final manuscript.

Espoo/Helsinki/Oxford, January 25, 2021

Elina Aaltio
Taina Laajasalo
Nanne Isokuortti
Jane Barlow

Maija Jäppinen (doctoral dissertation supervisor)

APPENDIX B.
AUTHORSHIP CONTRIBUTION STATEMENT FOR ARTICLE III

Isokuortti, N., & Aaltio, E. (2020). Fidelity and influencing factors in the Systemic Practice Model of children's social care in Finland. *Children and Youth Services Review*, 119, 105647–. https://doi.org/10.1016/j.childyouth.2020.105647

The article II evaluated fidelity to the Systemic Practice Model and the possible influencing factors with mixed methods.

Nanne Isokuortti collected and analysed qualitative data (i.e., nine focus group interviews and 20 individual interviews). Aaltio commented on interview protocols when preparing the data collection as well as qualitative findings when writing the article. Isokuortti was responsible for conceptualization (i.e., the conceptual framework and formulation of overarching research aim) and most of the writing (i.e., Introduction and its sub-sections 1.1-3, qualitative results, Discussion and Conclusions). She also edited and revised Aaltio's writing concerning quantitative data and methods section and quantitative results.

Elina Aaltio collected and analysed quantitative data (i.e., surveys, $n = 56$, and administrative data). Isokuortti commented on survey when preparing the data collection as well as commented on quantitative findings when writing the article. Aaltio contributed to the conceptualization (i.e., adapting conceptual framework with realist evaluation), writing of the article (i.e., the Section 1.3 on the RSW evaluations, quantitative results) as well as edited and revised the whole draft, in particular Discussion, based on Isokuortti's writing.

Isokuortti and Aaltio operationalised the core components of SPM, constructed the fidelity thresholds, wrote the Methods and Materials section, and interpreted the findings together. Regarding the Methods and Materials section, Isokuortti was responsible of describing the qualitative data collection and analysis and Aaltio of quantitative data collection and analysis.

The authors seeked research permits mutually. The authors had individual research plans but collaborated in planning research.

Helsinki, January 22, 2021

Elina Aaltio Nanne Isokuortti

Maija Jäppinen (doctoral dissertation supervisor)

APPENDIX C.
AUTHORSHIP CONTRIBUTION STATEMENT FOR ARTICLE IV

Aaltio, E., & Isokuortti, N. (2022). Developing a programme theory for the Systemic Practice Model in children's social care: Key informants' perspectives. *Child & Family Social Work*, 27(3), 444–453. https://doi.org/10.1111/cfs.12896

The article IV formulated an initial programme theory for Systemic Practice Model based on the perceptions of key informants involved in the national development and dissemination of the model.

Elina Aaltio was responsible for conceptualization (i.e., the original idea, formulation of overarching research goals and aims) and design of methodology (i.e., realist evaluation). Isokuortti contributed to the conceptualization (i.e., formulation of specific research goals and aims) and design of methodology (i.e., data collection methods). Aaltio and Isokuortti designed data collection protocols and collected the data (i.e., workshop data, key informant interviews) together.

Aaltio was responsible for thematic analysis of the workshop data and for most of the writing (Children's social care in Finland, Reclaiming Social Work and its adaptation in Finland, Methodological framework, Data analysis methods, the descriptions of the key components and CMO configurations in the Results section, Discussion). Isokuortti contributed in the analysis, wrote Participants and procedure and completed Results (i.e., references to formal theory and comparisons with service as usual). Isokuortti was responsible for the style and structure of the article as a whole. The authors wrote Introduction, Abstract and Conclusions together. Both authors edited each others' writing and revised the article together.

Aaltio and Isokuortti requested an informed consent from all research participants prior to the data collection.

Espoo/Helsinki, January 8, 2021

Elina Aaltio Nanne Isokuortti

Maija Jäppinen (doctoral dissertation supervisor)

APPENDIX D.

Suositukset laadukkaan implementoinnin tukemiseksi

Ennen implementointipäätöksen tekemistä:

- Arvioi kriittisesti intervention tutkimusnäyttöä, yhteensopivuutta uuteen ympäristöön ja hankkeen yleistä toteuttamiskelpoisuutta. Toisin sanoen arvioi, missä määrin ja millä kustannuksilla intervention avulla voidaan saavuttaa toivotut tulokset.
- Osallista eri toimijoita päätöksentekoon ja arvioi organisaation ja sen keskeisten toimijoiden valmiutta muutokseen. Varmista, että käytettävissä olevat resurssit ovat linjassa tavoitteiden kanssa.

Implementoinnin valmistelu:

- Tee yhteistyötä arviointitutkijoiden kanssa, kun muokkaat olemassa olevaa interventiota tai kehität uutta. Kytke implementointiprosessiin alusta asti empiiristä arviointitutkimusta.
- Päivitä tai rakenna ohjelmateoria. Täsmennä, miten ja miksi intervention avulla voidaan saavuttaa toivotut tulokset. Tunnista, mitä elementtejä interventiosta ei voida jättää pois ja mitä voidaan muokata. Dokumentoi tarkasti mahdolliset muokkaukset.
- Muodosta visio ja konkreettinen suunnitelma implementointiprosessille. Tue keskeisten toimijoiden sitoutumista hankkeeseen ja muodosta implementointitiimi.
- Ennakoi implementointia mahdollisesti jarruttavia tekijöitä ja arvioi, miten puuttua niihin.

Varsinainen implementointi:

- Tarjoa interventiota toteuttaville ammattilaisille laadukasta koulutusta, menetelmäohjausta ja konkreettista materiaalia (esim. käyttöopas), jotta interventio voidaan toteuttaa mahdollisimman korkealaatuisesti ja suunnitellun kaltaisesti.
- Tarjoa implementointitukea johtajille, joilla on keskeinen rooli organisaation sitouttamisessa muutokseen ja implementointimyönteisen työympäristön edistämisessä.
- Seuraa ja arvioi implementointiprosessia, koska se auttaa sinua ymmärtämään intervention käytännön toteutusta todellisissa olosuhteissa. Korjaa implementointistrategiaa tarvittaessa.

Muutoksen ylläpito:

- Tue toivotun muutoksen ylläpitoa ja seuraa intervention käyttöä pitkäjänteisesti, koska muutos vaatii aikaa.

Suositukset laadittu Isokuortin (2023) väitöstutkimuksen sekä Meyersin ym. (2012) laadukkaan implementoinnin viitekehyksen ja Mooren ym. (2021) adaptointioppaan pohjalta.

ORIGINAL PUBLICATIONS

Changing practice in child and family social work is challenging. However, successful implementation of the intervention's core components, namely its most essential elements, is a prerequisite for its desired results. The thesis demonstrates the crucial importance of careful decision-making on what to implement as well as planning, preparing and supporting the implementation. Through offering tools, strategies and knowledge to improve service outcomes, implementation research can advance both practice and research in social work. By focusing not only on anticipated outcomes but also on unintended effects, process evaluations, such as the present research, provide valuable knowledge to policymakers, developers, and practice stakeholders on how and why interventions work in different settings. Together with robust outcome evaluations, these methodologies and approaches can enhance the use of empirically supported interventions in social work.

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