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SIGNAL

How do I implement successfully?

Guide for effective implementation of psychosocial interventions

itla Itsenäisyyden juhlavuoden lastensäätiö

Kasvun tuki Varhaisen tuen tietolähde

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Foreword

Mental wellbeing starts in childhood, through interaction with family and other close people. Peer and adult relationships in early childhood education, school and leisure activities contribute to development of child's self-esteem, identity, and life management.
Mental illness is always the result of the combined impact of internal and external factors. Especially when a child or young person faces mental illness, those close to them are a key resource for recovery and essential players in treatment. Psychosocial interventions can be used to prevent the risk of illness and support recovery or coping with symptoms.

Psychosocial support for children and young people, basic therapeutic interventions, i.e. brief therapeutic interventions, brief psychotherapy sessions and rehabilitative psychotherapy form a mutually complementary continuum. The goal is to shift the focus of mental health services from specialised psychiatric care to supporting children and young people's ability to function in everyday life. Quality and adequacy of resources are based on the effectiveness of treatment.

At the time of publishing this guide, we have been living in the shadow of the COVID-19 pandemic for the past three years. It has caused huge disruption to children's normal lives. Children, young people, and families have limited interaction with other people, and this is reflected both in the development of social skills and in frequent anxiety as social situations increase once again.

Some children have had extended and repeated absences from kindergartens or school. Children and young people's hobbies have been interrupted in some cases. This is evident in a decrease in wellbeing factors such as physical activity and an increase in risk factors such as loneliness.

These exceptional circumstances have also reduced the availability of many key services for children and young people, such as childcare and student welfare services. Extended absences from early childhood education, school, and leisure pursuits or shortfalls in child and family services particularly affect vulnerable children.

The COVID-19 crisis put a strain on parents and disrupted everyday family routines and the structures that sustain wellbeing. For some families, COVID-19 has meant increasing difficulties in making ends meet, an increase in parental substance abuse problems, or an increase in domestic violence.

For some families, the COVID-19 crisis is also reported to have had positive impacts, for example in terms of increased time spent together. Remote learning was also of benefit for some children, making it easier for them to concentrate on schoolwork than in the conventional classroom environment.

Overall, it seems that the COVID-19 crisis further increased inequalities in the wellbeing of children and young people in Finland. There is a great need for research-based, effective interventions to promote mental wellbeing, early support, and treatment.

The key to overcoming the COVID-19 pandemic was to build a comparative information base to support decision-making, to ensure evidence through broad collaboration and to lead with purpose. We need the same knowledge-based action and targeted multidisciplinary cooperation now to halt the trend towards inequalities in the wellbeing of children and young people. This guide provides you the steps to successfully accomplish that task.

The guide is timely and much needed. A key objective of the Future Health and Social Services Centres programme is to improve the use of evidence-based psychosocial treatments by primary health and social care professionals. The guide continues and, at its best, strengthens the work that has already been done in Finland for quite a long time.

Child and Family Services Reform (LAPE) in its various forms has been training and supporting the implementation of evidence-based psychosocial interventions for almost a decade — in collaboration with, among others, MIELI Mental Health Finland and Itla's Kasvun Tuki -resource activities. The National Mental Health Strategy 2020–2030 has been implemented as part of the Future Health and Social Services Centres programme. The aim is to shift mental health support further towards mental health promotion and prevention of mental health problems, while the treatment of mental illnesses is increasingly being shifted to the basic level.

National investments in basic (mental health) training for professionals working with children, young people, and families between 2020 and 2023 was substantial: €45 million has been earmarked for the implementation of therapeutic interventions. In addition to training in therapeutic interventions, thousands of training courses have been organised throughout the country with government funding from the Mental Health Strategy to increase the mental health skills of professionals who meet children and young people in their work, i.e. the ability to recognise a situation in which to refer a child or young person for receiving help.

Training in effective interventions alone is not enough to increase the effectiveness of the service system. Knowledge-based skills are also required to implement and maintain these interventions. Directors and managers need to understand what makes it easier and harder for knowledge to remain available after the project has ended.

This guide describes a wide range of issues that should be considered when planning training, ensuring skills maintenance or assessing the need for further training. The guide brings together international knowledge and the experience of Finnish developers.

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Introduction

This guide deals with the implementation of psychosocial interventions in social and health care services for children, young people, and families. We use the term psychosocial interventions to describe the whole continuum of psychosocial support for children and young people, basic-level therapeutic interventions, i.e. brief therapeutic interventions, brief psychotherapies, and rehabilitative psychotherapy. This guide is intended primarily for managers responsible for services for children, young people, and families in social and health care, as well as for developers, researchers and decision-makers interested in developing and enhancing skills in this field.

This guide can also be used by decision-makers in the field of education, civil servants, or managers in schools and early childhood education to increase their implementation skills, i.e. their ability to identify and overcome the obstacles often encountered in implementing and maintaining a psychosocial intervention. In addition, a person who works and applies the interventions in practice with clients can find elements that support their work.

The overall aim is to inspire and support all actors in the implementation process, with the goal of ensuring that children and young people have equal access to the best available support and care for their mental health, regardless of in which service they encounter challenges. A key sub-objective to achieve this is to improve the effectiveness of services and the capacity of staff to do evidence-based work. The operating environment as well as the implementation conditions it provides are therefore at the core of the guide.

Based on research, the guide explains the principles for implementing evidence-based psychosocial interventions in work with children and families. The guide can be read as a whole or one chapter at a time. When read as a whole, the guide can also serve as a process tool, where those in charge of child and family services can find information on the conditions and application of implementing and managing evidence-based practice (EBP).

The guide is an updated version of the implementation guide published by the Itla Children's Foundation (Kouvonen & Laajasalo, 2019). The structure and content have also been influenced by previously published international implementation guides. Above all, the outcome has been influenced by the Swedish National Board of Health and Welfare's guide (Socialstyrelsen, 2020) and the Norwegian guide Nasjonalt Utviklingssenter for barn og unge (NUBU, formerly Atferdessenter) (Gomez et al., 2014). The publications of both bodies, like this guide, aim to support and assist the implementation and realisation of evidence-based practice as intended.

It is also inspired by a number of international guides. These include The California Evidence-Based Clearinghouse for Child Welfare (CEBC) (Walsh et al., 2015) and the RAND Europe Research Institute (Mattox & Kilburn, 2017) implementation manuals. The JBI Manual for Evidence Implementation (Porritt et al., 2020) also has similarities with this guide.

The literature in the previous guide has been updated through a systematic literature search. The theoretical part is complemented by interviews with professionals who have implemented psychosocial interventions.

Chapters 1 and 2 present the material and methods used in the guide and discuss the national reference framework for implementing psychosocial interventions. Chapter 3 outlines the key concepts of evidence-based practice. Chapter 4 discusses implementation as a process. Chapter 5 presents implementation tips, i.e. matters to pay particular attention to during the implementation process.

The content of the guide has been influenced by many interviewees, and those who have commented on or written in the guide. In particular, we would like to express our thanks to the following people:
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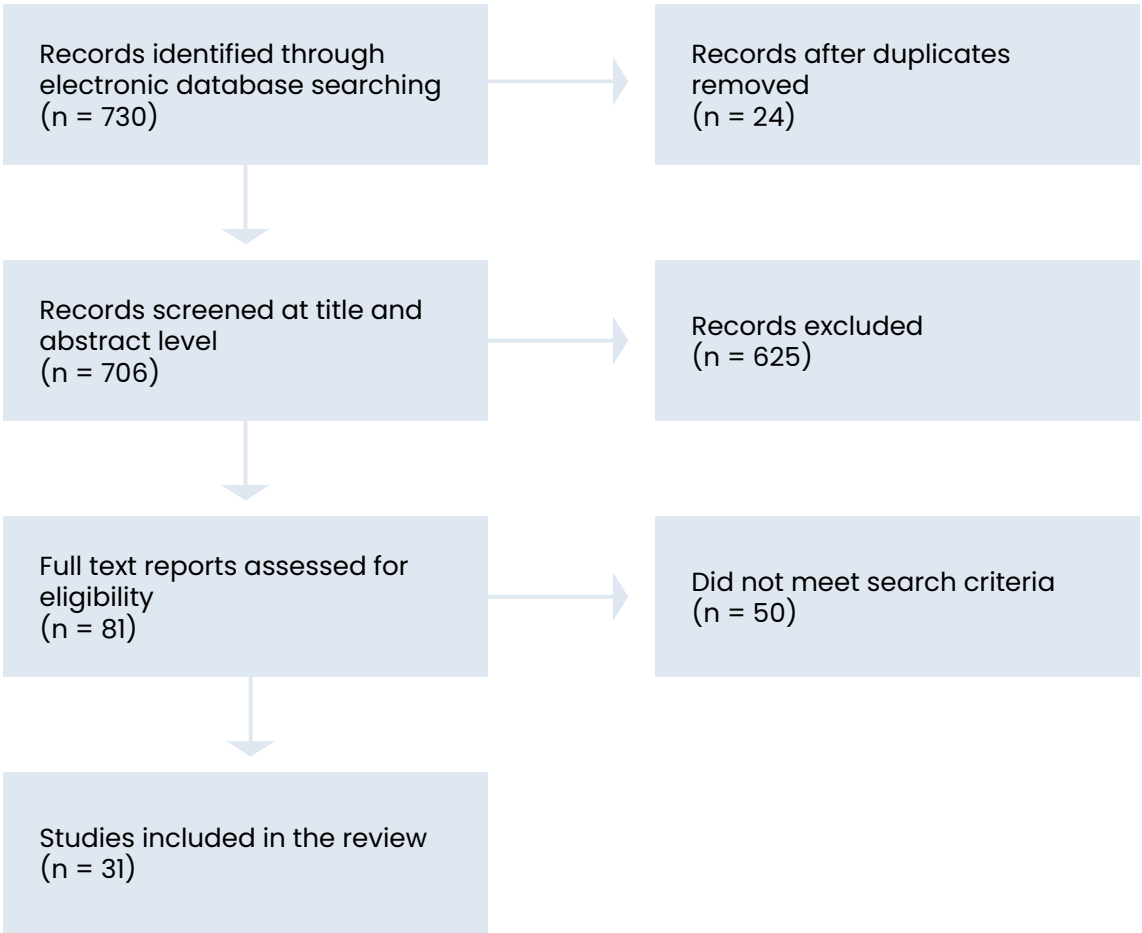
Professor Heleen Riper, Vrije Universiteit
Noora Seilo, Youth Physician, Viva Project Manager, Pirkanmaa Hospital District
Miia Ståhle, Regional Coordinator, THL
Hanne Kalmari, Senior Expert, THL

1. The material and methods of the guide

In this package, the previous implementation guide (Kouvonen & Laajasalo, 2019) has been updated with a new systematic literature search. Sources have also been sought using the snowball method, i.e. by searching for literature that has been referred to in speech or text during the process. The literature search was guided by the research question: *what is known about successful implementation in the context of social and health care in child and family services?* The plan for the review was created together with the project team before the review started and stored on the team's Teams platform.

The *population, concept, context* (PCC) strategy, typical of explorative literature reviews, was used to formulate the search strategy (Peters et al., 2020):
P = staff, families, organisations, municipal level, national level
C = implementation
C = Child and family services in social and health care.

Figure 1.
Flowchart on the selection of surveys (Page et al., 2021)



Search strategy and information sources

The literature search was carried out on 24 September 2021 as a systematic search in the following databases: PubMed/MEDLINE, Academic Search Premier, CINAHL, ERIC, Political Science Complete, APA PsycInfo, SocINDEX and Social Science Database. The keywords were formed according to the PCC strategy and the two sub-sections of PCC were combined: 1) implementation (Mesh terms and free word search) and 2) context, i.e. child and family services in social and health care (Mesh terms and free word search). Search phrases and selection criteria are available from the authors.

Selection of studies

The search strategy resulted in a total of 730 references. After removing duplicate, 706 references remained. After going through the title-abstract level, 81 references remained, from which the full texts were read. After reviewing the full texts, 31 articles were chosen for the handbook. Search progress is described in the flowchart (Figure 1). Studies were selected on the basis of inclusion and exclusion criteria defined in advance by the project team. The studies were selected using the Covidence software (implemented by one reviewer and reviewed by another).

Material for practical examples

The practical examples in the videos and text of this guide are brought to you by the Itla Children's Foundation and the development or research work of key national actors, or both. These have aimed to illustrate the implementation of evidence-based psychosocial interventions in Finland. There are also a few examples from the services and decision-making side.

2. National reference framework

The most important external factor driving the implementation of psychosocial interventions is the historic service and structural reform of social welfare and health care (the health and social services reform) that took place at the time of writing this guide. The reform shifted the responsibility for organising social welfare and health care services for children, young people, and families from the municipalities to wellbeing services counties. Substantively, this was supported by funding from the Mental Health Strategy as part of the nationally implemented Future Health and Social Services Centres programme which aims to improve, among other things, timely availability, equality, and the effectiveness of services. As part of the Future Health and Social Services Centres programme Child and Family Services Reform (LAPE) for 2020–2024 and the Sustainable Growth Programme for 2023–2025, the content and operating models of services for children, young people, and families will also be developed. This development work was already paved in the previous government's regional projects under the LAPE reform programme.

One of the key objectives of the Future Health and Social Services Centres programme is to improve the use of evidence-based psychosocial interventions by professionals in primary health and social services. This reform of the social and health care system has given a good, external impetus to the implementation of psychosocial interventions in wellbeing services counties.

With the health and social services reform, responsibility for the organisation of all social welfare and health care services was shifted to 21 wellbeing services counties and the City of Helsinki on the first of January 2023. This shift can be seen and heard in the video examples in this guide and in the chapters that accompany them. The implementation examples illustrate the steps of the implementation process that have been carried out as part of the Future Health and Social Services Centres programme projects.

National Mental Health Strategy

The National Mental Health Strategy (2020–2030) has been implemented as part of the Future Health and Social Services Centres programme projects. The implementation took place at the time of writing this guide. Driven by the strategy, wellbeing services counties have widely implemented psychosocial interventions aimed at facilitating improved and more flexible mental health support for young people.

Two key interventions that have been implemented as part of the National Mental Health Strategy are the Interpersonal counseling for adolescents (IPC-A) and Cool Kids.

- Interpersonal counseling for adolescents IPC-A is a brief, client-centred approach to depression and its prevention. The background to IPC comes from interpersonal psychotherapy (IPT). IPT was developed by Gerald Klerman and Myrna Weissman in 1969, when it was known as interpersonal psychotherapy. It was originally an intervention of treating depression in adults. In 1983, Klerman and Weissman developed a shorter version of the IPT, the IPC. (Weissman, 2006; Weissman et al., 2014) A pilot study on the suitability of the intervention for Finland has been carried out earlier. The effectiveness and cost-effectiveness of IPC-A's introduction in Finland is currently being studied as part of the IMAGINE research consortium https://stn-imagine.fi/, funded by the Strategic Research Council of the Academy of Finland. The research consortium started work in January 2023, and the research will be carried out in cooperation between THL, the Universities of Helsinki, Kuopio, and Tampere, and Itla. (Linnaranta et al., 2022; Terveyden ja hyvinvoinnin laitos [THL], 2022.)

- Cool Kids is an intervention for the prevention and early treatment of anxiety disorders (7-17 years old) (Lyneham et al., 2003; Rapee et al., 2006a; Rapee et al., 2006b). The Cool Kids intervention was developed in Australia at Macquarie University. It is based on a cognitive-therapeutic behavioural theoretical framework. It is an intervention with a strong evidence base and has been assessed by Kasvun Tuki as having moderate applicability. Read more here: Cool Kids – Kasvun Tuki .

The implementation of youth psychosocial interventions was initiated under the guidance of the Ministry of Social Affairs and Health as part of the national development work on early interventions, which has now been merged into the overall national development work. The aim of the national development work is to improve the availability of brief therapeutic treatments among young people in Finland. Furthermore, the aim is also to combine collaboration between basic level social and health services and specialist health care professionals, access to effective care, the use of research, and early phase interventions.

Child and Family Services Reform

The implementation of the Child and Family Services Reform (LAPE) started during Prime Minister Juha Sipilä's 2016–2019 term. This has been continued in the 2020s, in line with the government programme adopted under Prime Minister Sanna Marin, when the government programme "Inclusive and skilled Finland – a socially, economically and ecologically sustainable society" was adopted in 2019. The programme focuses on developing family centres and early support for children, young people and families in everyday life, as well as low-threshold mental health and sub-

stance abuse services for children and young people, and multidisciplinary child protection.

The LAPE reform is being implemented as part of the Future Health and Social Services Centres programme. At the time of writing this guide, the implementation of the reform and support for implementation is coordinated by THL.

Kasvun tuki -resource

Since 2014, Kasvun Tuki -resource has been actively working to integrate evidence-based psychosocial interventions into services for children, young people, and families in Finland. A key objective of the work is to ensure that the best possible skills are equally available and used throughout the country.

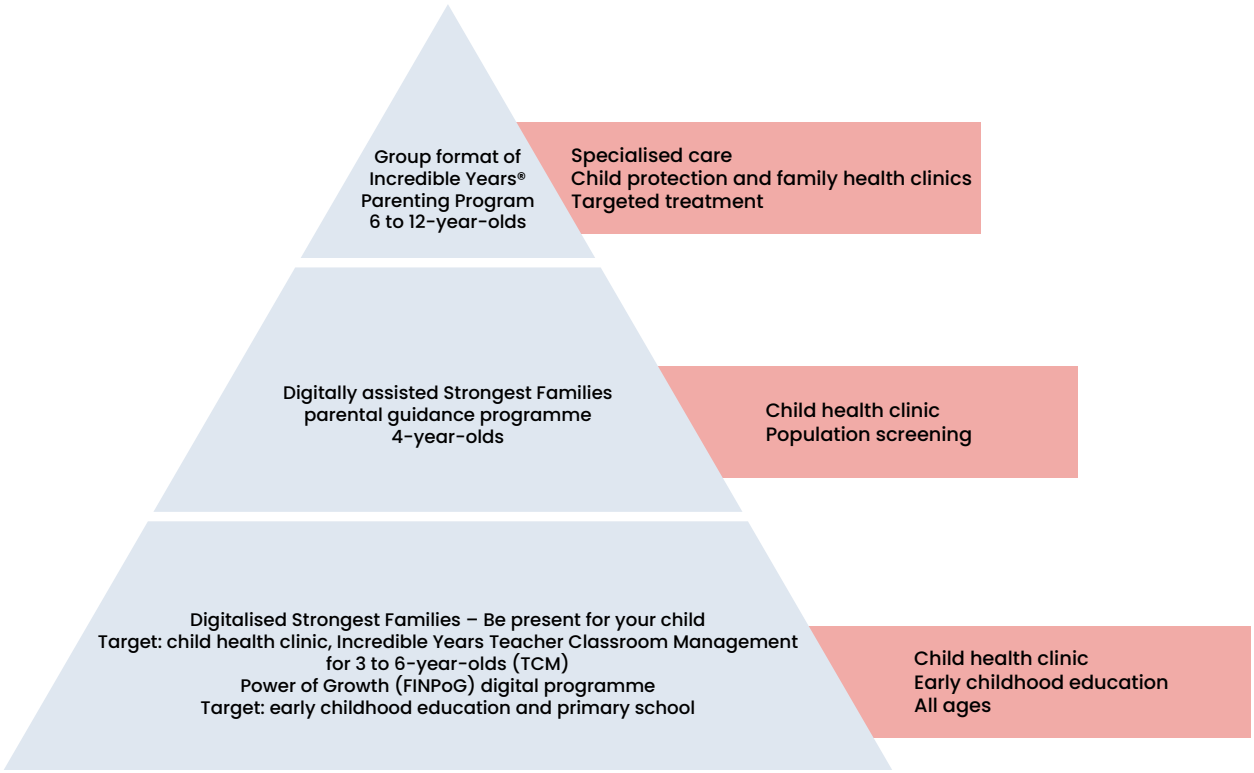
This work is guided by the need to strengthen strong methodological and implementation skills in services for children, young people, and families and to promote evidence-based guidance at the national level. Kasvun Tuki is part of Itla.

From the outset, Kasvun Tuki has been linked to supporting the key objectives of the social and health care reform, such as ensuring equal and high-quality social and health services for all citizens. The evaluation work on psychosocial interventions started back in 2014 in the context of the Kasvun Tuki activities. In 2017–2018, interventions with strong or moderate evidence were disseminated as part of the Child and Family Services Reform.

The implementation skills have since been deepened and expanded as part of the implementation of the National Mental Health Strategy and the Future Health and Social Services Centres programme, as well as the Master's programme in Social and Health Research and Management at the University of Helsinki.

Since 2020, Itla has supported the purveyor organisation activities of the Research Centre for Child Psychiatry at the University of Turku in order to develop a model for the identification and early intervention for the families with children who have behavioural problems. The collaboration has focused on the implementation of group-based parenting support and its research (focus on the development and implementation of the Incredible Years parenting programme and group management method). The collaboration relates to the purveyor provision of evidence-based psychosocial interventions ("intervention support").

Figure 2.
Developing a model for the identification and early intervention of behavioural problems in children



Source:University of Turku, Research Centre for Child Psychiatry

As part of the collaboration, criteria for strong purveyor organisation activities have been defined (Kouvonen & Kurki, 2020). The Research Centre for Child Psychiatry has developed the so-called triangular model for the identification and early interventions for children's behavioural problems, which has been promoted by Kasvun Tuki for national implementation. The model provides a new tiered service entirety in the service system, based on research evidence, to prevent behavioural problems and provide early population-based targeted and specialist treatment (Figure 2). The development of the service package is based on several research projects carried out at the Research Centre for Child Psychiatry (Academy of Finland Strategic Research Council funding APEX 2016-19, Academy of Finland Lippulaiva (*Flagship*) funding INVEST 2019 and ERC Advanced Grant Digiparent research project 2022 – and several international epidemiological research projects).

The first level of the tiered model is a universal, digital parenting intervention (Strongest Families – Be Present), which is offered to all parents of children aged 3–6 through the child health clinic. Prevention of behavioural problems must account for the wider developmental environment of the child. Therefore, the first level will also support early childhood and primary school professionals with the Incredible Years Teacher Classroom Management (TCM) group management method. Strongest Families – The Power of Growth is a digitally-assisted training intervention implemented for early childhood education professionals.

The second level is based on the screening and identification of behavioural problems in the 4-year-old population. Risk groups are offered a targeted, individualised, digitally assisted Strongest Families parenting programme through the child health clinic. This intervention has a strong track record of effectiveness (Sourander et al., 2016; 2018). The Strongest Families model has been implemented in Finland since 2015, and a national implementation study has been included. (Sourander et al., 2022). The model is implemented centrally from the Research Centre for Child psychiatry. Trained coaches deliver the intervention offering weekly family coaching over the phone. Parents have access to the programme website to help them practice skills. The programme lasts about three months and includes 10 coaching phone calls. The effect of the programme is assessed based on surveys that will be conducted at baseline (i.e. before the programme starts) and immediately after completing it. Follow-up assessments will be conducted after 6, 12, 24 and 48 months of the baseline.

At the third level, the Incredible Years parenting programme is offered to parents of children aged 6–12 years in specialised child psychiatry outpatient clinics, child protection and family counselling services, among other forms of care, in a targeted group format. Parenting groups aim to promote positive parenting interventions that have been proven effective and to help parents deal with behavioural problems of their children. Group care also includes individual support for families. It is suitable for specialist care because it is easier to motivate the parents and engage them in the programme when parenting challenges are perceived to be high. Peer support is particularly useful.

- Read more here: The Incredible Years Parenting group – Kasvun Tuki, The Incredible Years group management intervention – Kasvun Tuki
- Read more here: Strongest Families – Kasvun Tuki

The aim is that the triangular model developed to support behavioural problems can inspire the development of intervention support for those with regional responsibility for maintaining intervention competence in accordance with Government Decree 582/2017 on the Division of Duties in Specialised Health Care.

The triangular model and the accompanying implementation support can serve as a benchmark for the wellbeing services counties as to what sort of structures can support the implementation of the intervention in the future. Without a strong purveyor organisation, the intervention risks being left as being the responsibility to a greater extent to regional actors.

A key aim of the Future Health and Social Services Centre programme is to improve the use of evidence-based psychosocial interventions by professionals in primary health and social services.

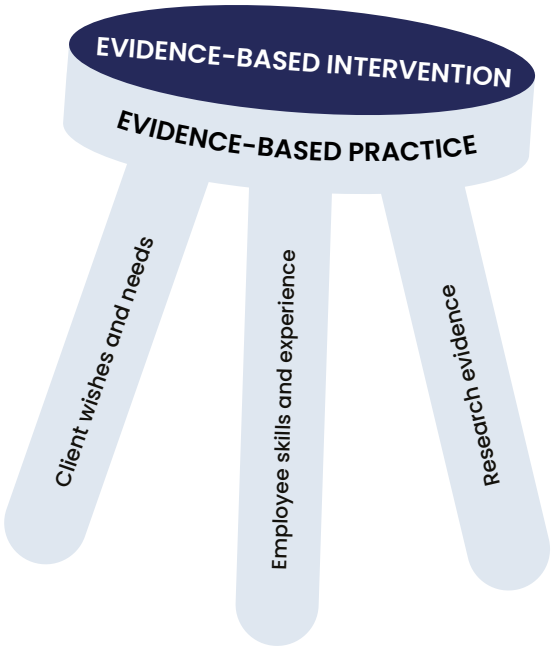
3. Evidence-based practice

Over the past decades, child and family services around the world have begun to promote **evidence-based practice** (EBP) on a large scale. The term refers to the considered use of the best available scientific evidence in decisions concerning, for example, a child or family who is a client of social and health services.

By using research evidence, the aim is to reduce the risk that **resources are spent on low-impact, ineffective, or even harmful practices**. From an ethical perspective, the client should always receive support and help that are based on the best possible knowledge. Help should be essentially the same, regardless of where it is provided and by whom.

Evidence-based practice in health and social care client work is illustrated by the stool metaphor. Evidence-based clinical decision-making and action rests on three legs like a stool. Evidence-based decision making can only be successful by systematically considering all three sub-areas: the client's preferences and needs, research evidence and professional's skills and experience of the employee. (Sackett, 2000). The environment in which the activity takes place must also be accounted for (*Nursing Research Foundation [Hotus], 2023; Lockwood et al., 2020*). It is therefore important that the professional has the flexibility to make choices based on the client's preferences and needs, as well as his or her own experience and knowledge. Evidence-based practice can be described as combining the best available research knowledge with clinical expertise in the context of the client's special characteristics, culture, and choices to achieve the desired outcome. (Drisko & Friedman, 2019; Haynes et al., 2002; Vainikainen, 2009).

Figure 3.
The three strands of evidence-based practice.



TAINA LAAJASALO
Evidence-based practice

In addition to the above, decisions in the field are naturally influenced by the resources available and national legislation.

Identifying and selecting the most effective interventions based on research evidence to address existing challenges is an essential part of evidence-based practice. The implementation of the intervention, i.e. putting the intervention into practice, and all the activities involved in sustainment the practice, is another key part of evidence-based practice.

Interventions for the prevention and treatment of the most common mental health problems in children and adolescents are now available, and there is evidence of their effectiveness. This guide (Table 1 below) identifies the bodies in Finland responsible for evaluating the effectiveness of interventions on the basis of evidence. These bodies bring together and summarise this information for use by the service system. This summarised information can be used by decision-makers and those responsible for organising and funding services to make decisions on the implementation of the intervention.

Achieving the effectiveness and equality objectives of the Future Health and Social Services Centres programme would require a commitment by all decision-makers in the service system at national, regional, and local level to use evidence-based interventions as a matter of priority. In the future, we will also need better skills and the ability to recognise when an intervention is not suitable for a particular operating environment or sub-group. In such situations, it is common to start modifying the intervention. However, modifying an intervention would always require that the new version of the intervention is well described and that the evidence of effectiveness of the intervention in this modified form is re-evaluated before it is put into real-life practice.

3.1. Evidence-based practice in social work

In health care, research evidence has been a key practice driver for several decades (evidence-based approach) (Jordan et al., 2019). In other sectors, such as the social sector, the approach is newer. The social sector also currently lacks a centralisation regulation for evidence-based psychosocial interventions used in work with children and young people.

As the implementation of EBP requires a change in traditional professional practices, active data search and analysis, the approach has also attracted criticism from some social and health policy makers, developers, and practitioners. Some of the opposition has been based on erroneous and outdated notions about the nature of evidence-based practice. This is partly because professionals may be unclear about what is meant by evidence-based practice in the first place. (Finne, 2021; James et al., 2019; Lilienfeld et al., 2013; Manuel et al., 2009; Scurlock-Evans & Upton, 2015). This in turn may have led to an emphasis on examples that professionals consider to work, but for which the degree of evidence is unknown, rather than on evidence. (Thyer & Pignotti, 2011).

However, evidence-based practice is not the opposite of functioning practice. For example, evidence-based practice does not diminish the importance of the client encounter, the effectiveness and quality of the therapeutic alliance, or dialogue in client work. Without observing, listening and asking questions, it is impossible for a professional to form an idea of the problem or challenge that the therapeutic alliance is trying to solve.

Evidence-based practice also does not stifle the development and evaluation of interventions for which research evidence has not yet been gathered. It is natural that not all interventions have enough evidence to begin with. However, at the very least, the intervention should be theoretically justified. If interventions that have not yet been proven to be effective are used in client work, both the worker and the client should be aware of the limitations of the knowledge base.

Yunong and Fengzhi, who studied evidence-based practice in social work (2009) have found that social work is generally not opposed to evidence-based practice if the work feels appropriate. Based on the data they studied, three pre-determinants contributed to successful implementation. 1) the existing evidence must be relevant to the social worker, 2) the practitioner must have sufficient competence in relation to the research evidence, and 3) the practice provided must be economically superior to the normal practice.

The knowledge and understanding about child growth and development is continuously increasing. New working interventions and innovations are needed, but before widespread dissemination, there should be at least preliminary research evidence of the effectiveness and usefulness of the practices.

3.2. Key concepts in evidence-based practice

Table 1 shows the concepts related to evidence-based social and health care and implementation that are used in Finland and internationally. The table also shows which actors in Finland (for example) implement the different stages of evidence-based social and health care. The terminology in both Finnish and English is constantly evolving, and there are several terms in use in the industry at the same time for the same thing. Examples of this are implementation and establishment. (Hotus, 2023; Kouvonen & Laajasalo, 2019; Lindholm & Laitila, 2022; Sipilä et al., 2016). This guide mostly uses the term implementation.

3.3. Evidence synthesis

Evidence-based action requires that information is condensed into evidence and made available to professionals and other actors (Hotus, 2023; Jordan et al., 2019; Munn et al., 2018).

The process of summarising data follows a number of well-defined steps: 1) a comprehensive and systematic search for studies on the subject, 2) a critical assessment of the methodological quality of the studies and the risk of bias, and 3) a summary of results judged to be reliable. To keep the evidence up to date, the information search should be updated regularly and, where necessary, the evidence summarised on the topic should be updated in light of new information. (Hotus, 2023; Jordan et al., 2019; Jylhä et al., 2019)

When assessing the effectiveness of interventions and causal relationships, research methods, and settings can be arranged in a hierarchical order. The most robust evidence for the effectiveness of intervention is thought to come from high-quality systematic reviews and meta-analyses, as well as *randomised controlled trials* (RCTs).

Different types of research questions require different research designs. It is not always possible to design and conduct randomised controlled trials. Intervention research uses qualitative research methods alongside quantitative methods to understand the mechanisms of effectiveness. Qualitative research designs are also the right choice for understanding experiences or improving usability (Lockwood et al., 2020).

Increasingly, settings combining different types of research methods are also being used, in order to account for the complexity of interventions and contexts more comprehensively than before. This will provide more detailed information on the mechanisms of effect and the interaction between the different sub-factors of the interventions.

FACT BOX

What does legislation say about evidence-based practice and evaluation of effectiveness?

With the service and structural reform of social welfare, health care, and rescue services (health and social services reform), the responsibility for organising child and family services in social welfare and health care was entirely transferred away from the municipalities on 1 January 2023.

The reorganisation will also affect some laws in the future. It is likely that, at least at the conceptual level, a review will be necessary. The following is a list of some of the laws and social and health service reform issues that have an impact on the implementation of evidence-based practices.

- The Act on the Functions of Wellbeing Services Counties (612/2021, §8) states that the management of social welfare and health care in a wellbeing services county must include multidisciplinary expertise that supports the provision of high-quality and safe services, cooperation between different professional groups and the development of treatment and operating practices.
- According to the Health Care Act (1326/2010, § 8), the provision of health care shall be based on evidence and recognised treatment and operational practices.
- In wellbeing services counties, evidence-based practice must be disseminated to municipalities, as the Health Care Act (§ 36) stipulates this for municipalities of health care districts. In the context of the health and social services reform, the joint municipal authorities of hospital districts and special care districts will be transferred to the wellbeing services counties directly by law, i.e. their assets, responsibilities, and obligations will be transferred to the wellbeing services counties. This also applies to those municipalities of the hospital district which, in addition to their specialised health care tasks, also perform primary health care tasks in the region. The Health Care Act (1326/2010) also stipulates that health care must be of high quality, safe, and properly implemented.
- The Decree on the Centralisation of Specialised Health Care (582/2017, §4) states, among other things, that the five university hospitals must ensure the planning and coordination of the regional system for the assessment and maintenance of competence in psychotherapeutic and psychosocial interventions.
- After the reform of the Social Services Act, the definition of social work (§5) also states that "social work means client and expert work in which a package of social support and services is built up to meet the needs of the individual, family or community, coordinated with the support provided by other actors, and its implementation and effectiveness is guided and monitored". Evaluation of effectiveness is therefore included in the legal definition of social work, but there is no further definition of how to measure or monitor it. There is also no centralisation regulation for social care.

The National Mental Health Strategy and Suicide Prevention Programme 2020–2030 aims to improve access to psychotherapies and preventive psychosocial interventions and to strengthen cooperation between different levels of medical care to support their implementation.

The aim of Child and Family Services Reform (LAPE) is to develop the conditions for early support, well-being and learning and to stop the development of inequalities (Ministry of Social Affairs and Health [STM], 2020). The LAPE reform was already launched during Prime Minister Sipilä's term of government (2015–2019), during which Itla together with MIELI Mental Health Finland disseminated nationally four interventions that had received strong or moderately strong evidence in the Kasvun Tuki assessment (kasvuntuki.fi). The implementation of the LAPE reform will be carried out during the current term of Sanna Marin's government as part of the Future Health and Social Services Centres programme.

Table 1.
Key concepts of evidence-based practice and implementation

Term	Definition	Key stakeholders in Finland
Evidence synthesis (Hotus, 2023; Jordan et al., 2019; Munn et al., 2018)	Researchers and experts summarise the research data and draw conclusions based on such. The process of summarising data follows a number of well-defined stages, such as (1) a comprehensive and systematic search for relevant studies, (2) a critical assessment of the methodological quality of the studies and the risk of bias, and (3) a summary of results that are deemed to be reliable. To keep the evidence up to date, the information search should be updated regularly and, where necessary, the evidence summarised on the topic should be updated in light of new information. (Hotus, 2023; Jordan et al., 2019; Jylhä et al., 2019)	- Families with children, young people: Itla's Kasvun Tuki (kasvuntuki.fi) - Nursing Research Foundation (hotus.fi) - Käypä hoito (kaypahoito.fi) - Ministry of Social Affairs and Health (STM) / Service selection (palveluvalikoima.fi)
Evidence transfer (Hotus, 2023; Jordan et al., 2019; Munn et al., 2018)	Evidence is disseminated, communicated and made available through both passive (e.g. publishing a care guideline) and active (e.g. training staff, integrating evidence into systems used by staff) methods. (Hotus, 2023; Jordan et al., 2019)	- Families with children, young people: Itla's Kasvun Tuki (kasvuntuki.fi) - Nursing Research Foundation (hotus.fi) - Käypä hoito (kaypahoito.fi) - Ministry of Social Affairs and Health (STM) / Service selection (palveluvalikoima.fi) - National Institute for Health and Welfare (thl.fi) - Collaborative areas for healthcare and social welfare / tasks according to the University Hospital Decree 582/2017, §4 on the centralisation of specialised health care - Wellbeing services counties - Municipalities - Private and third sector
Evidence implementation (Hotus, 2023; Jordan et al., 2019; Porritt et al., 2020)	Composed of activities that aim to engage key stakeholders to base decision-making and development work on evidence, and to engage them in continuous improvement of quality and consistent evidence-based practices. The key elements in the implementation of the evidence consider the context, supporting change, and evaluating processes and outcomes. (Hotus, 2023; Jordan et al., 2019; Jylhä et al., 2019) Identifying and helping to overcome barriers to the application of new knowledge (Kouvonen & Laajasalo , 2019; Porritt et al., 2020; Sipilä et al., 2016).	- Collaborative areas for healthcare and social welfare / tasks according to the University Hospital Decree 582/2017, §4 on the centralisation of specialised health care - Wellbeing services counties - Municipalities - Private and third sector

Term	Definition	Key stakeholders in Finland
Establishment of evidence/intervention/ procedure (Hotus, 2023.)	Evidence implementation is an active practice aimed at implementing a consistent evidence-based practice or policy into the normal practice of an organisation, action unit, or work unit. As an essential part of consolidation, it includes monitoring and evaluating the implementation of a coherent practice (whether and how it is implemented), staff commitment and the results achieved by the practice. (Hotus, 2023.)	- Collaborative area for health-care and social welfare / tasks according to the University Hospital Decree 582/2017, §4 on the centralisation of specialised health care - Wellbeing services counties - Municipalities *Support structures for evidence consolidation include, e.g.* - Families with children, young people: Itla's Kasvun Tuki (kasvuntuki.fi) - Nursing Research Foundation (hotus.fi) - Käypä hoito (kaypahoito.fi) - National Institute for Health and Welfare (thl.fi) / mental health services
Implementation research (Esmail et al., 2020) *Implementation science* (Esmail et al., 2020; Porritt et al., 2020) *Implementation theory* (Esmail et al., 2020)	Explore how to implement evidence. Describe the implementation processes and the factors that generally influence the adoption of interventions or policies. Examples of implementation frameworks include EPIS (Aarons et al., 2011; Moullin et al., 2019), Knowledge-to-Action (KTA) (Graham et al., 2006) or PARiHS (Kitson et al., 1998).	- Universities - Strategic Research Council (STN) research projects (aka.fi/ strategic-research/), e.g. YOUNG programme / IMAGINE

It is useful for professionals to follow research in their field alongside the work. In practice, this is very challenging unless reliable information is available in a concise, easily accessible format. In Finland, this need is being addressed by

- Kasvun Tuki resource
- Hotus treatment recommendations®
- Käypä hoito recommendations
- Council for Choices in Health Care in Finland (COHERE Finland)
- Guidelines and recommendations of the National Institute for Health and Welfare (THL).

FACT BOX

You can reflect on your own capacity for evidence-based practice with the following questions (partly based on the Evidence Based Practice Process Assessment Scale [Rubin & Parrish, 2009]).

How well do the following statements apply to your situation?

1. I am confident in my ability to find the best possible research-based information and to use it as the foundation for my decision-making.
2. I know how to find systematic reviews, recommendations, and evaluation information on working interventions.
3. I know what I need to focus on when I make decisions, in addition to the results of the research.
4. I understand what is meant by research-based recommendations.

If you want to strengthen your knowledge on the above issues, you should consult the website kasvuntuki.fi in addition to this guide.

3.4. Dissemination and implementation of evidence

Information on psychosocial interventions can be disseminated in many different ways. Evidence is disseminated, communicated and made available through both passive (e.g. publishing a care guideline) and active (e.g. training staff, integrating evidence into systems used by staff) methods. (Hotus, 2023; Jordan et al., 2019.)

In Finland, for example, the Kasvun Tuki website, the Nursing Research Foundation or Duodecim's Current Care Guidelines offer evidence-based support structures in addition to summarised research data. These include training courses, such as those organised by Itla's Kasvun Tuki in cooperation with the Child and Family Services Reform (LAPE) and the National Mental Health Strategy. Dissemination and implementation of evidence is always a two-way process.

3.5. Implementation of evidence

Implementation is a goal-oriented activity aimed at putting an intervention into practice as a process that is as seamless as possible. This includes identifying and addressing any barriers or slowdowns, as well as factors that may impede the implementation of the intervention, in order to enable the most seamless transition possible. (Sipilä et al., 2016). The implementation of psychosocial interventions for children and young people should be planned in such a way that, if the conditions for implementation exist, it takes place in primary services, schools, early childhood education and all other arenas in which children and young people are found. The dissemination of evidence essentially involves those who fund and develop the interventions. When disseminating and deploying the evidence, it would be good to consider the potential for implementation in advance. Implementation research can be utilized to assess how successful the implementation is. (Sipilä et al., 2016).

Only in recent years has there been interest in implementing psychosocial interventions in Finland, which is partly reflected in the design of national programmes. So far, the research is not automatically linked to the implementation of national programmes, which could indeed well be a future development. Such research would provide important information on implementation and its prerequisites. For the time being, projects must apply for separate funding to carry out an implementation study. In Finland, this has been done using funding provided by the Strategic Council, for example, so that implementation of intervention within the framework of the National Mental Health Strategy could be planned to be studied as part of the YOUNG programme launched in 2022.

3.6. Fidelity and adaptation

Fidelity refers to the extent to which the intervention remains as designed when used under natural conditions. Fidelity is a broad concept, under which several terms describing aspects of fidelity (e.g. adherence, integrity) fall, and the terms are often used interchangeably in practice. (Carroll et al., 2007; Ehrling, 2014; Gearing et al., 2011). Adherence refers to the professional's reliance on a particular intervention without borrowing elements from elsewhere, and integrity refers to the minimum level of execution. In this publication we talk about fidelity, by which we mean the extent to which the elements of an intervention that have proven to be effective are present in the field and how well the intervention adheres

to the intended form. (Power et al., 2022). Numerous studies show that interventions for children and families transform and change in the field (Durlak & DuPre, 2008; Ringwalt et al., 2003).

The most typical changes in fidelity reported in the literature relate to changes in the order, duration or emphasis on components of interventions, modifications to the content of training, the addition of materials that are not part of intervention, and changes related to cultural and language characteristics (Barnett et al., 2019; Okamoto et al., 2014).

NANNE ISOKUORTTI
Fidelity

PETRA KOUVONEN
Adaptation

Adaptation is influenced by factors at the individual (client or professional), organisational and service system level. At the individual level, transformation can mean, for example, a situation where the professional applying the intervention finds it or part of it difficult or unnecessary. In this case, they are more likely to edit and make structural changes to the intervention (Barnett et al., 2019; Kim et al., 2020; Lau et al., 2017; Regan et al., 2017). In the field of family services, changes related to organisational needs may involve, for example, shortening or modifying the duration of the intervention. (Aarons & Sommerfeld, 2012; Lämsä et al., 2021).

Changing interventions is not automatically a bad thing and can sometimes even increase the effectiveness of the intervention and assist with the implementation (Ament et al., 2017; Durlak & DuPre, 2008; Hickey et al., 2018). However, there should be an awareness throughout the organisation that the changes made may reduce the effectiveness of the intervention - especially if they affect the so-called core elements of the intervention (core elements).

Research has not identified the core elements of many interventions, i.e. the key elements for effectiveness. This should be one of the key objectives of the intervention (Abry et al., 2014; Fixsen et al., 2013). Any changes must therefore be well-founded, aiming at adaptation rather than a drift away from the core factors. (Aarons et al., 2012; Massatti et al., 2008).

Today, we talk about the balance between flexibility and fidelity (flexibility within fidelity). This means careful implementation of the key elements of the intervention that are most important for its effectiveness, but also judicious adaptation where this is necessary in the local context to ensure customer engagement and uptake. (Akin et al., 2017; Kendall et al., 2008).

Typically, this may be a need for cultural adaptation. The need for cultural adaptation may arise from the experience of professionals when using the intervention in a different cultural context from their own. In this case, cultural adaptation means adapting the intervention to fit the client's culture without forgetting the core elements of the intervention (Barnett et al., 2019; Källström & Grip, 2019; Regan et al., 2017).

Interventions often spread from one target group or context of use to another. For example, an intervention originally developed for social and health services may be introduced in early childhood education and schools or used by a wider range of age groups. Evaluation and monitoring must ensure both the effectiveness and applicability of the interventions when they are transferred for use with different client groups, different problems or different services.

The organisation should therefore identify the assessment of fidelity as one of the core elements of quality monitoring. It supports effective implementation and helps to understand the challenges of implementation (Barwick et al., 2020; Sanclimenti et al., 2017). The further one moves away from the context and purpose in which effectiveness was originally established, the more care must be taken to ensure that the intervention is effective also in the new environment. (Aarons et al., 2017).

> *Implementation is goal-oriented action, through which an intervention is put to practice in an as seamless process as possible.*

4. Implementation as a process

Implementation of evidence-based practice is commonly described in the literature as a 4–6-stage process. The process usually starts with the definition of the objective and continues through the design phase, the implementation of the programme or intervention and the sustainment of it (Fixsen et al., 2009). Taking steps to implement evidence-based practice does not guarantee the desired outcome, but it does increase the likelihood of achieving the objectives.

Specific implementation conditions

Organisation's state of readiness

Implementing evidence-based practice does not happen in a vacuum. The organisational readiness has a major impact on success. The state of readiness can be described in terms of people's characteristics, such as their willingness and ability to change (Weiner, 2009; Weiner et al., 2008). The concept has also been used to describe the cognitive processes through which people come to change. (Armenakis et al., 1993; Armenakis & Fredenberger, 1997).

Today, readiness is increasingly understood as the conditions for change created by the management of an organisation (Vaishnavi et al., 2019). The conditions created by management are key to successful implementation (Patri et al., 2021). In addition, the context, such as the size of the organisation, can influence the success of implementation strategies. Implementation strategies refer to techniques or activities that target implementation support to some specific implementation mechanisms, or a systematic process of introducing an evidence-based intervention into routine care. (Powell et al., 2012; E. K. Proctor et al., 2013). For example, larger actors may have better resources to implement the intervention independently, while smaller actors may need additional support to implement it. (Regan et al., 2017). On the other hand, the opposite scenario may also be possible.

The key in the state of readiness is the organisation's understanding of the problem or challenge that the transformational work is trying to address. In this context, the organisation refers to the community that is targeted by the implementation of evidence-based practice. This could be a wellbeing services county, a municipality, or a private sector service provider. Another characteristic of communities is that they are always made up of individuals.

The ability for change is influenced by factors such as the individual's capability, the opportunities available, and motivation. Individuals can also influence each other's attitudes to change. The best-known model to illustrate this is the S-curve of Everett Rogers (1962/2003). It illustrates how getting the critical mass of individuals behind the change effort is a prerequisite for achieving change.

Normalisation process theory is an example of a theory developed to interpret the barriers and drivers affecting the implementation of complex interventions. (May, 2006). The analysis of normalisation process theory focuses in particular on the actions of actors and the localisation and interpretation of the mechanisms of change that occur in them. A NoMAD tool has therefore been developed for management to monitor its uptake. (Finch et al., 2015.) NoMAD aims to evaluate, guide, and monitor the implementation of evidence-based practices.

FACT BOX

NoMAD Survey

NoMAD aims to focus on the processes that have an impact on the implementation of the intervention. It also helps to understand the dynamics of introducing a new intervention. Itla has translated the NoMAD survey into Finnish and provides a channel to support employees in adopting and implementing the new intervention. At the time of writing, validation of the instrument in Finland was still ongoing.

The survey will help to build up a picture of the impact of the intervention on practical work and the expectations of employees regarding the integration of the intervention into their work routines.

The survey can be used at different stages of implementation and for different purposes, such as

1. comparisons at different points in time: do employees' views change over time?
2. Identify the areas where improvement will contribute to successful implementation.

Implementing evidence-based interventions as part of national structures and decision-making

In addition to organisational readiness, the decisions taken by decision-makers and key administrative staff relevant to the implementation and uptake of evidence-based practice are also essential.

The response of key people to information about the evidence for the interventions or the conditions for implementation in a given moment and context often competes with other issues (e.g. political pressure, urgency, scarcity of resources) when making decisions. Therefore, a successful presentation of the pros and cons of using the interventions is essential. (Kouvonen et al., 2022; Lavis et al., 2012).

Professor John Lavis and partners (2002) based on the 3I+E framework, have divided the factors influencing decision making into institutional factors, such as minimum standards set by legislation or reforms, values and knowledge (ideas), and various interests and factors that may be related to the rights of different professions or population groups.

In addition, the process of implementing interventions can be influenced by various external factors. This was the case, for example, with the COVID-19 pandemic, which boosted many digital interventions focused on supporting children and young people's growth environments, but also had a negative impact on the implementation of face-to-face group interventions.

In terms of implementing national interventions, there are also three key tasks that international implementation research has identified as key driving factors for implementation. For example, Wandersman and partners (2008) mentions separately designated bodies where there should be a clear national consensus on who is responsible for what and using what resources. The parties should

1) summarise existing information (*synthesis and translation systems*)
2) offer and select effective interventions (*delivery systems*)
3) provide training and intervention support (*support systems*).

> *How key people respond to information on evidence-based interventions on conditions for their implementation in each moment and context often competes with other issues (e.g. political pressure, urgency, scarcity of resources) in decision-making.*

Interaction of different specific conditions

The research literature increasingly calls for attention to be paid to how the different specific conditions of implementation interact with one another. Equally, the impact of the environment on the success of implementation requires consideration.

Fixsen and partners (Fixsen et al., 2009) have identified the core factors that enable effective transfer of interventions into practice. It consists of seven core elements, starting from staff selection and addressing training and support needs to monitoring and ongoing support.

The specific conditions for a successful implementation can also be divided into four levels (Metz & Bartley, 2012):

a. taking account of the stages of implementation
b. addressing the implementation drivers
c. policy–practice feedback loops
d. implementation support teams.

It is up to the management to consider the specific conditions before deciding to implement the intervention. For example, a checklist can be used. Next, we turn to these specific conditions for implementation, which affect the conditions for evidence-based practice to be implemented.

4.1. Considering the stages of implementation

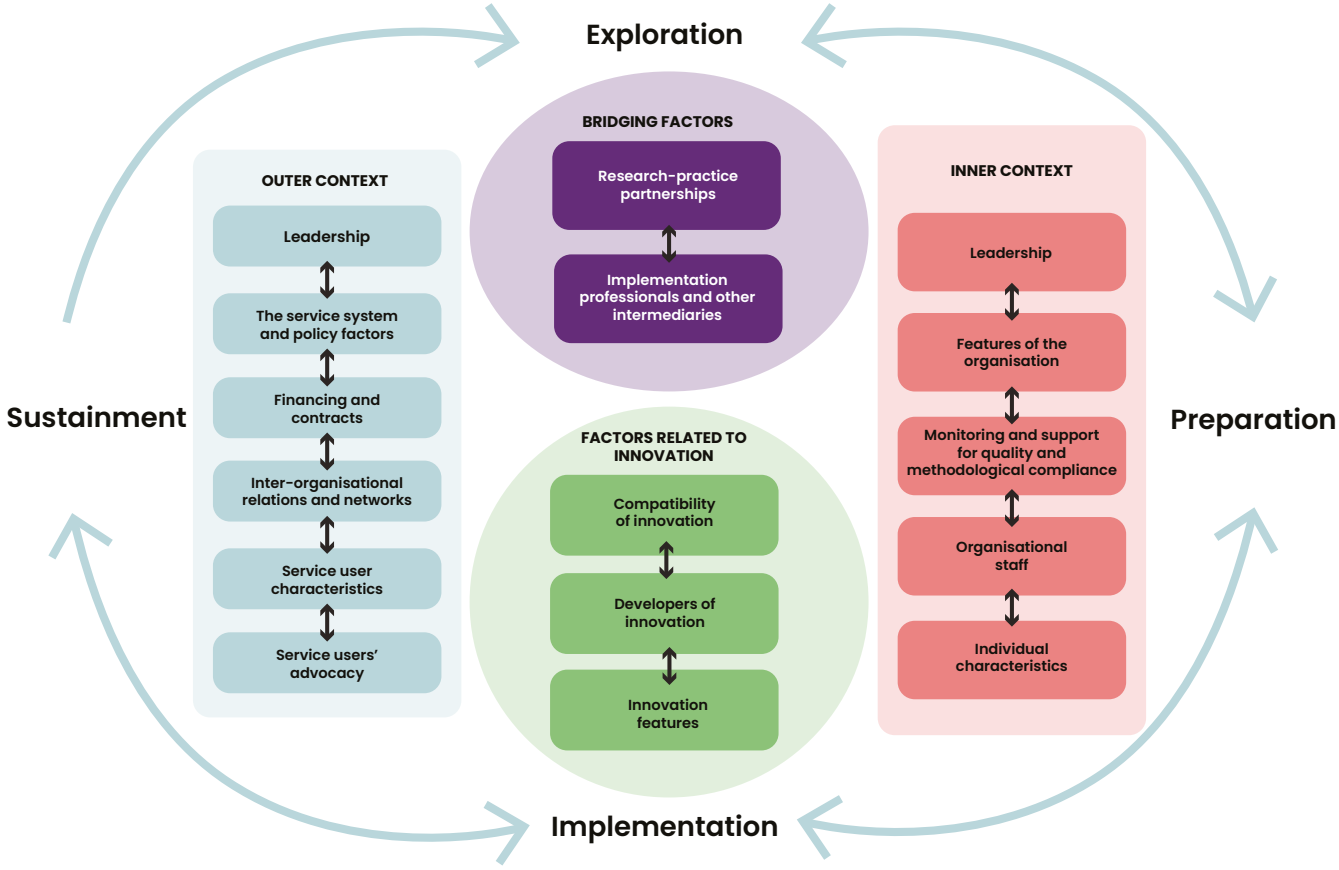
One of the many internationally developed frameworks is EPIS (*exploration, preparation, implementation, sustainment*), which divides the implementation process into four stages (Aarons et al., 2011; Moullin et al., 2019). EPIS has been developed specifically to support the implementation processes of child and family services.

The stages in the EPIS framework are set in the context described above. It can be divided into *outer context and inner context*, which should be accounted for in addition to the stages.

The outer context (e.g. governance, funding and service environment, advocacy, job opportunities and training, family culture models) may look different depending on where the action is taking place or at what stage of the process. The same applies to the inner context (e.g. leadership, organisational and individual characteristics).

›› The following chapters show the different levels of the process.

Figure 4.
Caption: The four stages of the implementation process, as described by Aarons et al. (2011) and Moullin et al. (2019).



As described by:
Aarons, G. A., Hurlburt, M., & Horwitz, S. M. (2011). Advancing a conceptual model of evidence-based practice implementation in public service sectors. Administration and Policy in Mental Health and Mental Health Services Research, 38(1), 4-23. doi:10.1007/s10488-010-0327-7
Moullin, J.C., Dickson, K.S., Stadnick, N.A. et al. Systematic review of the Exploration, Preparation, Implementation, Sustainment (EPIS) framework. Implementation Sci 14, 1 (2019). https://doi.org/10.1186/s13012-018-0842-6.

4.2. Implementation drivers

Opportunities for implementation within an organisation are often related to implementation drivers. The term **implementation facilitators** can also be used as a synonym for drivers. The implementation driver can be compared to an engine (Fixsen et al., 2005), which consists of different parts. All the parts are needed to keep the engine running.

The key is that the community or organisation implementing the intervention prepares for the different organisational parts at different levels to work together. This will ensure that the desired outcome is achieved. In a region or municipality where evidence-based practice is being implemented, the drivers of change in child and family services may relate to issues such as skills, organisation, and leadership.

A key driver is related to intermediaries and their role. Bridging factors are the networks of the above implementation stages and the inner and outer context. Their importance for the uptake of these interventions cannot be overstated.

Intermediary/purveyor organisations (IPOs), which play a key role in implementing the intervention, may include.

- **purveyor organisations or centres of excellence in** accordance with the Decree on the Centralisation of Specialised Healthcare (582/2017). One of the main tasks of the purveyor organisations is to maintain and guarantee the processes and support structures that enable regions and organisations to implement the intervention in a concrete, planned and structured way, to provide regions with monitoring information on the implementation of the intervention and to provide them with the necessary training and support.

- various **research and development cooperation networks**, such as Itla's Kasvun Tuki training sessions, which provide implementation training for current and future health and social care professionals. A key mediating role is also the implementation of national reforms, such as the National Mental Health Strategy, where implemented psychosocial interventions to support children and young people provide tasks for the development and research field.

- **nationally agreed processes** to ensure the introduction and institutionalisation of evidence-based psychosocial practices. These processes are essential to ensure that the interventions for which there is most evidence, are adopted.

It is the joint responsibility of the intermediaries to promote a planned implementation (Franks & Bory, 2015; Proctor et al., 2019).

4.3. Competence

The skills and competence development of the staff implementing the intervention are in key positions to successful implementation and fidelity (Shklarski, 2020). A culture of knowledge and learning can be built within an organisation, where intervention experts provide training on how to deliver the intervention and where not only management but also those trained can support others implementing the intervention. Such practices can also prevent and remedy escalation of situations where one or more workers oppose the intervention. (Sanclimenti et al., 2017).

In addition to formal skills, the skills of the staff are also influenced by their experience of working with clients and their actual training in the use of the intervention. These should be considered during the recruitment or training phase of a new intervention. Clear guidance and a plan on how to proceed when implementation obstacles are encountered will also help the implementation of the intervention.

Building a diversified monitoring system supports competence. Monitoring can be targeted in such a way as to assess whether the intervention remains intact and fit for purpose during the implementation process. This involves using the intervention in a way that is consistent with the practices learned in the intervention training. This can also be supported by an intervention-specific manual or intervention-related networks.

If the intervention has a national purveyor organisation, the implementation and targeting of monitoring should be discussed in advance with the national body.

4.4. Organisation

When a new intervention is introduced to an organisation, identifying and recording the barriers and facilitators will help speed up implementation. It is important to keep a record of who did what, as this will support the development of the implementation plan. For example, in a new wellbeing services country, an implementation plan can support municipalities that are about to introduce the intervention in their school health care.

The new intervention may require a reorganisation of working hours and resources. The intervention will not be sustained unless employees are given enough time and resources to incorporate the new intervention into their routines.

If old habits and routines do not support the change work, they may become a barrier to effective implementation. In this case, the organisation should pay attention to the possibility of learning from the habit and finding a new way of working that supports its implementation. This may require new instructions and new routines.

Heleen Riper - Implementation research and unlearning in an organisation

4.5. Leadership

A leader influences the culture and atmosphere of the organisation. Leadership drivers can be divided into technical and adaptive characteristics (Gomez et al., 2014). Ideally, the management that supports implementation is flexible and agile in identifying gaps or barriers to implementation.

The adaptive qualities of management relate to the ability to deal with complex and challenging situations. Such situations may be related to, for example, resistance to change or attitudes that prevent implementation. It helps management if routines and procedures are established at the beginning of the change process, so that everyone knows what to do in case of problems.

Leadership theories have distinguished between so-called *transformational* leadership and *transactional* leadership. (Avolio et al., 1999; Burns, 1979). The former is represented by an inspiring, intellectually stimulating, motivating and people-oriented leader, whose example encourages and serves as a role model for his or her subordinates. Transactional leadership, on the other hand, involves the use of rewards and sanctions, task-orientation and managerial power. There are indications that transformational leadership can be learned (Parry & Sinha, 2005).

A relatively large amount has been written about the benefits of transformational leadership in social and health work (Green et al., 2014). Research in child and family services suggests that transformational leadership produces better results when there is a desire to implement evidence-based practice in the organisation for use with clients. (Aarons, 2006; Aarons & Sommerfeld, 2012).

In the process of scaling up evidence-based action, the accelerating factors are

- inspiring and motivating leadership
- setting an example
- adequate understanding of the intervention adopted, its theoretical background and practices.

Without these, it will be impossible for front-line staff to organise and support the working time, task and training arrangements that the introduction of evidence-based practice will inevitably entail. (Ehrling, 2014).

The manager can also support successful implementation by creating opportunities for professional involvement in the implementation process. This is done by building trust and supporting employees where necessary (Rijbroek et al., 2017).

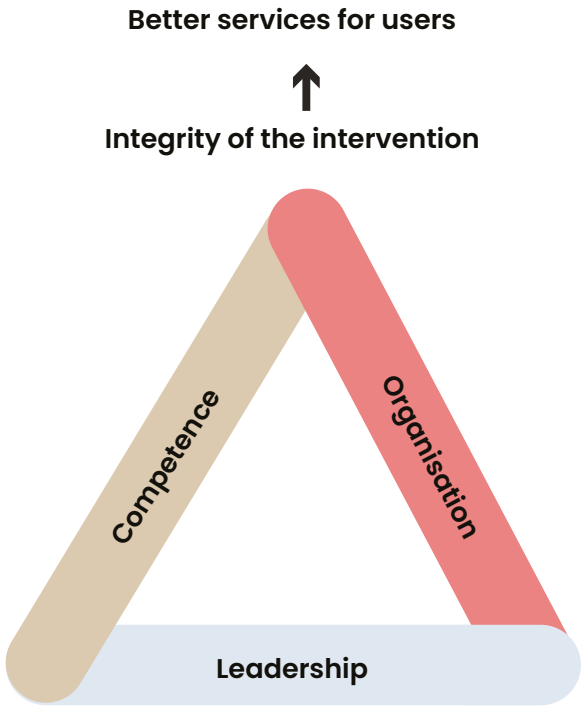
Researchers who have studied the implementation of the Lean model, which has gained worldwide popularity, have found that the commitment of managers (Dickson et al., 2009) is important. It also requires patience and perseverance (Joosten et al., 2009). Later research, for example on agile implementation in a hospital context from a managerial perspective, has also found evidence that modesty and respect for employees, accountability, transparency, expertise and scientific thinking in a manager are all features that support implementation. (Patri et al., 2021).

However, in relation to the state of readiness of an organisation, the most important leadership driver seems to be that implementation is done with a humble attitude. Humility here refers to the respect and humanity shown by management towards employees. (Patri et al., 2021). Incorporating a new evidence-based intervention into your work can require a lot of effort from the employee. Well-functioning management can demonstrate their understanding of this in various ways. In intervention training, for example, a joint contribution by the trainees and the managers can try to promote such an attitude.

Little research has so far been done on the specific conditions of implementation, and in particular on how the different specific conditions interact with each other. (Albers et al., 2017). The factors highlighted in studies on how evidence-based practices are implemented are mostly related to the impact of implementation at the individual level – for example, how to maintain the motivation of professionals to work or their intervention fidelity.

In addition to this, it is also important to pay more attention to the system and organisational aspects mentioned above, which may play a crucial role in the implementation and maintenance of the intervention.

Figure 5.
Drivers of implementation.



Source: Fixsen et al., 2015

4.6. Policy–practice feedback loops

Policy-practice feedback loops are structures that use digital means to monitor the implementation of an intervention. Information on practical measures and the implementation of agreed change work not only circulates within the organisation, but also acts as a link between the regional and national levels. This can be a system of exchanging information at political, administrative and practical levels on whether a measure has achieved the desired outcome.

Allison Metz and Leah Bartley (2012) suggest that such effective policy-practice feedback loops need to be incorporated into structures always from the top down. This avoids local or regional systems colliding with the national strategy in a situation where the objectives and the means to monitor their achievement are not shared.

Monitoring and evaluation systems should be built as part of the implementation process, iteratively and as agile as possible. By creating a lightweight prototype of a feedback system component, testing it in practice and modifying it in the desired

FACT BOX

How was the monitoring and evaluation system built for the Incredible Years programme?

The design of the monitoring and evaluation system, i.e. the digital website, was based on the implementation structure of the Incredible Years programme and taking into account the group format. First, the key monitoring data to be collected were explored, the technical requirements were considered and the feasibility of using available digital platforms at the Research Centre for Child Psychiatry was identified.

Addressing issues related to customer and General Data Protection Regulation (GDPR) also played an important role during the development process. The usability of the system from the point of view of intervention experts was an active focus of the work. The possibility of new intervention sections being brought to Finland in the future also had to be taken into account.

The specificities of the Incredible Years programme from a systems perspective: - The family of programmes includes various parts of the main programme, targeting different areas of activity.

- The participants of the Incredible Years groups work in organisations from different sectors all over Finland.
- The programme is group-based and run by two group leaders. These elements also had to be linked together in the system.
- The attendance of participants in the groups had to be tracked and the impact surveys had to be administered in the system without the transfer of personal data.

The monitoring and evaluation system was implemented as an intervention support website. The information collected from the group leaders was mainly related to their professional and intervention skills, which were made as easy as possible to update from the user's own profile.

The aim was to document expertise of the intervention into a single place, where experts could flexibly add basic intervention training, supervision, peer meetings, and supplementary training. Only the certificates were excluded from the editing by the intervention experts themselves. The competence data were combined with other functions visible to the user in the system.

Group facilitator training was combined with group activities, where facilitators can record the groups they run in the system. Groups are listed on the user's home page, making it easy to view the information afterwards.

In this monitoring system, logging in is linked to the collection of survey data from those who wish to log in. It also includes a secure research platform to provide information about the research and give electronic consent. The questionnaires are built in a user-friendly view that scales across different devices.

Electronic questionnaires reduce the workload of team leaders in collaborating on the survey and do not require them to take any action during the monitoring phase. Notification tools will help ensure timely reminders are sent through the system to the study participants. The research platform allows the collection of research data from several programme sections at the same time.

The monitoring and evaluation system also included an information channel for group leaders, maintained by the purveyor organisation team. Releases are targeted according to intervention expertise, so that users can easily find current news that is relevant to them.

Communication and the provision of up-to-date materials are seen as key to maintaining the strong fidelity of the programme. A material bank was created in the system, from which group leaders can download the most important forms, brochures, and materials used in Finland in Finnish language versions.

> "At its best, a monitoring and evaluation system can provide the region with data to support decision-making. Regions often lack information about who is delivering the service, how much and where, not to mention the quality and effectiveness of the service.
>
> I see this as a major benefit both regionally and for national policy-making. The elements of intervention support built into the monitoring and evaluation system, such as an information channel and up-to-date materials, are also of direct benefit to the users of the intervention."
>
> *(Kati Granlund, Development Manager, University of Turku.)*

direction based on experimentation, feedback systems can be effectively developed to support implementation. (Gallo et al., 2021.)

KATI GRANLUND – Monitoring and evaluation system

This will provide quick and efficient information on the different stages of implementation, while improving the quality of feedback as the implementation process progresses. This can also include building understanding and expertise within the organisation on how to use data as a tool for learning and development. (Sanclimenti et al., 2017).

Monitoring and evaluation systems are part of the structures that facilitate the work of the centres, allowing the centre and the region, municipality or organisation to monitor the implementation of the intervention. In Finland, an example of such a system was first developed during the Child and Family Services Reform period in cooperation between Itla and MIELI Mental Health Finland. Based on the experience gained, a dedicated monitoring and evaluation system has been created for the TCM Incredible Years programmes for parent groups and teachers as part of the purveyor organisation activities built within the framework of Itla and the Research Centre for Child Psychiatry at the University of Turku (see Figure 7).

4.7. Implementation support teams

Implementation support teams play a key role in bringing about national change in wellbeing services counties and at local level. The implementation support team enables knowledge transfer and supports change and readiness for implementation at all levels of the system.

Team members must have national support and adequate resources to guide and support implementation and problem-solving. They must also have knowledge and understanding of change objectives, implementation, feedback, and monitoring systems. (Metz & Bartley, 2012). The support of the teams can help solve implementation problems and coordinate implementation activities (Akin et al., 2017).

Norway has established a permanent implementation team structure for the TIBIR intervention of early support for children with behavioural problems (Gomez et al., 2014). The national implementation of the intervention is supported by the national implementation centre Nasjonalt Utviklingssenter for Barn og Unge (NUBU), five regional teams and municipal liaison officers, all working together to monitor the implementation of the intervention.

The NUBU Centre plays a mediating role in the introduction of the intervention, where it has a role in the intermediary organisation of the intervention. At the same time, the NUBU Centre acts as a national intervention and implementation support in the field of child and family services, where it supports implementation not only in social and health services but also in education services. Other interventions coordinated by NUBU include PALS, which has a theoretical framework similar to the PRO-Koulu model used in Finland.

NUBU's primary focus is on the prevention and early intervention of behavioural problems, which is also referred to in the centre's former name (Atferdssenteret). As in Finland, behavioural reactivity has been identified as a key predictor of child disadvantage in Norway. Prevention and treatment of behavioural problems can be effectively addressed by changing the way in which children are raised in their growing environments.

FACT BOX

Example from Norway

The Norwegian government established the Atferdssenter (now NUBU) in 1998 to strengthen knowledge and expertise in the regions and municipalities among actors facing challenges and problems related to the behaviour of children and young people. The work was based on a thorough data exploring exercise, followed by a synthesis of the evidence and the subsequent communication of this synthesis to the authorities. As a result of this work, a parenting support model called the Parent Management Oregon Training Model (PMTO) was disseminated nationally. Alongside dissemination, awareness of evidence-based practice and interventions was raised throughout the country. In Norway, the mandate has been clearly defined from the outset and the process has been underpinned by a national, regional and local structure to build on until today. (Solholm et al., 2013).

A study conducted ten years after the start of implementation showed that the drivers of implementation, whether managerial, organisational or skills-related, had clear links to the long-term positive outcome. (Ogden et al., 2012). The implementation results in Norway show that strong links at national, regional and local level contribute to the conditions for the implementation of the intervention.

In Finland, there are no intervention-specific national change agents in municipalities or regions like the Norwegian example. In the context of change programmes and reforms in Finland, for example, regional coordinators have been appointed to act as bridge-builders in the implementation of psychosocial interventions.

> "I often describe this work as being in the middle of a big intersection with people coming and going in many directions. I am trying to understand which actors at the crossroads belong to the same direction, which issues are interlinked and who should meet each other in order to move the reform forward."
>
> *(Miia Ståhle, Future Health and Social Services Centres programme, Regional Coordinator [Southern Finland Cooperation Region], THL.)*

However, supporting and monitoring the introduction of psychosocial interventions is only a small part of the work of regional coordinators of programmes such as the Future Health and Social Services Centres programme, and does not correspond to change agents as mentioned above. In Finland, a permanent, tiered structure will be needed in the future to enable implementation and monitoring on the same scale as the TIBIR model in Norway, for example.

In such a model, a national knowledge hub and purveyor organisations are needed. Reports by the Ministry of Social Affairs and Health have already proposed on several occasions that Itla should play a role in the development of knowledge, innovation, skills, and services. (Halila et al., 2021).

To support national knowledge production, we also need permanent purveyor organisations for the interventions and centres of excellence in the wellbeing services counties to guide activities, so that support teams working in the field can receive research-based support for their work.

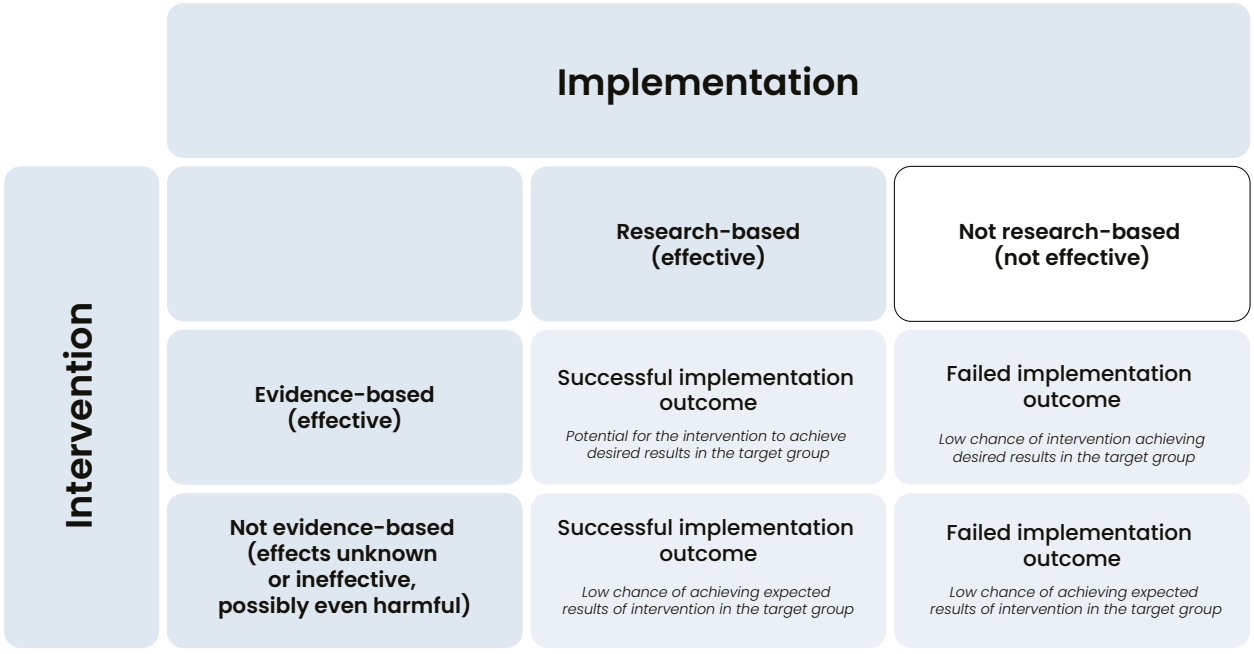
4.8. Effectiveness of an intervention vs. an effective implementation framework

By opening up concepts, stages and approaches, we have tried to show that **evidence-based interventions alone do not yet ensure the desired outcome**. The context and the content of the activity as a whole play a crucial role in achieving the desired outcome.

An implementation framework is usually understood as a set of factors that influence the implementation of an intervention. Implementation frameworks, theories and models have been studied by Per Nilsen (2015), among others. Nilsen has divided implementation theories into theories that 1) guide their users in translating research knowledge into practice, 2) explain what factors influence the success of implementation, or 3) evaluate the success of implementation. The field of child and family services, its development and the research or decision-making that goes into it should be informed by an understanding of the opportunities offered by different frameworks.

In an ideal situation, an effective intervention **is supported by an effective implementation framework**, thereby increasing the likelihood of achieving the desired outcome. Similarly, the possibility of achieving the desired outcome may be considered weaker if the intervention is not evidence-based and there is no evidence of the effectiveness of the implementation framework (Fixsen et al., 2005) (Figure 6).

Figure 6.
The effectiveness of the intervention in relation to the effectiveness of implementation.



Source: Fixsen et al., 2005 and Gomez et al. 2014

What is known about implementation frameworks?

Implementation frameworks have been developed over the years, particularly in the US, such as the EPIS presented earlier, which may be suitable for implementing evidence-based practice more generally (Aarons et al., 2011; Moullin et al., 2019). A scoping review explored seven implementation frameworks used in child and family services (Albers et al., 2017). Four of the frameworks had documented research on the implementation of manualised evidence-based practices.

The authors of this article, such as Nilsen (2015) in his own study, note that **there are many similarities between the different approaches**. The authors identify the problem that, **so far, there are relatively few implementation frameworks with empirical evidence of their effectiveness. In particular, Nilsen (2015) highlights the need for more research on the impact mechanisms of implementation.** This would require a more detailed analysis of the determinants that together influence the success of the implementation.

A systematic literature review by Moullin and partners (2019) on the use of the EPIS framework found, for example, that it has been widely used in different geographical locations and to support implementation of interventions. However, from a research perspective, the analysis of the core elements of the framework remained at an average level. Monitoring the use of the framework requires a more detailed operationalisation of its components to support the monitoring of use throughout the study.

In the Finnish field of child and family services, Nanne Isokuortti and Elina Aaltio (2021) have analysed the implementation of the Systemic Practice Model in child protection in Finland based on the quality implementation framework of Meyers and partners (2012). This study is a good example of the chains and mechanisms through which an intervention produces the desired effects. At the same time, it reveals what possible factors contribute to this not happening.

The study also gives an idea of the kind of investment or the kind of environment the intervention requires. In both this and their previous research, the researchers (Isokuortti & Aaltio, 2020; 2021) take a position on the structured practices of evidence-based interventions and the monitoring of their fidelity in situations where the interventions themselves and their use are only scarcely known.

> "In many cases, the intervention may lack a precise description of what it is about and how it is intended to bring about change. In the absence of research on the main elements and features of the intervention, it is necessary to formulate hypotheses based either on practical experience or on research evidence from other similar contexts. These hypotheses can then be tested, provided that the model is implemented in a way that is faithful to these hypotheses."
>
> *(Nanne Isokuortti and Elina Aaltio's article in Implementation research to support the development of social work research and practice [Isokuortti & Aaltio, 2021].)*

It is gratifying that also in Finland there is growing interest in the processes, mechanisms and interaction of implementation research. All those involved in the field, especially those involved in the management, development and research of child and family services, should also be aware of what an implementation study is all about. At the same time, it is good to keep in mind the possibilities and limitations of intervention research.

The Duodecim Association has developed a framework to support the implementation process of the Current Care Guidelines, which will also be useful in addressing implementation issues in other sectors. (Sipilä et al., 2016). The framework describes seven evaluation questions and provides examples of research designs and methods, as well as tools to answer different implementation questions. For example, using the framework to explore where potential research gaps are in a given topic area (Kouvonen et al., 2021).

Furthermore, the Nursing Research Foundation (Hotus) has developed a model for developing consistent practices (FinYHKÄ™), which aims to support the development and implementation of evidence-based consistent practices. (Nursing Research Foundation [Hotus]).

›› In the following chapters, we move on to look at how implementation can be improved in practice.

Especially those involved in the management, development and research of child and family services should be aware of what an implementation study is all about.

5. How to implement successfully? – Implementation tips

5.1. Shared vision

A vision is a view or target state towards which one is moving. It is a guide that inspires and steers one towards the goal.

It is essential that there is a shared vision for the organisation or community. In evidence-based practice, this means first and foremost a shared understanding that the intervention meets a commonly identified and understood requirement. This is why the implementation literature emphasises careful work in the first phase of implementation (Aarons et al., 2011; Hickey et al., 2018; Sanclimenti et al., 2017). When the vision is built together and extends across levels and sectors of the organisation, it is more likely to be implemented.

Too little attention is often paid to creating a vision. However, this stage is extremely important, because the vision can provide motivation for everyone involved to help the intervention or set of interventions to be implemented.

The vision is very much about realisation - how would I want things to be in order to be well? An additional question that is also inevitable is: what would have to change to realise the vision?

A vision for evidence-based practice

The above questions are a key starting point for defining the vision.

The vision is based on delivering impactful and monitorable action. The best available information on a common problem is sought in dialogue with the field. To implement knowledge, one should use forums that are as open as possible, such as consensus dialogues or hearings (D'Angelo et al., 2017; Powell et al., 2015).

Shared decision-making and involvement of everyone in the organisation at all stages of the implementation process is a prerequisite for successful implementation (Durlak & DuPre, 2008; Hickey et al., 2018). The starting point is to jointly define a need and a goal, followed by a discussion on the best way to achieve the jointly defined goal.

In studies following the implementation of legislation requiring evidence-based practice (D'Angelo et al., 2017) have highlighted the importance of being aware of potential barriers to uptake when choosing priorities and forms of action. Similarly, at a later stage, it is important to pay attention to situations where implementation has failed.

Vision building is often described as a collaborative process, starting from a bottom-up set-up. Turning vision into action also requires a top-down approach: for example, matching regional challenges with national objectives.

In reality, the implementation process can take very different routes. Here are two different implementation examples of vision building.

The first example (1) shows how the introduction of psychosocial interventions to address anxiety and depression among young people was initiated as part of the national implementation of the projects of the Future Health and Social Services Centres programme in the wellbeing services counties. The second example (2) shows how the challenges identified in one county serve as the starting point for a vision. The third example (3) shows how the vision was set in motion, driven by the benefits experienced by professionals.

EXAMPLES

MIIA STÅHLE
Regional vision

OONA PALOSAARI
Vision of the work community

LEENA LEHIKOINEN
Joint consultation days

5.2. Assessing readiness for change

Readiness for change refers to an organisation's capacity to absorb change.

To be ready to change existing practices, employees must have sufficient knowledge of what the change is about. They must also have the experience that the change to be made meets the needs and values of both the organisation and its customers and supports their own work. (Aarons et al., 2011; Hickey et al., 2018; Paton & McCalman, 2008).

For example, the normalisation process theory presented in the previous chapter (May, 2006) assumes that in order to implement an intervention, the people who make decisions, lead or work on the intervention need to realise that it makes sense.

This realisation, i.e. the integration of the intervention into the practices of the work community, can be monitored, for example, by means of the NoMAD survey.

The most common barriers to readiness for change are related to working conditions. How the requirements of the intervention are accommodated in terms of working time and resources, and how new knowledge is maintained and monitored, can be crucial for employees. (Cowie et al., 2020; Kouvonen et al., 2022)

The key to a good implementation plan is that management commits to monitoring and, if necessary, correcting the process of implementing the intervention. This may be particularly important to consider if the intervention is largely implemented in a top-down setup (cf. interview with Miia Ståhle above). A good example of the region's ability to adapt is the process of implementing the interpersonal counselling for adolescents (IPC-A).

NOORA SEILO
Regional implementation

5.3. Building an implementation strategy

A strategy is a plan to achieve a set goal. While the vision is a vision of, for example, how the Child and Family Services organisation will be able to meet the needs of families in five years' time, the strategy sets out how this goal will be achieved.

When the groundwork is well done, it is easier to build a strategy that supports the work. When building a strategy, it should be ensured that it is appropriate for the organisation's operations and that it includes systems to provide feedback on implementation. (Regan et al., 2017; Rijbroek et al., 2017.)

When building an implementation strategy, it is important that everyone in the organisation understands what is expected of them in the reform work. Commitment is increased by

- clear routines in work
- structures for monitoring work
- the action plan for the coming period
- materials to support work.

Supporting materials can include literature on the subject compiled by management as a common introduction for all those starting out on the job. Cf. interview with Noora Seilo in this guide. There are different ways to collectively familiarise the workplace with the latest research.

MARIA KAISA AULA
Renewal of competence

The most important thing is that the issues relevant to the change are presented in an understandable and clear way. Joint thematic seminars, research clubs, literature circles or a common platform of material on the subject can serve this purpose.

An example of building a strategic process in a wellbeing services county:

> "Competence renewal is part of the future of wellbeing services counties and a better people-oriented way of working. Structures alone are not enough: we need to invest in the way professionals work with clients and in effectiveness. This is where evidence-based interventions come in."
>
> *(Maria Kaisa Aula, Licentiate in Political Science, Chair of the Regional Board, Wellbeing Services County of Central Finland.)*

5.4. Supporting change

Intermediary/purveyor organisations (IPOs) are central to the process implementing interventions (see Chapter 4, Implementation as a process). IPOs transmit and process information between different levels. The processes ensure that, for example, regional actors receive support to ensure fidelity and information on how the intervention is being implemented.

A systematic literature review (Proctor et al., 2019) of intermediary organisations that support the implementation of interventions found that many of these organisations have developed different strategies to support the implementation of the interventions. However, few organisations use the strategies they believe in most.

Among the strategies listed were tasks related to ensuring fidelity, training, development, strengthening skills, quality assurance, and evaluation. The most common strategies in use are related to the management of intervention-related materials and training.

Less use was made of guidance for client workers, technical support and the development of policy-practice feedback loops, monitoring and guidance on fidelity of client workers, and influencing funding incentive mechanisms in a way that would guide the careful uptake of evidence-based interventions, or linking research to monitoring and advocacy.

The network includes not only purveyor organisation workers, their support staff, administration and support, communication and research and development. The actors in the implementation process should therefore be seen as a network, where the different actors and the tasks they perform are central to the implementation process.

Key questions include: How does information on the applicability of the interventions to practice reach financiers and those involved in monitoring research or development? How do those working in the area find out about the interventions and their effects?

Here are some examples of the actors in the implementation network, their roles and the division of labour.

Employees and immediate supervisors

Client employees' immediate supervisors are a very key professional group for the implementation process. Immediate supervisors and middle management communicate why change is needed and what is happening. They will also help create an environment that encourages the adoption of the intervention and implementation strategy (Sanclimenti et al., 2017; Williams et al., 2020). On the other hand, they also take on board possible resistance to change from individual workers.

It is important for senior management to communicate to middle management that the implementation process is at the top of the organisation's priority list, and to ensure adequate training and human resources. The employee's peace of mind and ability to be motivated can be promoted by allocating sufficient time and resources to work on the intervention.

Supervision and materials management are also key tasks of the immediate supervisors. How local management can increase the likelihood of successful implementation in organisations (Birken et al., 2015).

An example of a key positive influence on intervention work:

NINA SIMOLA
Support for employees

Sometimes, the obstacles to change can be concrete things that sound small on paper, but nevertheless make it difficult to achieve results. It is essential that change work changes its form, which also requires flexibility from the organisation.

Management should therefore discuss implementation strategies with both employees and senior decision-makers to ensure that they are best suited to the day-to-day life of an organisation implementing an evidence-based approach. (Regan et al., 2017). The team structure of the organisation, which is flexible and adaptable when necessary, is essential in this context.

Tarja Koskinen, Chief Physician at Kuopio University Hospital, explains how structures also had to change when the number of IPC-A instructor trainees exceeded 400 people. Structures for information exchange, such as forums and project teams, and the interaction between them, were key at that time.

TARJA KOSKINEN – Structures enabling information exchange

Purveyor organisations and research communities

In Finland, Itla and the Research Centre for Child Psychiatry at the University of Turku have developed criteria for strong purveyor organisation. (Kouvonen & Kurki, 2020). The criteria list the main tasks of the purveyor organisation activities, which are essential for the implementation of intervention. The criteria for purveyor organisations are based on the findings of the Strongest Families (Voimaperheet) model (Ristkari et al., 2019).

Highlights of the criteria for a strong purveyor organisation:

- a joint training session of at least half a day
- user-friendly reports, to be provided electronically by the implementation study team to the immediate supervisors
- booster training, either remotely or locally, if necessary
- sustainment training days at least every two years
- providing material to regions (Kouvonen & Kurki, 2020).

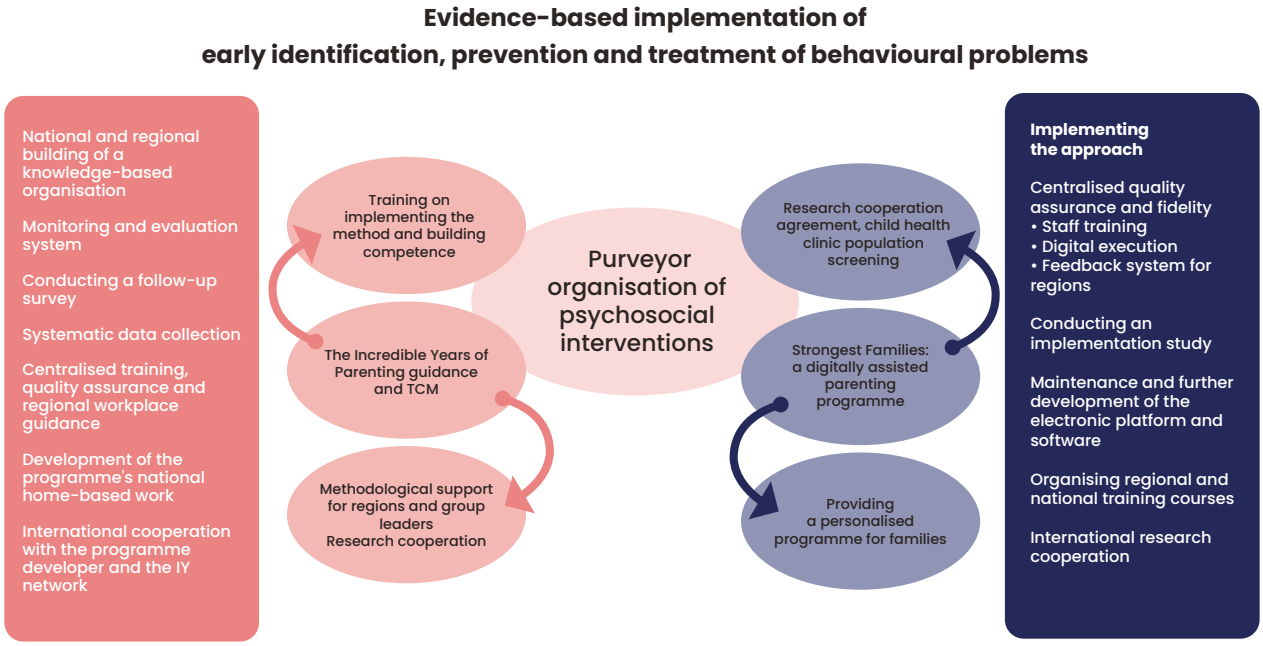
The Strongest Families model has been implemented in Finland since 2015, and a national implementation study has been included. The model is implemented centrally from the Research Centre for Child Psychiatry at the University of Turku. The effectiveness of the intervention has been demonstrated in a large domestic effectiveness study (Sourander et al., 2016; 2018), and effectiveness has been maintained in implementation (Sourander et al., 2022).

Figure 7 shows the research-based implementation model for the Strongest Families and Incredible Years programmes. The models are scalable and suitable for national implementation.

MARJO KURKI
Research

TARJA KOSKINEN – Thoughtful selection and implementation of interventions

Figure 7.
National support for the implementation of psychosocial interventions and purveyor organisation activities



Source: University of Turku, the Research Centre for Child Psychiatry

Administration and support measures

At the administrative and support level are those responsible for the routines of the organisation: the IT department, the finance department, human resources, and other essential support functions. When an organisation formulates new objectives, support measures play an essential role, as they can act as either enablers or inhibitors. To achieve effective results, support measures should keep pace and be flexible to allow for new targets to be reached.

It is important to involve the management and support activities of regions and local organisations when building monitoring and evaluation systems for the interventions. The monitoring and evaluation system developed in Finland to support the treatment model for behavioural problem continues the development work started during the first Child and Family Services Reform LAPE period, when Itla and Mieli ry built the first version of the monitoring and evaluation system.

The monitoring and evaluation system for many of the interventions proved cumbersome. The current version has been developed in collaboration with Itla and the Research Centre for Child Psychiatry at the University of Turku to support the Incredible Years programme.

The Incredible Years monitoring and evaluation system collects data on the number of groups implemented in Finland, the type of programme, the organisations implementing the groups, and the commitment of participants to the group programme. In addition, the data collected and the electronic surveys will help to monitor fidelity at regional and national level.

This will allow for more systematic regional and national implementation planning. The accumulating data can be used to produce a range of reports to support decision-making. The quality of the programme can be better supported by using the accumulated knowledge to plan training, peer meetings and forming of expert organisations. If the data collected reveals deviations from protocol in the implementation of the programme, more targeted and individualised support can be provided to the areas concerned and to the team leaders.

In summary, documenting intervention competences in an updatable monitoring and evaluation system facilitates the sustainment of competences and national coordination. The collection of systematic monitoring data is therefore a prerequisite for high-quality implementation of interventions, for maintaining a strong fidelity and for evaluating its effectiveness.

Officials and decision-makers

At this level, change involves policy makers, officials, and top management (Schröder-Bäck et al., 2019). The introduction of an intervention and ensuring its continuity can be useful if it is integrated into wider wellbeing programmes. (Sanclimenti et al., 2017).

Decision-makers play an important role in making the formal decisions that enable change work and in ensuring that the micro-level goal state and the higher level, for example national change work, meet at the strategic level of the organisation.

The conditions created by the governance of the surrounding society in the implementation process are often overlooked as a specific condition (Bullock et al., 2021). This may include, for example, the transferring of the responsibility for the organisation of services in the social and health services reform. As described above (e.g. interviews with Miia Ståhle and Tarja Koskinen), sometimes things happen quickly and quick action is needed at regional level.

Ideally, the division of labour and roles, both nationally and regionally, will support implementation. Operators can be confident that there are support structures in place to help them adopt and sustain the action.

OUTI LINNARANTA – National strategy work to accelerate the implementation of interventions

"Ensuring quality and supporting implementation so that it works in a relatively similar way everywhere is an important role for university hospitals."

(Maria Kaisa Aula, Licentiate in Political Science, Chair of the Regional Board, Wellbeing Services County of Central Finland.)

5.5. Communication as a tool for change

It is said that communication is not praised for success, but poor communication is blamed for failure. Implementing change and communicating are inextricably linked processes (Lewis, 1999), and communication is part of implementation throughout the process. For example, at the organisational level, communication is a means of supporting policy change, and at the leadership level, communication is a response to resistance to change.

Communication and information flow have been identified as an area for effective change and an important part of implementing evidence-based practice (Kania & Kramer, 2011). Communication can reduce uncertainty, highlight values, demonstrate trust and contribute to decision making (Lewis, 2007). Communication helps to create and articulate the vision, channel feedback between implementers, key decision-makers and key users of the interventions, prevent or exploit constructive resistance, and evaluate and disseminate results. (Lewis, 2006.)

During implementation, communication must be continuous, consistent and transparent. In this way, it acts as a tool for building trust between the many actors involved and ensures that objectives are identified and valued as common. (Turner et al., 2012).

Especially in the early stages of implementation, building trust, commitment from all parties, finding a common language and sharing meanings are key aspects. It is often assumed that the terminology and definitions used are commonly accepted. But this is not always the case, or the consensus is only partial (Delisle & Olson, 2004).

Perceptions of stakeholders can be explored through discussion or, for example, through a survey. Sufficient time should be spent on opening up and clarifying concepts and criteria so that language and communication problems do not become an obstacle to implementation.

Inclusive and consistent communication can improve satisfaction with the implementation of evidence-based practice and the changes it brings. Management communication and support for change, adequate time and communication with staff will increase satisfaction. For example, the amount of communication, regularity, the way it is communicated and the ease with which information can be found have been identified as keys to changing care practices. (Diedrick et al., 2011.)

5.6. Management considers the needs of employees

Organisational climate and culture play a role in how staff adopt new interventions and evidence-based practices (Aarons & Sawitzky, 2006). An organisation's culture can be defined as the norms and expectations associated with people's behaviour and the way the organisation operates. Organisational climate, on the other hand, concerns the perceptions and reactions of employees to the work environment and its characteristics. (Glisson & James, 2002).

Aarons and Sawitzky (2006) analysed the attitudes of professionals towards evidence-based practice in a sample of 301 professionals working in child and family services.

The results were as expected. A constructive organisational culture and positive organisational climate (e.g. positive attitude towards work challenges, mutual encouragement within the work community, maximising employees' potential, and low levels of emotional exhaustion and role conflict) were associated with positive attitudes towards evidence-based practice and lower perceived tension between evidence-based practice and traditional work practices. More recently, Williams and his partners (2020) have come to the same conclusion in a five-year follow-up study of 30 organisations.

It takes time to adopt an evidence-based practice. Learning how to apply research knowledge in their own environment and training and implementing evidence-based interventions, including job coaching, require staff resource. Typical concerns at an early phase in implementation in workplaces include a loss of autonomy and a sense of control over their own work,

and whether new ways of working and a structured structure will take up too much time (Barnett et al., 2017; Cowie et al., 2020; Green et al., 2016).

LEENA LEHIKOINEN
Employee engagement

Evidence-based practice requires employees to commit to a set of policies and to maintain their skills on a regular basis. It has therefore been suggested that they could reduce the employee's sense of autonomy and thus reduce job satisfaction.

Several large-scale projects have been implemented internationally to implement evidence-based practice in child and family services. So far, the evidence from these projects does not support the idea that evidence-based practice reduces the job satisfaction of workers in child and family services and reduces their sense of autonomy or control (Green et al., 2016) or that workers perceive the structure and supervision associated with the interventions as negative (Barnett et al., 2017).

At best, evidence-based practice can even increase the well-being of child and family workers and reduce fatigue. This is the case when sufficient time and resources are allocated to implementation and when employees receive supervision. (Aarons et al., 2009).

On the other hand, another study found that therapists' knowledge, self-confidence, or positive perceptions of the evidence-based practices in use did not protect them from experiencing exhaustion if the number of clients or hours worked was high. (Kim et al., 2020).

The right allocation of time and material resources is therefore essential for successful integration and staff wellbeing.

5.7. Importance of recruitment

Recruitment plays a role at every stage of the implementation process but has been considered particularly critical for the sustainment phase of interventions (Aarons et al., 2011).

The effects of an intervention always arise from the interaction between the worker and the client, not from the intervention itself (Ehrling, 2014). Both at the recruitment stage and when selecting client workers for training, it is a good idea to explore the skills and motivation of the jobseeker to develop their work in an evidence-based direction or to adopt a new way of working. This is influenced by factors such as previous work experience and the theoretical orientation of the employee.

The importance of recruitment should also be considered as the capacity of the operation grows. In the beginning, it is common for "everyone to do a little bit of everything". The more people are trained in the intervention and the more the intervention is used, the more likely it is that tasks can be split up. Those who previously had overall responsibility must be supported by people to whom tasks can be delegated.

An example of the importance of recruitment as the activity of the Interpersonal counselling for adolescents (IPC-A) grows:

> "With well over 400 people trained in the region, the number of immediate supervisors is getting so high that the project coordinators can no longer coordinate alone. The separate designated funding of university hospitals came at a crucial time for this: now the team can move on to higher level coordination.
>
> The search is now on for therapy coordinators and counterparts in each province to do more of the day-to-day work at the immediate supervisor level and to support the implementation process in cooperation with the coordinators. A regional picture of coordination is currently being created."
>
> *(Tarja Koskinen, Senior Consultant in Adolescent Psychiatry, Kuopio University Hospital.)*

In addition to careful recruitment, constant communication and well-organised information transfer can also be key factors in employee engagement. Beidas and partners (2016) studied professionals working in adolescent mental health services in a setting where a large-scale process of implementing evidence-based interventions (cognitive-behavioural therapy, trauma-focused cognitive-behavioural therapy, dialectical behavioural therapy) had been initiated in their services. The results showed that professionals are twice as likely to stay in their jobs for the next year if they have a positive attitude towards the evidence-based practice they are introducing.

5.8. Maintaining fidelity

Interventions for children and families differ in the extent to which they are flexible and change in practice. Many of the psychosocial interventions found to be effective are quite structured. In this case, the intervention manual and training can set a fairly precise framework, for example on how to structure a client meeting.

A number of tools have been developed to measure adequate fidelity. These include manuals, checklists, logbooks and job descriptions.

Quality assurance of intervention

For example, wellbeing services counties or organisations can use the list above to introduce psychosocial interventions. In this context, they can also review the conditions for monitoring fidelity (Martinussen et al., 2019). If you are implementing an intervention and are unsure whether the change you are planning to make to the content of the intervention is a risk to its effectiveness, you can always contact the developer or trainer directly.

FACT BOX

Aspects of sustainment, support and other quality assurance features of an intervention can be reflected upon by using the following questions (partly based on the criteria of Ungsinn - Tidsskrift for virksomme tiltak for barn og unge [Martinussen et al., 2019]).

Possible questions to be asked about the implementation of an intervention

1. **Implementation support:** Which stakeholder maintains the intervention? Is there a description of the support provided for implementation?
2. **Qualifications:** are there minimum requirements for the level of training and work experience of the person implementing the intervention?
3. **Training in the intervention:** is the subject and content of the intervention training well described?
4. **Certification procedure:** does the intervention have a certification process?
5. **Fidelity**: does the purveyor organisation systematically monitor the implementation of the intervention and are follow-up meetings organised with the service organisation to review the results?
6. **Coaching:** is coaching offered as part of the implementation of the intervention and is coaching well described?
7. **Identification, screening, recruitment of target groups for the intervention:** are inclusion and exclusion criteria and related procedures clearly described?
8. **Guidelines for data collection and tools for maintaining the effect:** are there tools to collect and store or record the results of the intervention?
9. **Operational context:** is the operational context of the intervention described?

Source: where applicable, Martinussen et al., 2019 (own translation).

However, fidelity is not only an internal matter for the organisation. Monitoring of fidelity may also be required at the purveyor organisation, especially if the purveyor organisation is a university hospital within the meaning of the Regulation on the Centralisation of Specialised Care.

5.9. Monitoring the success of implementation

Implementation quality tends to deteriorate over time (Durlak & DuPre, 2008; Fixsen et al., 2005). Implementation is supported by management commitment, support from implementation teams for continuous quality improvement, links to other large-scale projects and projects, implementation plans and established practices that support the implementation of change. (Sanclimenti et al., 2017).

Analysis of failed implementation processes has identified warning signs that may indicate that implementation is at risk of failure. Such warning signs include

- lack of financial resources
- lack of support from the organisation's external partners
- difficulties in recruiting and retaining skilled staff on a permanent basis
- a perceived difficult way of working that is not seen as a permanent part of the organisation's work, and the organisation's low belief in its own ability to succeed
- that the way of working or intervention does not fit well with the skills of the staff or the vision and approach of the organisation. (Massatti et al., 2008)

From the very beginning of the implementation process, it is essential to plan how progress towards long-term objectives will be monitored. Systematic monitoring improves the quality of implementation, increases fidelity and improves results for clients (Elliott & Mihalic, 2004; Fixsen et al., 2005).

Monitoring should include, for example, monitoring the extent of use of the intervention (client numbers), measures of intervention adherence, direct feedback from both clients and professionals, and measures of effectiveness wherever possible (e.g. symptom measures before, after and during treatment).

The use of indicators can be used to assess the success of the implementation process. One structure to support implementation is to consult regularly with professionals who are familiar with the chosen evidence-based intervention. In the consultation, those implementing the intervention can ask for help and receive support in terms of loyalty to the intervention, overcoming barriers to implementation and further training in the intervention.

The consultation structure should therefore be built as part of the implementation strategy (Barac et al., 2018). The organisational climate should be explored at regular intervals to provide information to address new implementation barriers and challenges in a timely manner. (Sanclimenti et al., 2017).

6. Where do we go from here?

The literature search for this guide was steered by the question: what is known about successful implementation in the context of social and health care in child and family services? The studies selected according to the criteria repeated the themes of the previous guide (Kouvonen & Laajasalo, 2019).

The national and international factors that have been the subject of national and international interest in the study, and which may or may not impede implementation, are in many respects the same themes that emerged from the literature search for the previous guide. The factors influencing the adoption, modification or abandonment of the intervention at organisational level remain interesting topics.

Attitudes and reasons for rejecting the intervention have also been studied in social work. New research goes beyond attitudes here (James et al., 2019; Scurlock-Evans & Upton, 2015). Negative attitudes towards evidence-based interventions are rarely enough to explain implementation problems alone. In addition to attitudes, the barriers are related to, for example, a lack of knowledge, difficulty in seeing how the intervention helps families with children or young people, or a lack of familiarity with the way the intervention works in the workplace.

Another recurring theme in the literature explored is fidelity, i.e. the extent to which interventions are applied in a way that is appropriate for any specific context. In the case of fidelity, the study provides an interesting insight into how intervention implementation strategies and frameworks affect the maintenance of fidelity.

Good and careful implementation planning and support for the core elements of implementation (such as monitoring and fidelity) are essential for successful implementation. At the same time, the study has provided new insights into the importance of the initial preparation and framework for the implementing and monitoring of the intervention and its possible scalability.

This time, the research was as much about the specific conditions of implementation as it was about fidelity and adaptation. Another new theme was the study of external drivers of implementation. This means, for example, questions about the role of research evidence in decision-making, the processes and frameworks for the implementation of evidence-based interventions, and the impact of these frameworks on implementation.

The health and social services reform provides an opportunity and a good starting point to assess what the minimum requirements for implementation are. In addition, in the area of implementation, more research has emerged on some topics. In the concluding words of the previous guide, we summarised the situation as follows:

> "– – the key issues that emerged during the process relate more concretely to the capacity of local and provincial levels to maintain and develop their organisations even when strong support is not available as it was during the project period. The key question has therefore been: How to sustain and continue the enthusiastic and strong work that for the first time sought to bring the best possible knowledge and interventions to the whole country? How to engage the field to continue to implement the interventions over the next five years? We hope that the guide will provide some answers to these questions."

The quote refers to a familiar problem: what happens when an intervention launched with a government grant comes to an end? At the time, the four evidence-based practices had just been implemented as part of the Reform of the child and family services (LAPE). Of course, a lot has happened in Finland since then.

A long-term strategy to support mental health has been launched in the framework of the National Mental Health Strategy (2020–2030). The introduction of psychosocial interventions has been placed at the heart of the implementation of the strategy. In addition, Itla, together with the Research Centre for Child Psychiatry at the University of Turku, has created criteria for strong purveyor organisation activities based on the research literature, which contribute to supporting the implementation and monitoring of the interventions.

We recently analysed how the uptake of evidence-based practices looks at national level (Kouvonen & Kurki, 2020). As a comparison, we used Wandersman's three-legged national conditions for implementation and labour, which we also refer

In particular, the question of who selects the interventions for national dissemination based on the research evidence is still largely unresolved at the time of writing this guide.

to in this guide (Chapter 4). In the article we ask how areas mentioned by Wandersman et al. (2008), which should be in place nationally for successful implementation of the interventions, have been implemented in Finland.The three-legged division by Wandersman et al. (2008) is not a complete triad but gives an indication of where we are at national level. It shows that there are those in Finland who are summarising existing data. There are also those who provide effective interventions and those who offer training and intervention support. Perhaps the biggest challenge is the division of labour at the national level. In particular, the question of who selects the interventions for national dissemination based on the research evidence is still largely unresolved at the time of writing this guide. The question of what constitutes sufficient evidence to launch a national distribution is also an open question. In addition, the review of the international literature, as well as the national examples in this guide, shows that many of the processes through which evidence-based interventions are implemented and data are collected and used in monitoring and research to improve services need to be made more concrete. Well-functioning monitoring would be optimal for customers, but better targeting and monitoring would also make economic sense.

In this respect, there is still much work to be done in Finland and elsewhere. As noted above, there is a particular call for research on the specific conditions of implementation, in particular on the interaction of specific conditions and empirical findings on them. The new situation in the context of the health and social services reform is a good time to do this. The COVID-19 pandemic has brought new lessons on how to change policies in the short term if they turn out to be bad. This happened in Finland, where key actors such as the Finnish National Board of Education, together with THL and other partners, launched a nimble effort to gather information on the impact of the pandemic on children and young people from government, research and citizen action. After systematic analysis of these data and a final reassessment of the benefits and drawbacks of distance learning in schools in autumn 2020, most children and young people continued to attend school by face-to-face learning, despite the pandemic. (Bullock et al., 2022).

The COVID-19 pandemic showed that trying to justify decisions based on the best evidence is always possible and worthwhile. This is a good point to continue from.

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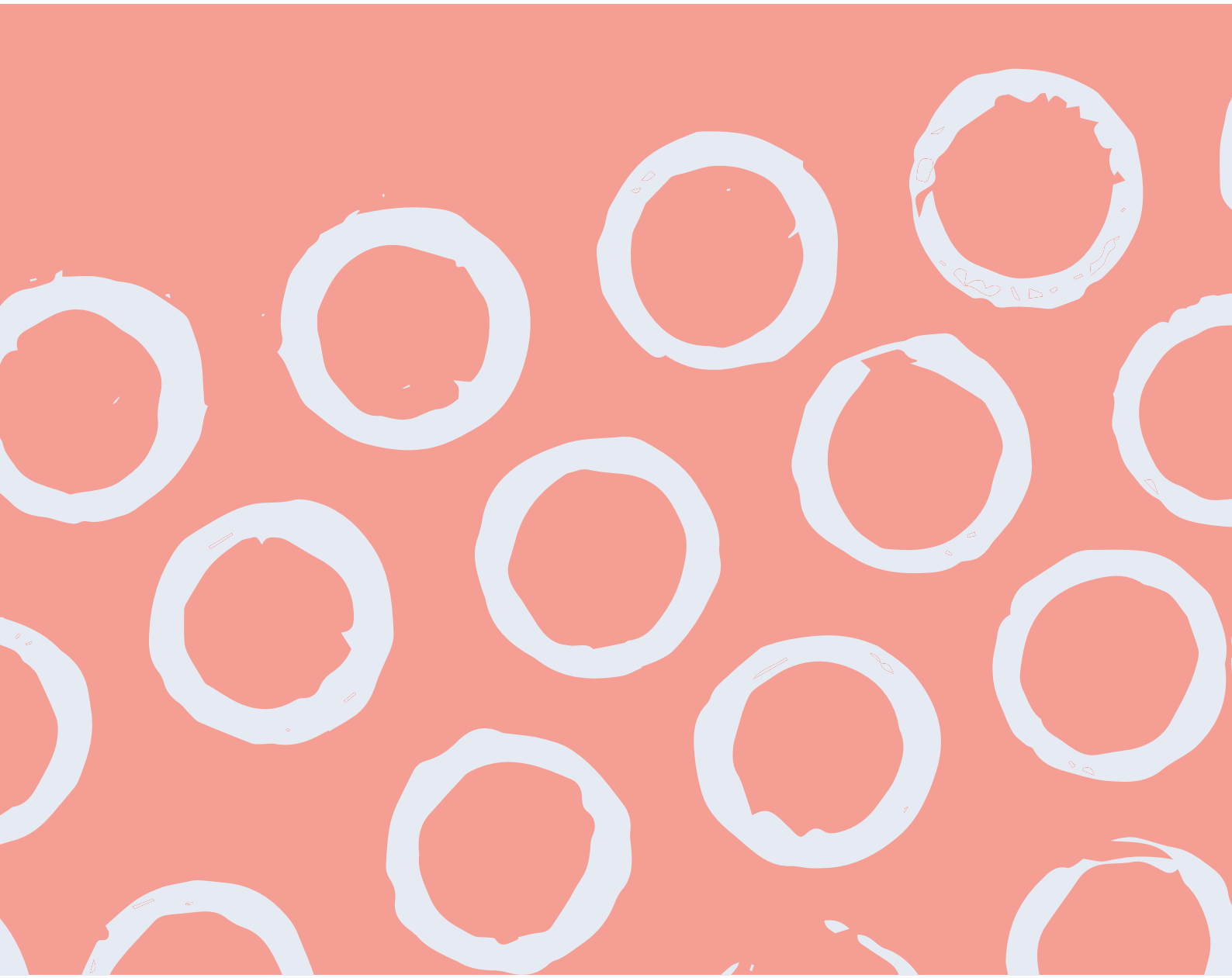

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