

Comparing the Effects of Governmental and Local Family Intervention Projects on Social Work Practices in Norway: A Cluster-Randomised Study

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Abstract

Increased child poverty in Europe has urged the need for poverty alleviating measures, such as family intervention projects. In this project, family coordinators follow-up low-income families on multiple areas. The cluster-randomised evaluation compares effects of governmental and local family intervention projects on social work practices in Norway. Of the twenty-nine participating Labour and Welfare offices, fifteen were randomised to the experimental condition and received the governmental model for comprehensive follow-up (HOLF) model, including manuals, schemes for follow-up work and supervision structures. The fourteen offices randomised to the control group developed local models for the follow-up. The data comprise baseline ($n=58$) and eighteen-month follow-up questionnaires to family coordinators. Effects on goal-focused meetings, relational skills, empowering and comprehensive follow-up processes and the coordination of services were measured. After adjusting for the nested structure of the data in a two-level model, the findings demonstrate that family coordinators from experimental group offices achieved more goal-focused meetings ($p < 0.001$) and demonstrated more relational skills ($p = 0.011$), compared to family coordinators from control group offices. Results demonstrate that the HOLF model increased the quality of the follow-up when compared to locally developed family intervention projects. The findings are discussed in the context of social work with families in poverty.

Keywords: Cluster-randomised design, coordination of services, family intervention project, poverty, social work

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Introduction

Child poverty has been placed on the policy agenda in Europe, especially through the recommendation from the European Commission that pinpoint several intervention areas needed to reduce child poverty (Frazer and Marlier, 2017). Social workers have a key role in reducing poverty amongst children and families, however, scholars emphasise the importance of a poverty aware social work, that is where social workers identify structural explanations to poverty, critically evaluate their practices, and contribute to improve practices and policies aiming at reducing poverty (Krumer-Nevo, 2017; Morris *et al.*, 2018).

Statistics from the European Union demonstrate that 21 per cent of children were living below the poverty threshold in 2016 (European Union Agency for Fundamental Rights, 2018). Whilst the risk of child poverty varies between the countries, it is generally higher in southern and eastern European countries, medium-high in central European countries (including the UK) and lower in the Nordic countries. Although child poverty is lower in the Nordic countries, it does not mean that the Nordic countries have succeeded in their policies. For instance, in Norway, the percentage of children living in poverty has increased dramatically during the latest decade. In the year 2006, 7 per cent of children in Norway were living in poverty, whereas in 2017 this percentage had risen to 10.8 per cent. The main explanation for this adverse development is increasing financial inequalities, driven by disproportionately weak income growth amongst low-income families (Kirkeberg and Epland, 2016). A disproportionate share of these families has an immigrant background. Whilst only 5.5 per cent of children with ethnic Norwegian parents lived in low-income families in 2016, this number was 37.8 per cent for children with immigrant parents (Epland, 2018).

The increase in children and families living in poverty has prompted the Norwegian government to implement targeted initiatives to reduce child poverty. A specific concern is the risk of intergenerational transmission of poverty where children of poor parents grow up to be poor themselves. A central thought is also that early identification, follow-up and targeted interventions for these families will prevent the transmission of poverty from one generation to another (Malmberg-Heimonen *et al.*, 2018). Targeted family-focused interventions have traditionally been more common in the UK and USA (White *et al.*, 2008) than in the

Nordic countries, where the distribution of economic resources and services through taxes has been the main political priority (Fløtten and Grødem, 2014).

Although the Norwegian Social Services Act and Act of Welfare Services specify that families and children should receive comprehensive and coordinated welfare services, there is little guidance on how they should be followed up. In order to increase knowledge about how to reduce poverty amongst children and families, the low-income family intervention project (HOLF) became an official part of the Norwegian government's political strategies for 2015–2017. HOLF is a Norwegian acronym for the comprehensive follow-up of low-income families. Within the project, family intervention models are developed, implemented and evaluated in a randomised controlled design (Ministry of Children and Families, 2015).

Before the project began, the Norwegian Labour and Welfare Directorate commissioned a literature review (Fløtten and Grødem, 2014) that summarised existing research regarding family intervention projects in the Nordic countries and the UK. The aim was to identify family intervention models suitable to be implemented in the Norwegian welfare context. The review demonstrated that there was a lack of robust evaluations of family intervention projects, and consequently, insufficient knowledge of their effects. Whilst the Nordic projects were small scaled, local and not suitable for upscaling, a major reason for that no specific UK family intervention model was fully transferable to the Norwegian context was the differences in welfare structures between the two countries (Malmberg-Heimonen *et al.*, 2018; Fløtten and Grødem, 2014). Whilst Norway's welfare structures are universal in character, the welfare structures in the UK have a residual character, with a higher degree of targeting and means-testing (Gugushvili and Hirsch, 2014). Based on these insights, the Directorate decided to develop a family intervention model for the Norwegian welfare context, the HOLF model. Accordingly, they commissioned an independent evaluation of its effects (Malmberg-Heimonen *et al.*, 2017).

Using a cluster-randomised design, this study analyses the effects of the governmental HOLF model for social work professionals in Norway. Through the HOLF model, family coordinators receive methods and tools as well as a supervision structure with the aim of improving the quality of the follow-up of low-income families. Whilst offices randomised to the experimental condition implement the governmental HOLF model, offices randomised to the control group develop local models for the follow-up of low-income families.

Social work with families in poverty

In 2013, the European Commission launched a recommendation for reducing poverty amongst children and families in Europe. The recommendation includes three integrated pillars of intervention: (i) ensuring children's access to adequate resources through benefits and parental employment; (ii) affordable services through housing, education and childcare; and (iii) increasing children's participation through sports, culture and play (Frazer and Marlier, 2017). Although social work plays a major part in the implementation of these policies, Morris *et al.* (2018) demonstrate that poverty has become invisible within social work due to social workers' tendencies to explain poverty in cultural terms as an underclass category, and their wishes to avoid stigmatisation of the poor. Nevertheless, scholars accordingly emphasise that social work practices need to be critically evaluated from a poverty context. For instance, Mantle and Backwith (2010) pinpoint that instead of individual-level explanations to poverty and individualised social work practices, there is a need for structural explanations and community-based social work.

Krumer-Nevo (2016) argues that neither individual nor structural explanations to poverty are sufficient and introduces a new poverty-aware social work paradigm. Within this paradigm, poverty is seen as a violation of human rights, and the relationship between the social workers and service user is the basis for professional social work practices. Krumer-Nevo (2017) further identifies strategies for a poverty-aware social work practice. These strategies involve working with people in real-life contexts, such as meeting service users in their homes. Further they combine the micro-level (direct practices) with the macro-level (policy practices) and join service users in their resistance, that is when social workers become experts in identifying resistance and to use their insight to change the way interventions at macro and micro levels are implemented.

Whilst family intervention projects seem to include certain elements emphasised within a poverty-aware social work paradigm, such as the focus on relation between the family and the social worker and empowering follow-up practices, they have also been criticised for mainly operating at the individual level with the aim of changing individuals' behaviour (Hayden and Jenkins, 2014). Accordingly, family intervention projects often include behavioural aspects, such as assessments of antisocial behaviour and criminality. Several evaluations, such as those conducted by Ball *et al.* (2015), Sayer (2017) and Boddy *et al.* (2016), argue that the emphasis on antisocial behaviour is a questionable aspect of the family intervention projects.

Earlier research on family intervention projects

Earlier family intervention projects in Norway and other Nordic countries mainly consist of a few small-scale and local initiatives, where a central aspect of the projects has been the coordination of services. These evaluations demonstrate that families and social workers had positive experiences of participating in the projects (Gustavsen *et al.*, 2012a,b), however, the Danish evaluation by Hjelmar *et al.* (2017) showed that the coordination of services was challenging, especially in families where parents had drug abuse or mental health problems.

Large-scale projects have been evaluated in the UK within the governmental programme for 'Family Intervention Projects', and its follower the 'Troubled Families initiatives'. One of the most comprehensive studies addressing family intervention projects is a study by White *et al.* (2008). The study included fifty-three family intervention projects. The aim of the projects was to reduce antisocial behaviour, risks of homelessness and social problems, and to help families identify reasons for their behavioural problems. Generally, the families experienced an improved situation as a result of taking part in a project. The following were identified for successful projects: high-quality staff, small caseloads, dedicated key workers, intensive follow-up with a whole-family approach, sufficient resources and effective multi-agency relationships.

Another evaluation of family intervention projects in the UK demonstrated that over half of the participating families experienced improvements in various areas such as parenthood, domestic violence, criminality, antisocial behaviour and substance abuse (Lloyd *et al.*, 2011). The intervention consisted of an intensive follow-up by a dedicated key worker with a multi-agency approach. On average, families participated in the follow-up for eleven months; however, results demonstrated that the most disadvantaged families were not able to follow the programme.

The study by Parr (2009) demonstrated that the family intervention project enabled more flexibility for the professionals in the follow-up of the families and that this flexibility was the main reason for positive outcomes for social workers and families. Other success criteria that were identified were that the project enabled trustful relations between social workers and families, social workers used more time on the follow-up, they were available for the families and the follow-up was goal focused. In analysing two local projects within the Troubled Families Initiative Hayden and Jenkins further demonstrated that having a key worker and small caseloads were the most important factors for success in the projects. Seeing the family as a whole and making plans for needed changes were also important. Overall, the quality of the relation between the

professional and the family seemed to be even more important than what was actually done in the meetings (Hayden and Jenkins, 2014).

The evaluation by Ball *et al.* (2015) also showed that a key worker building a trustful relation with the families was important for successful outcomes. Similarly, addressing families' immediate needs through emotional, practical and financial support was experienced as positive. Nevertheless, the study also showed that it was difficult to introduce new ways of thinking and working with families, especially when it came to the coordination of services. In cases where coordination between various services was successful, the reason was often that the family workers had a long-term professional relationship with the various service providers. Although the coordination of services was emphasised in the family project, the family workers were often left to solve problems on their own. Overall, the study demonstrated a discrepancy between political ideas of efficient interventions and the complexity of local social work practices.

Whilst there are a number of policy evaluations and qualitative studies of family intervention projects, few are quantitative and none, to our knowledge, have been evaluated in a randomised design. The evaluation of the Troubled Families programme, however, is conducted in a quasi-experimental design. This evaluation (Day *et al.*, 2016) demonstrated no conclusive effects twelve and eighteen months after families had started in a programme, when a number of outcomes, such as offending, employment and child welfare, were assessed. As family intervention projects have been criticised for being implemented as a policy response, rather than an evidence-based practice (Hayden and Jenkins, 2014; Ball *et al.*, 2015), it is important to increase knowledge regarding the effects of these interventions.

Aim and hypothesis of the study

The aim of the study is to compare the effects of the governmental HOLF model with local family intervention projects on social work practices. The aim of the HOLF model is to improve social workers' professional competences in various areas, especially to enhance goal-focused and empowering meetings with families and develop comprehensive and systematic follow-up structures. Thus, the hypothesis is that family coordinators within offices randomised to the experimental group where the governmental HOLF model has been implemented will demonstrate more positive effects on all outcomes when compared to their counterparts within control group offices that have developed local models for the follow-up of families.

The governmental HOLF model

The long-term goal of the HOLF model is to prevent intergenerational transmission of poverty, whilst short-term objectives are to develop and implement a model that can improve the follow-up of low-income families, enhance user-oriented and goal-focused follow-up skills for professionals and improve the coordination of existing services. [Figure 1](#) demonstrates the logic model for the governmental HOLF model, including programme elements, activities and desired outcomes. We provide a short version of the HOLF model here, whilst a comprehensive description can be found in the study protocol ([Malmberg-Heimonen et al., 2017](#)).

The model is described in two manuals. Whilst the HOLF Process Manual describes the work of the family coordinators in their follow-up of families, the HOLF Implementation Manual describes the implementation of the model at local offices. The HOLF model includes three types of forms used for the follow-up work with families. The charting form is used for investigating the families' situation regarding the four follow-up areas of employment, housing, the financial situation and the social inclusion of children. The 'family plan' is used for planning the activities within the four follow-up areas, and the 'PCE form' (Preparation, Conduction and Evaluation) is used in preparing for, conducting and evaluating meetings with families, collaborators and leaders. There are also certain tools within the HOLF model that family coordinators should use to structure meetings. One example is the 'Menu Agenda' with an aim to ensure that each family's wishes and needs are acknowledged. The family and family coordinator fill in important themes to work with, discuss them and agree on which themes should be prioritised at a specific meeting.

Related to the coordination of various services, the family coordinator should not take over tasks that are the responsibility of other welfare institutions (for instance, child welfare or social assistance) but should coordinate these services and assist the family and collaborators, for instance, with application procedures related to services the family needs and is entitled to but has not applied for. According to the HOLF model, the family coordinators should invite professionals and leaders from relevant external agencies to join an action network. The idea of the formalised action network is that it could contribute in solving problems that the family coordinators have not been able to solve on their own.

With the HOLF model, family coordinators receive case-based supervision by experienced family coordinators. The supervision structure follows a 'train-the-trainer' model, where the project group within the Administration supervises and trains family coordinators who had participated in the development of the model, who in turn supervise and train

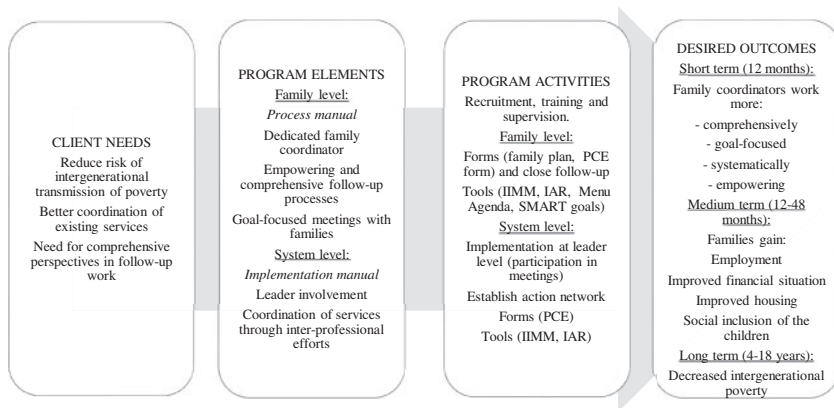


Figure 1: A logic model for HOLF.

Source: Malmberg-Heimonen et al. (2018).

the thirty family coordinators from the fifteen experimental group offices.

Data and methods

The Norwegian family intervention project has been evaluated using a cluster-randomised design that includes twenty-nine Labour and Welfare offices. The research design has been described in the study protocol (Malmberg-Heimonen *et al.*, 2017), and the study has been pre-registered in Clinicaltrials.gov (Identifier NCT03102775). Ethical permissions for the study have been granted by the Norwegian Centre for Research Data (case no. 47483), the Norwegian Data Protection Authority (case no. 48510) and the Norwegian Labour and Welfare Directorate (case no. 16/2598). It is important to stress that all participating family coordinators have given their consent to participate and can withdraw from the study at any time and for any reason. Researchers are under professional secrecy related to all data and analyses; data will be anonymised, and no family coordinators can be recognised in any publications or disseminations.

The evaluation began on 1 January 2016 and ended in December 2019. Of the twenty-nine Labour and Welfare offices that took part in the cluster-randomised evaluation, the experimental group offices (fifteen) received the HOLF model developed by the Norwegian Labour and Welfare Directorate, whilst the control group offices (fourteen) developed local follow-up models.

As shown in Table 1, similarities between local models and the HOLF model are a dedicated family coordinator as a new position at the

Table 1 Main differences between experimental and control group offices in the cluster-randomised evaluation

Structures for follow-up	Experimental (governmental HOLF model)	Control (local models)
Two dedicated family coordinators in each Labour and Welfare office as new positions	Yes	Yes
Plans and goals for the projects	Yes	Yes
Goals for enrolled families; twenty-one families should participate at each time	Yes	Yes
Information about the research design and measured outcomes	Yes	Yes
Supervision structure specific to the family intervention project	Yes	No
Office leader follow-up as a part of the family intervention project	Yes	No
Manuals and tools for the follow-up of families	Yes	No
The Norwegian Labour and Welfare Directorate follow-up on the implementation	Yes	No
A formalised action network for improved coordination of services	Yes	No
Standardised forms for the follow-up of families	Yes	No

offices, small caseloads, goals and plans for the projects, and information about research design and measured outcomes (employment, financial situation, housing and children's situation). In both groups, the families were recruited over a time span of eighteen months (from 1 November 2016), and each pair of family coordinators worked with a total of twenty-one families. Family coordinators met with families on average 1.4 times a month with a standard deviation (SD) of 1.3, thus there were no significant differences between experimental and control conditions regarding the frequency of meetings.

In addition to these aspects, the experimental group offices implementing the HOLF model received supervision, materials and methods, forms to be used in the follow-up, implementation support, methods for leader involvement and various measures to improve the coordination of services.

Baseline and follow-up questionnaires

The data were collected by means of two questionnaires, the first completed before the randomisation of offices but after the family coordinators had been employed, and the second completed eighteen months later. The first questionnaire (at T1) was sent to all fifty-eight family coordinators employed in the twenty-nine offices (two per office). As randomisation had not yet taken place, the family coordinators did not

know whether they were to be part of the experimental or control condition. All fifty-eight family coordinators responded to the first questionnaire. At the eighteen-month follow-up questionnaire (at T2), thirteen family coordinators (22 per cent) had left their positions and twelve new family coordinators had been recruited. All fifty-seven family coordinators filled out the eighteen-month follow-up survey. A total of forty-five family coordinators (78 per cent of the initial sample) filled out both questionnaires. At T1, family coordinators evaluated their previous experiences with clients, and at T2, they assessed families they had worked with in the family projects. They did not evaluate specific clients or families but did a general assessment of their follow-up work.

Measures

We measured effects on five elements essential for the HOLF model (Tøge *et al.*, 2019): relational skills, empowering follow-up processes, goal-focused meetings, comprehensive follow-up processes and the coordination of services. All items were formulated in a general way so that they were suitable for family coordinators within both the experimental and control conditions.

The first element, 'relational skills', was assessed by eight items measuring the quality of the meetings between the social worker and the client. Examples of included items are whether, in meetings with clients, the coordinator summarises information, asks the clients to comment on information given and avoids yes/no questions. 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's alpha for the measure is high (0.88).

'Empowering follow-up' practices were assessed based on nine items. Examples of items included are whether the client is active in designing his/her plan and programme and whether the client can decide which measures he/she receives. 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's alpha for the scale was 0.83.

'Goal-focused meetings' with clients was assessed by the following three items: I make demands on the client in terms of specific deadlines for his/her progress, I prepare a plan on the division of labour, who does what and when, and 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 less than half of the meetings, 2 = in about half of the meetings, 3 = in more than half of the meetings and 4 = always, and the Cronbach's alpha was 0.74.

'Comprehensive follow-up' processes were assessed by eleven items, including the degree to which the family coordinator talks to the children or discusses the partner's/spouse's or children's well-being with the client and how often the family coordinator discusses the size or location of the housing with the client. 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, with a Cronbach's alpha of 0.93.

'Coordination of services' was measured by five items, including whether the family coordinator collaborates with professionals from other agencies and whether the family coordinator, in collaboration with professionals from other agencies, manages to work towards common goals for the clients. 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, with a Cronbach's alpha of 0.69.

We calculated all scales as means of included items. This means that all scales range from 0 to 4, facilitating comparison of scales generated from a varying number of items with an equivalent rating scale (in this case 0–4).

Analysis plan

Following an intention-to-treat principle, we exclude family coordinators recruited after randomisation from the effect analyses (Gupta, 2011). This means that the data consist of the forty-five family coordinators who responded to both the T1 and T2 questionnaires. Attrition analyses are provided in Table 3.

We calculate means (M) and confidence intervals (CI 95 per cent) for all outcomes by experimental condition. The effects of the HOLF model are presented as Cohen's *d*, calculated from mean change (Δ , i.e. differences from T1 to T2), that is, the mean difference between experimental and control condition in change rates (change between T1 and T2) divided by the pooled standard deviation. This approach inherently controls for T1 by subtracting T1 values from T2 values. We use *t*-test to calculate the *p*-value of the effect size.

To acknowledge the clustered structured of the data, as we randomised offices and measured effects for coordinators, we perform two-level (random intercept) regression models where family coordinators are clustered within offices. In these models, effects are reported as coefficients. We have performed all analyses in Stata/MP 14.0. The syntax for the statistical analyses is provided on request.

Descriptive information on family coordinators

The twenty-nine offices included in the study used the same criteria when they recruited family coordinators to the projects. The criteria set by the Norwegian Labour and Welfare Administration were a bachelor degree at minimum, relevant work experience, knowledge about welfare and labour market measures within Labour and Welfare offices, experience with labour–market-oriented follow-up work, knowledge about administrative procedures and knowledge of coordination of services in the work with low-income families. According to the project leaders at the Norwegian Labour and Welfare Administration, these criteria were similar to those commonly included in job advertisements within Labour and Welfare offices.

Of the family coordinators recruited to the projects, nine out of ten are women. On average, they were born in 1977 ($SD = 10.1$). Of family coordinators, 62 per cent are educated social workers. In addition, 14 per cent are educated health professionals, 9 per cent have an education within pedagogical fields, 7 per cent are social scientists, 5 per cent are economists or hold a degree within leadership or administration, and 3 per cent have another educational background. Since the welfare reform in 2006, when welfare, social security and employment services were integrated into one unit with a ‘one-stop shop’ principle, social workers are no longer the only profession working with disadvantaged groups of people. As such, the offices did not solely recruit social workers to the family coordinator positions.

Additionally, 78 per cent had been employed at Labour and Welfare offices the year before they were employed as family coordinators. More than two out of three (72 per cent) had taken courses relevant to follow-up work, and 40 per cent had previous experience with follow-up of low-income families before starting their work as family coordinators. When assessing social workers’ skills and practices at T1 ([Table 2](#)), mean scores (variation between 0 and 4) are highest for goal-focused follow-up ($M = 3.1$) and relational skills ($M = 3.0$). The mean score for user involvement ($M = 2.8$) is not far behind, whilst both comprehensive follow-up ($M = 1.9$) and coordination of services ($M = 2.0$) have fairly low mean values.

Success of randomisation

[Table 2](#) shows the result of the randomisation, where fifteen offices were randomised to the experimental group and fourteen to the control group. The data were collected prior to randomisation, so at this point, the family coordinators did not know whether they were a part of the experimental or control condition. The comparison of background and

Table 2 A comparison between experimental and control condition based on baseline (T1) values

	Experimental (N = 30)	Control (N = 28)	p-value
Women, per cent	93	89	0.591
Educated as social worker, per cent	67	57	0.469
Worked in a Labour and Welfare office the previous year, per cent	83	71	0.285
Year of birth, mean	1976	1979	0.287
T1 goal-focused follow-up, mean	3.1	3.1	0.983
T1 relational skills, mean	3.0	2.9	0.793
T1 empowering follow-up, mean	2.8	2.7	0.611
T1 comprehensive follow-up, mean	1.9	1.9	0.993
T1 coordination of services, mean	2.1	2.0	0.410

Table 3 A comparison of baseline values between family coordinators from experimental and control group offices that had left their positions at follow-up

	Experimental (N = 5)	Control (N = 8)	p-value
Women, per cent	100	100	NA
Educated as social worker, per cent	40	50	0.751
Worked in a Labour and Welfare office the previous year, per cent	80	100	0.220
Year of birth, mean	1979	1981	0.638
T1 goal-focused follow-up, mean	3.4	3.0	0.330
T1 relational skills, mean	3.2	2.8	0.207
T1 empowering follow-up processes, mean	3.0	2.7	0.333
T1 comprehensive follow-up, mean	2.0	1.6	0.436
T1 coordination of services, mean	2.2	1.9	0.299

NA, Not Applicable.

baseline variables demonstrates no significant differences between experimental and control condition.

Attrition analyses

At the follow-up questionnaire, eighteen months after baseline, thirteen family coordinators (five in the experimental group and eight in the control group, 22 per cent in total) had left their positions. Attrition analyses (Table 3) do not indicate that those family coordinators who left their positions in the experimental group differed from those who left their positions in the control group regarding gender, education, age and work experience. However, family coordinators who left their positions in the experimental group tended to be somewhat more competent, measured at baseline, than their counterparts in the control group. Although these differences are not significant, we acknowledge them in the final analyses by calculating effect sizes on change rates (change

Table 4 Means and confidence intervals by time in experimental ($N=20$) and control ($N=25$) group, and effect sizes by time

	Experimental group M (CI 95 per cent)		Control group M (CI 95 per cent)		Cohen's d
	T1	T2	T1	T2	Δ
Goal-focused follow-up	3.0 (2.7–3.3)	3.3 (3.1–3.5)	3.1 (2.8–3.3)	2.6 (2.3–2.9)	0.968 (0.002)
Relational skills	2.9 (2.6–3.3)	3.2 (3.1–3.4)	3.0 (2.8–3.2)	2.9 (2.7–3.2)	0.573 (0.061)
Empowering follow-up	2.8 (2.5–3.0)	3.2 (3.0–3.4)	2.8 (2.5–3.0)	3.0 (2.7–3.3)	0.358 (0.240)
Comprehensive follow-up	1.9 (1.4–2.3)	2.5 (2.3–2.8)	2.0 (1.6–2.5)	2.6 (2.3–2.9)	0.099 (0.743)
Coordination of services	2.1 (1.8–2.4)	2.2 (2.0–2.4)	2.0 (1.7–2.3)	2.1 (1.7–2.4)	0.029 (0.923)

from T1 to T2) and by applying the two-level regression models that control for baseline values on the mean scales.

Results

Table 4 shows means and confidence intervals (95 per cent) by time (T1 and T2) and experimental condition, and the effect sizes (Cohen's d) calculated on change from T1 to T2 (Δ) for all outcomes. Goal-focused follow-up processes had an increase from 3.0 at T1 to 3.3 at T2 in the experimental group. In the control group, the trend is opposite: goal-focused follow-up processes reduced from 3.1 at T1 to 2.6 at T2. The effect size is very large (Cohen's $d=0.968$) and statistically significant ($p=0.002$). Relational skills increased from 2.9 to 3.2 in the experimental group, compared to a decrease from 3.0 to 2.9 in the control group. The effect size is medium (Cohen's $d=0.573$), but the difference between the experimental and control group is not statistically significant ($p=0.061$).

Empowering follow-up processes increased from 2.8 to 3.2 in the experimental group, and from 2.8 to 3.0 in the control group. The effect size is small (Cohen's $d=0.358$), and the difference between the experimental and control group is not statistically significant ($p=0.240$). Comprehensive follow-up increased from 1.9 at T1 to 2.5 at T2 in the experimental group, and from 2.0 at T1 to 2.6 at T2 in the control group. The effect size is close to zero (Cohen's $d=0.099$) and not significant ($p=0.743$). Coordination of services increased from 2.1 at T1 to 2.2 at T2 in the experimental group, and from 2.0 at T1 to 2.1 at T2 in the control group. The effect size is small (Cohen's $d=0.029$) and non-significant ($p=0.923$).

To determine the final effects of the HOLF model, we performed a two-level model (random intercept) with family coordinators nested within offices. The results shown in Table 5 are similar to those shown in Table 4; however, in addition to goal-focused meetings, there is also a significant effect of the HOLF model on relational skills, whilst the

Table 5 A two-level regression model

Variable	β (p -value)
Goal-focused follow-up	0.675 (>0.001)
Relational skills	0.318 (0.011)
Empowering follow-up	0.203 (0.090)
Comprehensive follow-up	-0.015 (0.939)
Coordination of services	0.102 (0.582)

Treatment effect (β) and p -value. Control for baseline. $N = 45$.

effects on empowering and comprehensive follow-up processes as well as and the coordination of services are not significant.

Discussion

Using a cluster-randomised design, the study compares the effects of the governmental HOLF model with locally developed family intervention models. Whilst the Labour and Welfare offices randomised to the experimental group implemented the HOLF model with supervision structures, forms, tools and office leader involvement to support implementation fidelity, offices randomised to the control group developed their local models for the follow-up of low-income families. Previous evaluations have shown a lack of evidence base regarding family intervention projects (Hayden and Jenkins, 2014; Ball *et al.*, 2015), thus the careful development and implementation of the HOLF model including its robust evaluation, can increase the evidence base of family intervention projects.

The main finding of this study is that the HOLF model has significantly improved family coordinators' goal-focused follow-up and relational skills when compared to their counterparts in control group offices. Our hypothesis of positive effects on all measured outcomes was therefore partially supported. Whilst family coordinators from experimental group offices had a positive development on goal-focused meetings, family coordinators from control group offices had a negative development. The result for the control group offices is similar to that in the study by Parr (2009) which demonstrated that increased flexibility was a result of the family intervention project, where smaller caseloads enabled social workers to be more flexible in their follow-up. In this study, the family coordinators in the control group became less goal focused, whilst the forms, tools and manuals used by family coordinators in experimental group offices lead to more goal-focused meetings. A timely question is, however, whether a goal-focused or a more flexible approach is most beneficial for the families.

After adjusting for the nested structure of the data, the findings also demonstrate a significant effect of the HOLF model on relational skills. Whilst family coordinators from the experimental group offices increased their relational skills, family coordinators from control group offices reduced their relational skills. The increase in relational skills is an important finding, as previous evaluations have demonstrated that having close relationships between families and key workers is a successful element of family intervention projects (White *et al.*, 2008; Ball *et al.*, 2015). The importance of the relation is also supported by Hayden and Jenkins' study, which demonstrated that the quality of the relation between the professional and the family seemed even more important than what was actually done in the meetings (Hayden and Jenkins, 2014).

For empowering and comprehensive follow-up processes, there were positive developments for both groups of family coordinators, thus there were no effects of the governmental HOLF model in comparison with locally developed family projects. These findings demonstrate that social workers have local competence in following up families and children, as they had the same development as social workers that had received the governmental HOLF model. Also, there were no significant effects of the HOLF model on the coordination of services as both groups of family coordinators reported similar levels at T2 as they did eighteen months earlier. The lack of effects on the coordination of services is in accordance with previous findings; for instance, the study by Ball *et al.* (2015) demonstrated that the coordination of services was difficult, and when the coordination was successful, it was mainly due to personal relationships the professionals had already developed over time.

Although different welfare structures between the UK and Norway make it difficult to fully interpret these findings in the context of the previous UK family intervention studies, these studies are still highly relevant. Several of the evaluations support the argument that small case-loads, close follow-up and a key worker coordinating services for the families are elements that contribute to projects' success (White *et al.*, 2008; Batty and Flint, 2012; Day *et al.*, 2016). Nevertheless, when interpreting the results of this study, it is important to acknowledge that all these elements were found in both experimental and control conditions. Therefore, the effects of the HOLF model need to be understood as a result of the elements specific to HOLF, that is, the tools, forms and methods, as well as the supervision structure and implementation support from the Labour and Welfare Directorate. This finding is important as previous research on the efficiency of guidelines on how social work should be conducted is inconclusive. For instance, the Munro (2011) review of child protection has demonstrated that instructions for practice can even hamper the professional expertise of social workers. Nevertheless, the findings of this study demonstrate that the HOLF model, with supervision and implementation support, thus increased

family coordinators' competence to follow-up on individual families, but only on two of the five measured outcomes.

Krumer-Nevo (2016, 2017) emphasises the need for a poverty-aware social work practice, where the relation between the service user and social worker is in a key role. Although family intervention projects involve relation-based practices, they have been criticised to operate in a conservative paradigm, where poverty is mainly seen as an individual problem of participating families (Ball *et al.*, 2015). This evaluation demonstrated that the family coordinators improved their relational skills in the experimental group offices compared to the control group offices. In both experimental and control group offices, family coordinators also evaluated that their practices became more empowering during the 1.5 years of the study. In that sense, we can argue that the first step of a poverty-aware social work has been achieved. Nevertheless, this study also showed that the coordination of services seemed to be a difficult task for the family coordinators, a result that can indicate that the structural perspectives of the follow-up work were less successful. Emphasising structural perspectives within the follow-up work of vulnerable families, including critical evaluation and improvement of social work practices, could be a key to produce positive outcomes. Families and social workers can report positive experiences of family intervention projects, but still not achieve expected effects for families (Day *et al.*, 2016).

Some limitations are important to acknowledge when interpreting the findings of this study. First, the study includes twenty-nine Labour and Welfare offices, including only two family coordinators per office. Although a limited number of family coordinators participated, we had a 100 per cent response rate. Secondly, although we had worked with the programme theory of the intervention and identified immediate outcomes (Malmberg-Heimonen *et al.*, 2018), it is still possible that our measures were insufficient to identify the effects of the HOLF model, or that other dimensions would have been more appropriate. Thirdly, family coordinators provided their subjective evaluations of their follow-up of families. As they were not blinded to their assignment to experimental condition, there is a risk that family coordinators within experimental group offices value their follow-up work more positively than their counterparts within control group offices. However, by asking them to evaluate how often they do various activities, instead of how satisfied they are with their own performance, we have tried to minimise this risk. Although all these limitations need to be acknowledged, the cluster-randomised design still enabled us to evaluate the effects of the HOLF model on professional practice when compared to locally developed family projects. We also used a two-level regression model to acknowledge the nested structure of the data, which supported the overall conclusions of this study.

In a cluster-randomised design, this study demonstrated the effects of the governmental HOLF model compared to the effects of locally developed family intervention projects. The main finding is that social workers from offices randomised to the experimental group had increased their goal-focused meeting and relational skills. Although this study has increased our understanding of the implementation and evaluation of the HOLF model, the key test will be whether and to what degree it will improve the situation for families.

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References

- Ball, E., Batty, E. and Flint, J. F. (2015) 'Intensive family intervention and the problem figuration of troubled families', *Social Policy and Society*, **15**(2), pp. 263–74.
- Batty, E. and Flint, J. (2012) 'Conceptualising the contexts, mechanisms and outcomes of intensive family intervention projects', *Social Policy and Society*, **11**(3), pp. 345–58.
- Boddy, J., Statham, J., Warwick, I., Hollingworth, K. and Spencer, G. (2016) 'What kind of trouble? Meeting the health needs of 'troubled families' through intensive family support', *Social Policy and Society*, **15**(2), pp. 275–88.
- Day, L., Bryson, C., White, C., Purdon, S., Bewley, H., Sala, L. K. and Portes, J. (2016) *National Evaluation of the Troubled Families Programme: Final Synthesis Report*, London, Department for Communities and Local Government.
- Epland, J. (2018) *Flere barn i husholdninger med vedvarende lavinntekt [More Children Living in Families' with Persistent Low-Income]*, Oslo, Statistics Norway.
- European Union Agency for Fundamental Rights (2018) *Combating Child Poverty: An Issue of Fundamental Rights*, Luxembourg, European Union Agency for Fundamental Rights.
- Fløtten, T. and Grødem, A. S. (2014) 'Helhetlige tiltak mot barnefattigdom: en kunnskapsoppsummering' ['Comprehensive programmes for reducing child poverty: a literature review'], *Fafo-Rapport 2014*:18, Oslo.
- Frazer, H. and Marlier, E. (2017) *Progress across Europe in the Implementation of the 2013 EU Recommendation on Investing in Children: Breaking the Cycle of Disadvantage*, Brussels, European Social Policy Network (ESPN), European Commission.
- Gugushvili, D. and Hirsch, D. (2014) 'Means-testing or universalism: what strategies best address poverty? A Review Contributing to Joseph Rowntree Foundation's development of an anti-poverty strategy', Loughborough, Centre for Research in Social Policy, Loughborough University.
- Gupta, S. K. (2011) 'Intention-to-treat concept: a review', *Perspectives in Clinical Research*, **2**(3), pp. 109–12.

- Gustavsen, K., Dalen, H., Meyer, S. K. and Haug, S. M. (2012a) 'Hortensia: I partnerskap for fattigdomsbekjempelse' ['Hortensia: in partnership to reduce poverty'], *TF-rapport no. 299*, Telemark, Telemarkforskning.
- Gustavsen, K., Van der Meij, R., Nilsen, H. J. and Braathen, H. (2012b) 'SIMBA: Sammen i innsatsen mot barnefattigdom i Drammen kommune', *TF-rapport 302*, Telemark, Telemarkforskning.
- Hayden, C. and Jenkins, C. (2014) 'Troubled Families' Programme in England: 'wicked problems' and policy-based evidence', *Policy Studies*, **35**(6), pp. 631–49.
- Hjelmar, U., Pedersen, H. S., Bolvig, I. and Wulff, J. (2017) *Helhedsorienteret indsats for udsatte familier: En analyse med udgangspunkt i erfaringer fra Furesø Kommune* [Comprehensive Effort for Vulnerable Families: An Analysis Based on Experiences from Furesø Municipality], Copenhagen, Det Nationale Institut for Kommuner og Regioners Analyse og Forskning.
- Kirkeberg, M. I. and Epland, J. (2016) 'Barnefamiliens inntekter, formue og gjeld 2004–2014' [Income, wealth and debt among families' with children 2004–2014], *Rapport 2016/11*, Oslo-Kongsvinger, Statistisk Sentralbyrå.
- Krumer-Nevo, M. (2016) 'Poverty-aware social work: A paradigm for social work practice with people in poverty', *British Journal of Social Work*, **46**(6), pp. 1793–808.
- Krumer-Nevo, M. (2017) 'Poverty and the political: Wrestling the political out of and into social work theory, research and practice', *European Journal of Social Work*, **20**(6), pp. 811–22.
- Lloyd, C., Wollny, I., White, C., Gowland, S. and Purdon, S. (2011) 'Monitoring and evaluation of family intervention services and projects between February 2007 and March 2011', *Research Report DFE-RR174*, London, Department for Education.
- Malmberg-Heimonen, I., Tøge, A. G. and Fossetøl, K. (2018) 'Program theory within policy-initiated interventions: The Norwegian low-income family study', *Journal of Evidence-Informed Social Work*, **15**(4), pp. 337–50.
- Malmberg-Heimonen, I., Tøge, A. G., Gyüre, K., Rugkåsa, M., Fossetøl, K., Bergheim, B. and Liodden, T. (2017) 'Research protocol: A cluster-randomised study evaluating the effectiveness of a skill-training programme for social work professionals for improving the follow-up of low-income families within Norwegian welfare services', *International Journal of Educational Research*, **86**(2017), pp. 59–65.
- Mantle, G. and Backwith, D. (2010) 'Poverty and Social Work', *British Journal of Social Work*, **40**(8), pp. 2380–97.
- Ministry of Children and Families (2015) *Barn som lever i fattigdom. Regjeringens strategi mot barnefattigdom 2015 – 2017* [Children Living in Poverty. The Governments' Strategy against Child Poverty 2015–2017], Oslo, Ministry of Children and Families.
- Morris, K., Mason, W., Bywaters, P., Featherstone, B., Daniel, B., Brady, G., Bunting, L., Hooper, J., Mirza, N., Scourfield, J. and Webb, C. (2018) 'Social work, poverty, and child welfare interventions', *Child & Family Social Work*, **23**(3), pp. 364–72.
- Munro, E. (2011) *The Munro Review of Child Protection*, London, The Stationery Office Limited.
- Parr, S. (2009) 'Family intervention projects: A site of social work practice', *British Journal of Social Work*, **39**(7), pp. 1256–73.

- Sayer, A. (2017) 'Responding to the Troubled Families Programme: framing the injuries of inequality', *Social Policy and Society*, **16**(1), pp. 155–64.
- Tøge, A. G., Malmberg-Heimonen, I., Liodden, T., Rugkåsa, M., Gyüre, K. and Bergheim, B. (2019) 'Improving follow-up with low-income families in Norway. What is new and what is already regular social work practice?', *European Journal of Social Work*, **22**, pp. 1–13. doi: 10.1080/13691457.2019.1602513.
- White, C., Warrener, M., Reeves, A. and La Valle, I. (2008) '*Family Intervention Projects: An evaluation of their design, set-up and early outcomes*', National Centre for Social Research, *Research report DCSF-RW047*, London, Department for Children, Schools and Families.