

-Improving follow-up with low-income families in Norway. What is new and what is already regular social work practice?

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Abstract

Policymakers emphasise knowledge-based practices and evaluate their effectiveness. The Norwegian Directorate of Labour and Welfare has developed a model for Holistic follow-up of Low-income Families (the so-called HOLF model). The model includes several elements common in social work, such as relational and empowering practices, in addition to the implementation of intervention-specific tools and principles. Because most of the family coordinators are professional social workers, we measure pre-implementation practices related to intervention elements relevant to the HOLF model (i.e., relational skills, empowerment, comprehensive follow-up processes, goal-focused meetings, and the coordination of services). The data come from a baseline survey conducted among 58 family coordinators in 29 Labour and Welfare offices in a cluster-randomised trial. The results demonstrate that family coordinators had high levels of relational skills prior to the intervention, were goal-focused in their meetings, and emphasised empowerment, whereas comprehensive follow-up processes and the coordination of services were less apparent. Hence, this study shows the importance of measuring various social work competences prior to programme implementation, as some practices the intervention aims at improving might already be more or less prevalent.

Keywords: Intervention elements, Family intervention, Evaluation, Follow-up, Social work practice

Introduction

Social work interventions are often complex and can include several interacting elements (Malmberg-Heimonen & Tøge, 2017). Some elements are common across interventions and practices, while others may be intervention-specific and new (Barth et al., 2012; Cameron & Keenan, 2010). Several studies have discussed the unique nature of intervention elements in social work (e.g. Barth et al., 2012; Cameron & Keenan, 2010; Chorpita, Becker, Daleiden, & Hamilton, 2007; Chorpita, Daleiden, & Weisz, 2005; Garland, Hawley, Brookman-Frazee, & Hurlburt, 2008; Reid, Kenaley, & Colvin, 2004). Social work is different from medicine, where, researchers can often be sure that the new treatment or technique employed in the intervention (e.g. a new type of surgery) has not already been delivered. Most social work interventions, however, are complex and include elements such as user involvement and empowerment that are already more or less present in ordinary practice. Therefore, to evaluate the effects of social work interventions also requires assessing pre-intervention practices and investigating whether and how pre-intervention practices and elements of the intervention overlap.

The aim of this study is threefold: (1) to define the intervention elements; (2) to examine whether and to what extent the elements are a part of pre-intervention social work practices; and (3) to test whether and to what degree the elements overlap one another. Data were drawn from an intervention designed to improve the follow-up of low-income families in Norway: the model for Holistic follow-up of Low-income Families (the HOLF model). The evaluation employed a cluster-randomised study including 29 national Labour and Welfare offices in Norway.

Specific and common intervention elements

The evaluation of complex interventions entails several challenges. A crucial question is whether and to what extent the intervention is useful in practice (Craig et al., 2008). Moreover, complex interventions include several often-interacting programme elements (Craig et al., 2008) and are typically implemented within ordinary practices. This means that it can be difficult to clarify and outline a so-called *programme theory*, a clear description of what an intervention consists of and the mechanisms driving the expected effects (Funnell & Rogers, 2011). In evaluating complex interventions it may also be difficult to differentiate between intervention elements and intermediate outcomes. User involvement and empowerment, for example, may be both outcomes of improved follow-up methods and intervention elements themselves that, in the long run, are expected to improve the client's situation. Finally, the combination of complex social work practices and complex interventions makes it challenging for evaluators to differentiate various types of intervention elements from practices already present prior to implementation.

A fruitful approach towards understanding the contents of social work interventions is to apply the concepts of specific and common intervention elements ([Barth et al., 2012](#)). Specific intervention elements refer to elements that are not universal, i.e. they are included in some, but not all, interventions (Miklowitz, Goodwin, Bauer, & Geddes, 2008). Common intervention elements refer to elements that are found across all interventions (Miklowitz et al., 2008), such as a relational bond between the social worker and client. A meta-analysis of interventions in psychotherapy shows non-significant differences in effect sizes between various forms of therapies (Spielmanns, Pasek, & McFall, 2007). When interventions are effective, but with no evidence of some being more effective than others, Messer and Wampold (2002) argue that the relation between the client and therapist is more important

than the specific intervention applied. This could suggest that the common element, relational skills, is more important than elements that are unique parts of various interventions.

Chorpita et al. (2005) introduce the concept of ‘practice elements’ as a way to investigate the potential effectiveness of common elements across interventions. Among empirically supported interventions, they coded various practice elements, studied their frequency within various types of interventions, and investigated their prevalence within interventions with favourable effects. The results demonstrate that certain intervention elements across interventions predict positive effects for certain groups of clients. In a social work context, Cameron and Keenan (2010) further developed the practice element perspective. They emphasised that the practice elements model fits with the methods and values that are important to overall social work practices. They divided a number of social work practices into groups consisting of social network factors, social worker factors, client factors, relationship factors, and practice strategies. They argued that the interventions that have been proven effective in social work are often embedded in social work practice – or at least within the ideals and values that social work promotes – prior to the implementation of interventions (Cameron & Keenan, 2010, p. 67).

The concept of the intervention element, whether common across interventions or intervention-specific, is highly related to measurements of implementation fidelity, which report whether and to what degree elements of the intervention have been implemented (Abry, Hulleman, & Rimm-Kaufman, 2015; Fixsen, Blase, Naoom, & Wallace, 2009; Spielmans et al., 2007). Intervention elements also describe the kind of mechanisms expected to produce certain outcomes (e.g., the theory of change in programme theory). Thus, knowledge of which elements produce the effects of an interventions is important not only to those involved in developing the programme, but also to those building cumulative knowledge about efficient

interventions within a specific field (Abry et al., 2015; Michie, Johnston, Francis, Hardeman, & Eccles, 2008; Spielmans et al., 2007). Therefore, the concept of intervention elements is an important part of an interventions programme theory.

Few studies however, have empirically compared common and intervention-specific elements in social work practices. One of the few studies to address this issue empirically is the literature review by Reid et al. (2004). By classifying social work interventions into individual, family, case management, and other types, they compared the various intervention types with their outcomes. As opposed to psychotherapy studies (Messer & Wampold, 2002), most social work interventions showed differential effects. The review found evidence of the greater effects of programme-specific elements, such as multi-family group therapy over family therapy, while it demonstrated less evidence for the importance of common factors. While the reviewers found specific elements to be more important in social work than in psychotherapy, the study concluded that common factors might be less important as drivers of change in social work interventions.

The case: Comprehensive follow-up of low-income families

The baseline observations in a cluster-randomised study evaluating the effectiveness of the HOLF-intervention constitute the data for this article. The intervention, developed for social work professionals in the Norwegian Labour and Welfare services, aims to improve the situation of low-income families in the areas of employment, housing, economy, and the children's social situation-. Of the 29 participating Labour and Welfare offices, 15 were randomised to the experimental group and 14 to the control group (for a more detailed description, see Malmberg-Heimonen, Tøge, & Fossetøl, 2018; Malmberg-Heimonen et al., 2017b).

The HOLF model uses several intervention elements considered to be effective across studies within social work practice, i.e. common elements (Cameron & Keenan, 2010). For example, in the HOLF model, there is a strong focus on user involvement, recognition, strengthening the clients' motivation, and more generally, on the relationship between the family coordinator and the family. Improving collaboration across services and working with families in a comprehensive manner are also in focus. The intervention-specific elements of the model include various forms and tools, and the Norwegian Directorate of Labour and Welfare provides supervision to the family coordinators to support the implementation of the intervention (Malmberg-Heimonen et al., 2018).

A central premise of the HOLF model is that the skills acquired and used by the family coordinators in their encounters with families can also be used to build relationships and arrange meetings with other service providers or collaborators. Hence, the intervention-specific elements are implemented at both the family and the system levels (Malmberg-Heimonen et al., 2018; Malmberg-Heimonen et al., 2017a; Malmberg-Heimonen et al., 2017b).

The family level in the HOLF model

At the family level, the model includes several elements and activities. Central among these activities are the comprehensive follow-up and coordination of services for participating families. When a family coordinator recruits a family, the follow-up process begins with mapping the family's situation within the four target areas: employment, housing, finances, and the children's social inclusion. In the first meeting, the family coordinator introduces a *charting form* to the family. This form aims to provide a systematic overview of their situation and their goals within each of the four target areas, and functions as a follow-up tool

in later meetings with the family. The charting is conducted in conversation with the family, with the aim of generating a *family plan*. The family plan identifies the needs of the family within each of the four target areas and tracks the changes and goals the family achieves – especially those facilitating the family's self-efficacy (Malmberg-Heimonen et al., 2017a). Charting the four target areas provides the family coordinators with new information. By looking at the family as a whole, family coordinators may, for example, discover that a parent has a difficult time finding and keeping a job because at least one of the children has serious health or behavioural problems that require substantial attention.

The family coordinator uses several tools in meetings with the family. One of them is a form aimed (1) to ensure that family coordinators are prepared prior to meetings with the family and collaborators and are ready to facilitate participation and interaction and (2) to assist family coordinators to evaluate the outcomes of meetings and facilitate their learning through reflection using a form for Preparation, Conduction, and Evaluation (the PCE form). This tool also serves as a valuable source of information in follow-up meetings (Malmberg-Heimonen et al., 2018; Malmberg-Heimonen et al., 2017b). The Menu Agenda is another tool that can be used at the beginning of a meeting with a family. The Menu Agenda aims to foster the family's involvement and to ensure that their needs are adequately taken care of. This tool assists the family and the family coordinator in planning the topics for the meeting. It also helps family coordinators allocate time for these topics during the meeting (Malmberg-Heimonen et al., 2018; Malmberg-Heimonen et al., 2017b).

The forms and the Menu Agenda tool are complemented by a set of tools aimed to improve communication between the family coordinator and the family. Central among these is IIMM (inform, involve, mobilise, and make responsible), which is a structured approach promoting communication and collaboration among participants in a meeting. The HOLF

programme draws upon basic principles of motivational interviewing (MI) as a foundation for the follow-up process, and it applies a SMART guide encouraging families to set goals that are specific, *measurable*, *achievable*, *relevant*, and *timebound*. Finally, in addition to applying the above-mentioned tools, family coordinators make families aware of the different services, laws, and regulations relevant to their identified needs (Malmberg-Heimonen et al., 2018; Malmberg-Heimonen et al., 2017b). Several of these tools have already been introduced in practice, and MI is probably the most prevalent. The Norwegian Directorate of Labour and Welfare provides MI courses and training, and MI is included in the general follow-up guidelines in the Labour and Welfare offices (Norwegian Directorate of Labour and Welfare, 2013, 2014). One should therefore expect that family coordinators use these tools independent of the HOLF model.

The system level in the HOLF model

The system level of the intervention is outlined in the implementation manual (Malmberg-Heimonen et al., 2018; Malmberg-Heimonen et al., 2017b; Norwegian Directorate of Labour and Welfare, 2016). The system level offers tools and activities that aim (1) to enhance collaboration and comprehensive follow-up processes in family work and (2) to increase leadership involvement and thereby organisational anchoring, which is assumed to be important for family coordinators to succeed in their follow-up work with families.

First, coordination of services is considered essential to comprehensively following up with families. In the HOLF model, family coordinators are required, together with the office leader, to create an overview of services and collaborators that will be useful partners in solving the families' challenges. Using this overview, they invite leaders from the different services to a meeting where the HOLF model is presented and its utility for the other services

is emphasised. The meeting should result in an ‘action network’ making the names and phone numbers of appropriate practitioners and services accessible for later collaboration.

Second, there is a clear focus on ensuring that HOLF is solidly anchored at the leadership level. Leaders of the local Labour and Welfare offices should facilitate the work of family coordinators by regularly meeting with them at the office and providing them with autonomy and support. Leaders are also obliged to spread information about the HOLF model in arenas where they meet representatives of other service providers. The goal is to facilitate comprehensive follow-up processes across services and state/municipal boundaries. Leaders participate together with family coordinators at national gatherings organised by the Directorate of Labour and Welfare, and they report regularly (i.e., approximately every 6 months) to the Directorate.

A theoretical foundation for the elements within HOLF

Interviews with programme developers and assessments of the process and the implementation manuals suggest a programme theory with several interventional elements, some of which can be considered common, and some, intervention-specific (Malmberg-Heimonen et al., 2018). Common elements of the HOLF model are relational skills, empowerment, and comprehensive follow-up processes; goal-focused meetings with families; and the coordination of services. Intervention-specific elements are the use of the charting form, family plan, PCE form, and various communication and tracking tools (IIMM, Menu Agenda, SMART guide), as well as the implementation of the model among leaders and the establishment of an action network (see Figure 1). Based on the description of the HOLF model (Malmberg-Heimonen et al., 2018; Malmberg-Heimonen et al., 2017b), we identified

five potential common elements, which we assessed prior to randomising the offices and implementing the HOLF model.

The five common elements relevant to the HOLF model are relational skills, empowerment, comprehensive follow-up processes, goal-focused meetings with families, and the coordination of services. All these elements relate to core values and skills in social work theory and practice (Johnson & Yanca, 2010; Shulman, 1992). These elements are basic to the HOLF model and have direct influence at both the family and the system levels, but they are also directly relevant to the communications and work with the families.

Data and methods

In March 2016 the 60 largest of the 428 Norwegian Labour and Welfare offices were invited to participate in a trial. 45 signed up, and 30 of these were randomly selected to participate. One of the offices withdrew before signing the contract, leaving us with 29 (Malmberg-Heimonen et al., 2017b).

Data

Data used in this study are drawn from a survey conducted among the 58 family coordinators in the 29 participating Norwegian Labour and Welfare offices. This was the first questionnaire distributed to family coordinators prior to the randomisation of offices. Consequently, family coordinators did not know whether or not their office would be a part of the experimental condition and they had not started to follow-up any of the families recruited

for the project (Malmberg-Heimonen et al., 2017b). Of the 58 family coordinators, 100 ~~percent%~~ responded. As all the questions were mandatory and there was no internal attrition.¹

Of the participating family coordinators, 91 per cent were women. Their average year of birth was 1977, i.e. their mean age was 39 years when we conducted the survey. Of the family coordinators, 54 per cent held a bachelor's degree or equivalent, and 46 per cent were educated to the master's level. In terms of education, 62 per cent of the family coordinators were educated social workers, while 14 per cent were educated in the area of health or psychology. Not all of the participants had a social work background (62%), but in line with Reid et al. (2004), we consider HOLF to be a social work intervention because it is targeted to prevention and client services, and two of three individuals who played a key role in developing the intervention are educated social workers.

Measures

Following the manual prepared by the Norwegian Directorate of Labour and Welfare for family coordinators, defined in Malmberg-Heimonen et al. (2018), we defined five elements the HOLF model was expected to promote. All items were scored on a range from 0 to 4. To ensure the validity of each scale, the items were categorised into groups of items that described the various elements of the intervention. The categorisation of items and the means and confidence intervals for each mean are provided in Figure 1. We computed a scale for

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each element as the mean score of the included items (i.e., values 0– 4). A low score indicates a low pre-intervention level, while a high score indicates a high pre-intervention level.

Relational skills were assessed on the following eight items: (1) I ask the client to summarise the information provided; (2) I ask the client to comment on the information provided; (3) During a conversation, I summarise what my client tells me; (4) The client and I identify and discuss the client's limitations; (5) To encourage the client to elaborate about the situation, I avoid yes/no questions; (6) When the client talks about changing something, I explore it further; (7) I focus on the client's strengths and resources; and (8) I acknowledge the client's description of the situation. The response options were 0 = never, 1 = in less than half of the meetings, 2 = in about half of the meetings, 3 = in more than half of the meetings and 4 = always. The Cronbach alpha for the measure is 0.876.

Empowering follow-up practices were assessed on nine items. Three of the items relate to whether the client or the family decides on the following issues: (1) Who has the most influence on the choice of measures? (2) Who has the most influence on goalsetting? And (3) Who has most influence on the client's activity plan? The response options were on a scale from 0 (family coordinator) to 4 (family). The measure of empowering follow-up practices also included the following items: (4) The client and I suggest different options for activities and discuss their consequences; (5) The client is active in designing the plan and the programme; (6) Whenever possible, the client can decide which measures to receive; (7) When we define goals for follow-up work, I emphasise the client's opinions, and (8) I listen carefully to my client's, and (9) As far as possible, I support the client's suggestions for solutions. For these items, the response options were: 0 = never, 1 = in less than half of the meetings, 2 = in about half of the meetings, 3 = in more than half of the meetings and 4=always. The Cronbach alpha for the measure is 0.833.

Goal-focused meetings with clients were assessed on the following three items: (1) I make demands on the client in terms of specific deadlines for progress; (2) I prepare a plan for the division of labour and for who does what, when; and (3) I prepare myself for meetings with the client by reviewing what we agreed on at the previous meeting. The response options were 0 = never, 1 = in fewer than half the meetings, 2 = in about half ~~the~~ meetings, 3 = in more than half of the meetings and 4 = always. The Cronbach alpha for the measure is 0.737.

Comprehensive follow-up processes were assessed on 11 items with the following response options: 0 = never, 1 = in fewer than half the ~~meetingseases~~, 2 = in about half the ~~meetingseases~~, 3 = in more than half ~~of the~~ ~~meetingseases~~, and 4 = always.

- (1) I talk to children in the client's family
- (2) How often do you discuss the children's material situation?
- (3) How often do you discuss the partner or spouse's wellbeing with the client?
- (4) How often do you discuss the size of their housing with the client?
- (5) How often do you discuss the location of their residence with the client?
- (6) How often do you discuss the partner or spouse's health with the client?
- (7) How often do you discuss housing standards with the client?
- (8) How often do you discuss the children's wellbeing?
- (9) How often do you discuss the children's leisure activities?
- (10) How often do you discuss the children's situation in kindergarten or school? and
- (11) How often do you discuss the partner or spouse's work status with the client?

The Cronbach alpha for this measure is 0.930.

Coordination of services was measured on five items: (1) I involve the family's private network in the follow-up work; (2) The clients' family members have an active role in

collaborative meetings; (3) I collaborate with professionals from other agencies (e.g., child welfare service, school, kindergarten, housing consultant, health services, private networks) about specific clients; (4) In cooperating with professionals from other agencies, we manage to work towards a common goal; and (5) The client has an active role in the collaborative meetings. For these items, the response options were: 0 = never, 1 = in fewer than half of the cases, 2 = in about half of the cases, 3 = in more than half of the cases, and 4 = always. The Cronbach alpha for the measure is 0.695.

Analytic plan

~~dimensions. This allows us to discern the distinctiveness of each observed dimension. Second, to test whether all items in each dimension measured the same underlying concept, we also conducted reliability analyses. All items in each dimension must be interrelated, i.e. the answers within each dimension must be consistent across items (Tavakol & Dennick, 2011). We therefore conducted an empirical examination of consistency across items in each dimension by assessing Cronbach's alpha, which is a commonly used reliability test for scales. Cronbach's alpha ranges from 0 (no consistency) to 1 (full consistency). For calculations and detailed descriptions, see Bland and Altman (1997). We inspected the fit of each item into the dimension by examining the impact on Cronbach's alpha of dropping items one by one. If removing the item had a negative impact on the Cronbach's alpha, it was removed from the scale. The dimensions were considered to share a strong consistency as they all had Cronbach's alphas over 0.650 (Tavakol & Dennick, 2011). Third, we compared scores across dimensions.~~

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All data management and statistical analyses were conducted in Stata 14. The syntax is available on request.

Results

Item results

Table 1 shows the categorisation of the items and the means and standard deviations for each. The mean scores for the items vary across the scales. The least variation is found for items on the scale for goal-focused meetings with families, while the greatest between-item variation is found on the scales for coordinating services and empowering follow-up processes.

On the scale of relational skills, the lowest means are found for whether the family coordinator asks the client to summarise given information ($M = 2.1$) and comment on the information given ($M = 2.6$), while the highest means are found for acknowledging the client's situation ($M = 3.5$) and focusing on the client's strengths and resources ($M = 3.4$). The highest means on the scale for empowering follow-up practices are found for listening to clients' suggestions of solutions ($M = 3.6$) and supporting clients' suggested solutions ($M = 3.6$). The lowest mean on this scale is found for whether the client and family coordinator suggest and discuss various options for activities ($M = 2.4$). In the dimension of goal-focused meetings with clients, the family coordinators strongly agree that they prepare themselves for meetings with clients ($M = 3.4$), while they agree to a lesser degree that they make demands for clients to make progress by defining specific deadlines ($M = 2.9$).

On the scale of comprehensive follow-up processes, the lowest means are for talking directly with clients' children ($M = 1.2$) and with the clients about their children's material

situation (M =1.5). The highest mean is for talking with the client about their partner or spouse's work situation (M = 2.5). In the area of coordinating services, private networks are seldom involved (M = 0.8), while the family coordinators emphasise that their clients have an active role in meetings with collaborators (M = 2.8).

INSERT HERE: Table 1: Means and standard-deviation for all items

Scale results

The means and confidence intervals of the computed scales are provided in Figure 1. The mean scores are significantly lower for comprehensive follow-up processes (M = 1.9, SD = 1.0) and coordination of services (M = 2.0, SD = 0.6) than for the other scales, where means scores are close to 3. These results indicate that prior to implementation social workers had significantly lower skills in these two areas than in the other three areas.

INSERT HERE: Figure 1

Table 2 shows Cronbach's alpha for each scale and pairwise correlations between the scales. Cronbach's alpha ranges from 0.695 for coordination of services to 0.930 for comprehensive follow-up processes, indicating a high internal consistency for all scales. This means that the items constituting each of the five scales measure related elements and activities. Still, most of the scales are highly correlated with one another. Relational skills correlate with all other scales except comprehensive follow-up processes. The scale for comprehensive follow-up processes is the most distinct, correlating only with coordination of services. The scale for coordination of services is also somewhat distinct, and only its correlations with comprehensive follow-up processes and relational skills are significant.

INSERT HERE: Table 2

Discussion

The aim of this study was to assess the pre-intervention level of elements important to both the family coordinators' follow-up work and the intervention to be evaluated. More specifically, we assessed the family coordinators' competence in practice, with a particular emphasis on the elements and activities relevant to the HOLF model. In line with the common factor perspective, many of these elements and activities have been identified as effective across social work interventions ([Cameron & Keenan, 2010](#)), illustrating the importance of evaluating ([Cameron & Keenan, 2010](#)). Although it is important to evaluate pre-intervention practices, few empirical studies have investigated the issue.

This study has two main findings. Firstly, family coordinators had high levels of competence relevant to three out of five intervention elements, and medium levels on the two remaining. Hence, when evaluating improvements of coordination and comprehensive follow-up, finding of this study illustrates the benefit of measuring essential social work competences, and taking these into account prior to programme implementation. Secondly, the five elements of the HOLF model are overlapping. Most of the elements are highly correlated, indicating that these are closely connected to each other. Although categorising social work practices into different elements provides a way of investigating its dimensions, scholars should be aware that the dimensions are likely to be overlapping, which makes mutual exclusion impossible. Combined, the relatively high scores on all elements and the high correlation between them, suggest that developing and measuring intervention elements is challenging. Consequently, the measurements of program fidelity within the implementation of social work interventions are equally challenging.

The family coordinators recruited to this study were highly qualified. On a scale from zero to four, the family coordinators evaluated their relational skills, their empowering practice, and their goal-focused approach to be around three, while they evaluated their follow-up processes and the coordination of services to be at about two. This indicates that the ~~the~~ five of the common elements we included in the analyses, all of which are important parts of the HOLF model, were already apparent in practice before the implementation of the intervention. ~~Some of the elements (relational skills, empowering follow-up processes, and goal-focused meetings) were more prevalent, while comprehensive follow-up processes and the coordination of services were less prevalent.~~ Relational skills, empowerment, ~~as well as~~ and goal-focused and efficient follow-up of clients are emphasised in Norwegian welfare practices (Norwegian Directorate of Labour and Welfare, 2013-2020) and in social work education (Adams, 2008; Barth et al., 2012; Hansen & Natland, 2017; Malmberg-Heimonen, Natland, Tøge, & Hansen, 2015). In this respect, the high scores on relational skills, empowering follow-up processes, and goal-focused meetings with families reflect key competences in social work practice and education, as well as the specific emphasis the Norwegian Directorate of Labour and Welfare has placed on these ~~competences~~ areas over the last decade. ~~In accordance with this emphasis, the Directorate included relational skills, empowerment, and goal-focused and efficient follow-up of clients as important parts of the HOLF model.~~

However, the scores on the last two elements: comprehensive follow-up processes and coordination of services, are significantly lower than the scores on the other elements. The results show that one reason for a lower score on comprehensive follow-up processes is the family coordinators' lack of involvement of the clients' private networks, especially their children, in the follow-up practices. This finding corresponds to a common division of labour between social work with adult clients, where the focus is on increasing activity and employment, and child welfare work, where children are at the centre of the follow-up. From

a child welfare perspective, such a division of social work practice could conceal poverty as an underlying cause of child abuse and neglect (Morris et al., 2018). Growing up in a low-income family increases the risk of child maltreatment (Raissian & Bullinger, 2017). Morris et al. (2018, p. 371) highlight that “poverty is a child protection matter”, and recommend more poverty-aware social work. One should be particularly aware of the “inverse intervention law”, i.e. a child from a poor family in an affluent district has a greater chance of being on a child protection plan or in out-of-home care than a child from an equally poor family in a poor district (Bywaters et al., 2015). In other words, provision of child welfare services does not only depend on need, it also depends on supply (Morris et al., 2018). The HOLF model takes several of these considerations into account. First, the model is developed to improve social work with low-income families. Second, it is a manualised model, contributing to equivalent service provision across the Labour and Welfare offices. Third, a main goal of the HOLF model is to include the whole family in the follow-up, acknowledging that the children’s situation depends on the parents’ employment situation, the family income and the housing situation.~~Our analyses demonstrate that prior to implementation the family coordinators already performed well on these elements. There might be several explanations. First, the social workers recruited for the family coordinator positions may be more qualified than other staff. Family coordinators were required to possess certain qualification, such as experience in conducting follow up with low income families and with various systems in Labour and Welfare offices. Second, the Norwegian Directorate of Labour and Welfare might have underestimated the performance of their own staff. The agency has received harsh critiques for the poor quality of their services. However, poor quality services might be caused by factors unrelated to the competence of the staff, such as organisational structures that hinder the abilities of the staff to use their skills (Christensen, Fimreite, & Lægroid, 2014; Røysum, 2013). Third, respondents tend to overestimate their performance if they lack~~

~~involved in the development of the model (Miklowitz et al., 2008). The model also includes the establishment of an 'action network', i.e. a formal agreement between different agencies in the local area, with the aim of generating commitment and making relevant professionals across agencies visible to each other. The idea that providing comprehensive follow-up also implies coordination of services is reflected in our empirical data. Comprehensive follow-up processes and coordination of services correlate with each other, but do not tend to correlate with the other elements. As these elements group together and have lower scores, one could argue that they constitute the specific intervention elements, i.e. elements that are included in some, but not all, interventions (Miklowitz et al., 2008). The emphasis on these elements probably vary across Norwegian Labour and Welfare offices.~~

Coordination of services is the second element for which the score is somewhat lower.

Studies have ~~also~~ shown that the coordination of services is generally ~~challenging~~~~problematic~~ in social work. For instance, in a literature review, Sloper (2004) identified several facilitators and barriers to the coordination of services, including aims, roles, responsibilities, time, commitment, communications, and IT systems, support, and training. Observations of, and interviews with, social workers in an early-intervention family support team suggest that formal contracts between agencies, combined with informal contacts between employees across agencies (e.g., through shared offices or a close location) decreases the barriers to coordination (Moran, Jacobs, Bunn, & Bifulco, 2007). To generate commitment across agencies, the HOLF model ~~also~~ includes the establishment of an 'action network', i.e. This is a formal agreement between different agencies in the local area, with the aim of ~~generating commitment and~~ making relevant professionals ~~across agencies~~ visible to each other. The idea that providing comprehensive follow-up also implies coordination of services is reflected in our empirical data. Comprehensive follow-up processes and coordination of services correlate with each other, but do not tend to correlate with the other elements. As these elements group together and have lower scores, one could argue that they constitute the specific intervention elements, i.e. elements that are included in some, but not all, interventions (Miklowitz et al., 2008). The emphasis on these elements probably vary across Norwegian Labour and Welfare offices.

The remaining three elements, i.e. relational skills, empowering follow-up practices, and goal-focused meetings with families, are highly correlated, which means that these elements are difficult to separate from each other and that they to some extent capture the same phenomena. In social work practices, aspects of empowerment and relational skills are

closely connected and difficult to separate empirically (Hansen & Natland, 2017).

Acknowledging the families' desires and beliefs, and allowing the family to define their own goals, can be defined as empowerment, however, the process of acknowledging the families' goals and embedding these into their activity plans requires relational skills of social workers.

In this study, we also find goal-focused meetings with families to be highly correlated with both relational skills and empowering follow-up processes. This means that the three prevailing elements also are the three that are most closely interconnected, which indicates that these three elements constitute the common elements of social work practice in Norwegian Labour and Welfare offices. Instead of specific intervention elements within social work, Barth et al. (2012) advocate the importance of teaching common elements within social work education and practice. Our study indicates that relational skills, empowering follow-up practices and goal focused meetings are common elements within social work.

Hence, the identification of pre-intervention elements that are important in the HOLF model, and potentially common across interventions, will help us interpret the effects of the intervention. Effects on the least prominent elements could indicate that the intervention is most efficient in targeting the weaker areas of family coordinators' competence, while effects on prevailing elements could indicate that the intervention is most efficient in reinforcing proficient areas of social work practices (Malmberg-Heimonen et al., 2015).

The identification of pre-intervention elements that are important in the HOLF model and are potentially common across interventions will help us interpret the effects of the intervention. Effects on the least prevalent elements could indicate that the intervention is most efficient in targeting the weak areas of family coordinators' competence, while effects on the most prevalent elements could indicate that the intervention is most efficient in building on those areas of social work practices that family coordinators were already highly competent in prior to implementation (Malmberg-Heimonen et al., 2015).

Some limitations should be acknowledged in interpreting the outcomes of this study. First, we had the responses of only 58 family coordinators, which is a modest number given the analyses conducted in the study. Second, the items and scales were based on our interpretations of the HOLF model and what we assumed would be essential knowledge related to pre-intervention practices. Although we were thorough in our work on the development of the intervention elements, items, and scales (Malmberg-Heimonen et al., 2018; Malmberg-Heimonen et al., 2017b), other researchers might have interpreted the elements of the model differently. ~~Third, we demonstrated a high correlation between many of the different scales, which means that the various scales are difficult to separate from each other and to some extent they may measure the same phenomena. In social work practices, for instance, aspects of empowerment and relational skills are closely connected and difficult to separate empirically (Hansen & Natland, 2017).~~ Finally, all responses were based on the family coordinators' subjective evaluations of their skills and competences. Because respondents tend to overestimate their competences (Kruger & Dunning, 1999), these findings should be interpreted with care.

~~To recap, the results of this study demonstrate that prior to the intervention family coordinators already had a high level of competence in several areas of the intervention, while they had less competence in comprehensive follow up processes and the coordination of services. While demonstrating the importance of improving coordination and comprehensive follow up, this study also shows the importance of measuring essential social work competences prior to programme implementation.~~

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Table 1: Means and standard deviations for all items

	<u>Items</u>	M	SD
<u>Relational skills</u>	I ask the client to summarise the information I have provided	2.1	1.1
	I ask the client to comment the information I have provided	2.6	1.1
	During a conversation, I summarise what my client tells me	2.9	0.9
	The clients and I identify and discuss their limitations	3	0.9
	When I want the client to elaborate on the situation, I avoid yes/no questions	3.1	0.8
	When the client talks about changing something, I explore it further	3.2	0.8
	I focus on the client's strengths and resources	3.4	0.7
	I acknowledge the clients' descriptions of their situation	3.5	0.8
<u>Empowering follow-up processes</u>	Who has most influence on the choice of measures?	1.9	1
	Who has most influence on goalsetting?	2.2	1.1
	Who has the greatest influence on the content of the client's activity plan?	2.3	0.9
	The client and I suggest and discuss different options for activities and their consequences	2.4	1
	The client is active in designing the plan and programme	2.8	0.8
	Whenever possible, client can decide which measures they receive	2.9	1
	When we define goals for follow-up work, I emphasise the client's opinions	3.4	0.8

	I listen carefully to my client's suggestions for solutions	3.6	0.8
	As far as possible, I support the client's suggestions for solutions	3.6	0.7
<u>Goal-focused</u>	I make demands on the client in terms of specific deadlines for making progress	2.9	0.8
<u>meetings with families</u>	I prepare a plan on the division of labour, who does what and when	3	0.9
	I prepare myself for meetings with the client by reviewing what we agreed on at the previous meeting	3.3	0.8
<u>Comprehensive</u>	I talk to the children in the client's family	1.2	1.3
<u>follow-up</u>	How often do you discuss the children's material situation?	1.5	1.2
<u>processes</u>	How often do you discuss partner or spouse's well-being with the client?	1.6	1.2
	How often do you discuss the size of the housing with the client?	1.7	1.2
	How often do you discuss the location of the residence with the client?	1.8	1.3
	How often do you discuss partner or spouse's health with the client?	2	1.1
	How often do you discuss housing standards with the client?	2.1	1.3
	How often do you discuss children's well-being?	2.1	1.4
	How often do you discuss the children's leisure activities?	2.2	1.4
	How often do you discuss the children's situation in kindergarten or school?	2.3	1.5

	How often do you discuss partner's/spouse's work status with the client?	2.5	1.3
<u>Coordination of services</u>	I involve the family's private network in the follow-up work	0.8	0.7
	The clients' family members have an active role in collaborative meetings	1.4	0.9
	I collaborate with professionals from other agencies about specific clients	2.5	1.1
	In cooperating with professionals from other agencies, we manage to work towards a common goal	2.7	0.8
	The client has an active role in the collaborative meetings	2.8	1.0

Table 2: Cronbach's alpha of scales and correlation matrix

Scale	Cronbach's alpha	1	2	3	4	5
1 Relational skills	0.876	1				
2 Empowering follow-up processes	0.833	0.677*	1			
3 Goal-focused meetings with families	0.737	0.649*	0.668*	1		
4 Comprehensive follow-up processes	0.930	0.246	0.124	0.173	1	
5 Coordination of services	0.695	0.428*	0.272	0.204	0.397*	1

Figure 1: Means of scales (0–4), 95% confidence intervals

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