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Karolinska Institutet, Stockholm, Sweden

A VIEW FROM THE TOP: THE LOCAL POLITICO-ADMINISTRATIVE LEADERSHIP IN IMPLEMENTING EVIDENCE-BASED PRACTICE IN SOCIAL SERVICES

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Stockholm 2021

A view from the top: The local politico-administrative leadership in implementing evidence-based practice in social services

THESIS FOR DOCTORAL DEGREE (Ph.D.)

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The thesis will be defended in public in Inghesalen, Karolinska Institutet, Solna
Friday, 29 October 2021, at 9 am

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ABSTRACT

Background: Evidence-based practice is a way to integrate three knowledge sources into decision-making: research evidence, professional expertise, and client preferences and experience. It is argued that evidence-based practice may enhance client rights, strengthen the professional's role, and make relevant use of scarce resources. Evidence-based practice has been an articulated objective in social services for several years. In Sweden this has been brought about through a policy agreement between the Swedish Association of Local Authorities and Regions and the government, and through national knowledge management that concerns the development, spread, and use of the best knowledge available. Despite great national efforts, its implementation in social services has met difficulties. It has been contended that it is challenging for professionals to use evidence-based practice individually, and many of the barriers identified are related to leadership and the organizational context. That makes highly relevant the views and actions of the politico-administrative leadership, i.e., management and local political committees responsible for social services.

Aim: The overall aim of this thesis is to contribute knowledge about the implementation of evidence-based practice in social services through the lens of the local politico-administrative leadership. More specifically, this thesis explores contextual factors influencing the implementation of evidence-based practice (Study I); the roles, actions, and prerequisites of local political committees in implementing evidence-based practice (Studies II–III); and whether an intervention targeting local political committees is feasible and may assist the committees in supporting the implementation of evidence-based practice (Study IV).

Methods: A mixed methods approach is used. Study I and II are qualitative interview studies employing semi-structured interviews with top- and middle-level managers in social services and local politicians; chairs and vice-chairs of social welfare committees. The findings from Studies I and II were used to inform Study III, which is a cross-sectional survey study aimed at chairs and vice chairs of local political committees responsible for social services. The results from Studies I–II were then used, together with workshops and interviews with local politicians and representatives from social services, to develop and assess an intervention to aid political committees in supporting the implementation of evidence-based practice. Interviews and surveys were used in Study IV to assess the feasibility, acceptability, appropriateness, and learning outcomes of the intervention.

Findings: In Study I, top-level managers put greater emphasis on strategic concerns and support systems for implementation, whilst middle-level managers were concerned with operational issues on the staff level. Furthermore, most top-level managers viewed evidence-based practice as the integration of the three knowledge sources, while the interpretations of evidence-based practice among middle-level managers varied. Lack of support for evidence-based practice on various leadership levels, in combination with different understandings of what it entails, might jeopardize the alignment of support for evidence-based practice in some social service organizations.

Study II found that local politicians were somewhat unfamiliar with evidence-based practice and policy. Lack of knowledge, hesitancy towards inquiring about specific working methods, and the need for support seemed to impede actions to foster implementation. Personal interest seemed to be of importance in determining the politicians' roles, with some being more active and others being uninvolved. The managers wanted the politicians to endorse implementation by setting a budget and objectives that assist evidence-based practice and following up on the results in social services However, the awareness among the politicians that these actions had influence on the implementation of evidence-based practice was limited.

In Study III, the local political committees' actions could be categorized in three groups—passive, neutral, and active—based on the committee chairs and vice chairs' reports about the actions taken to support the implementation of evidence-based practice. Moreover, a positive relationship between reported actions and perceived prerequisites was found. The perceived capability, motivation, and opportunity for the committees to act were highest in the active group and lowest in the passive group.

Study IV found that an intervention to enable local political committees to support evidence-based practice in social services was satisfactorily acceptable and appropriate. The intervention was perceived as interesting and created curiosity and knowledge about evidence-based practice. However, some alterations are needed to increase the intervention's feasibility, such as the careful anchoring of the intervention before start and local adaptations regarding the delivery format. Further, skills training could be added to the intervention. The collaboration between the political committee and the social services department is vital and should not be excluded from the intervention.

Conclusions: Factors impeding the implementation of evidence-based practice in social services were found related to capability, motivation, and opportunity in the organizations. This implies that support efforts need to be multifaceted and not focus only on single aspects, such as increasing knowledge. The local politico-administrative leadership seem mutually dependent on each other in supporting the implementation of evidence-based practice. Many managers wished the local political committees would more clearly support implementation by indicating in various ways that evidence-based practice is a priority. The politicians were, in turn, reliant on the social services administration for receiving information. However, the knowledge among politicians was limited, the understanding of what evidence-based practice entails differed among the managers, and there were divergent views on what role the political committees should have. Awareness about and reflection on these different understandings and expectations should therefore be cultivated in an effort to align support for evidence-based practice in social service organizations. Some local political committees were more active than others, implying that the local politico-administrative leadership have the potential to act as a unifying force in implementing evidence-based practice. An intervention targeting increased capability, motivation, and opportunity might be one way forward to aid local political committees in supporting evidence-based practice. The intervention was positively perceived, but further evaluation is needed.

LIST OF SCIENTIFIC PAPERS

I. Bäck, A., von Thiele Schwarz, U., Hasson, H., & Richter, A. (2020). Aligning Perspectives? – Comparison of Top and Middle-Level Managers' Views on How Organization Influences Implementation of evidence-based practice. *The British Journal of Social Work*, 50(4), 1126–1145.

II. Bäck, A., Ståhl, C., von Thiele Schwarz, U., Richter, A., & Hasson, H. (2016). Walking the tightrope – perspectives on local politicians' role in implementing a national social care policy on evidence-based practice. *International Journal of Mental Health Systems*, 10:75.

III. Bäck, A., von Thiele Schwarz, U., Bergström, A., Hasson, H., & Richter, A. (2021). Local politicians in action? The relationship between perceived prerequisites and actions of political committees responsible for social services in supporting the implementation of evidence-based practice. *Evidence & Policy*, doi: 10.1332/174426421X16178101375342

IV. Bäck A, Hasson H & Bergström A. Enabling local political committees to support the implementation of evidence-based practice – a feasibility study. *In manuscript.*

CONTENTS

LIST OF ABBREVIATIONS

BCW	Behaviour Change Wheel
CFIR	Consolidated Framework for Implementation Research
EBM	Evidence-based medicine
EBP	Evidence-based practice
NBHW	National Board of Health and Welfare
SALAR	Swedish Association of Local Authorities and Regions
SD	Standard deviation
TDF	Theoretical Domains Framework

1 INTRODUCTION

In social services, decisions are made often regarding the most vulnerable groups in society. Despite the best of intentions, there is a risk that intervening in peoples' lives is doing more harm than good (Sundell & Vinnerljung, 2008). Therefore, arguments for implementing evidence-based practice in social services have been put forward for a long time. Evidence-based practice (EBP) is the integration of knowledge from research, professional expertise, and client preferences into decision-making. The arguments for EBP relate to both client rights, quality assurance, and effectiveness. EBP focuses on the client's involvement, in that decisions regarding methods and interventions need to incorporate the needs and preferences of the client. Moreover, EBP puts great emphasis on clients receiving help that has a known effect. Due to the scarce resources, basing the choices of methods and interventions on the best knowledge available implies that the resources are used wisely (Morago, 2006).

There has been significant national investment regarding implementing EBP in social services in Sweden (Johansson, 2019; Bergmark, Bergmark & Lundström, 2011; Svanevie, 2011). A soft-law policy on EBP was launched in 2010 through an agreement between the government and the Swedish Association of Local Authorities and Regions (SALAR). Multiple types of support have been provided to social services, including educational efforts. However, several challenges exist in implementing EBP in social services (Statskontoret, 2014a). The policy was vague regarding the goal formulation and means of implementing the policy (Matland, 1995). This may result in different implementation outcomes depending on the specific local context where it is implemented (Johansson, 2010; Markström, 2014). Challenges seem to remain for EBP having practical use in social services: few methods seem to be evidence-based in social services (Socialstyrelsen, 2020), low use of research has been reported (Bergmark & Lundström, 2011; Boström et al., 2006), and few social service professionals judged that there was systematic gathering of knowledge from the three EBP knowledge sources in their organizations (Johansson & Fogelgren, 2016). Due to the complex nature of EBP, it is hard to say when an organization can be considered to be working in accordance with EBP. Implementing EBP requires a continuous effort for knowledge development and quality assurance (SOU 2008:18, 2008).

The implementation of EBP is complex, as the concept of EBP has been presented and understood differently (Bergmark, Bergmark & Lundström, 2011; Avby, Nilsen & Abrandt Dahlgren, 2014; Olsson, 2007). Further, implementation requires both time and resources (Scurlock-Evans & Upton, 2015; Gray et al., 2013). Moreover, in social services, the number of responsibilities has increased, while the available resources have decreased (Shanks, Lundström & Wiklund, 2015; Socialstyrelsen, 2020). Social service professionals have an integral role in implementing EBP (Bergmark, Bergmark & Lundström, 2011; Johansson & Fogelgren, 2016), but many of the barriers to implementation, such as leadership support, training opportunities, and adequate resources, are tied to the organizational context (Scurlock-Evans & Upton, 2015; Gray et al., 2013). The key actors on a local level who are involved in making decisions concerning the organization of social services are the managers

and the politicians on committees responsible for social services (Johansson, 2012), hereinafter referred to as the politico-administrative leadership. The politico-administrative leadership shape the context for social service professionals through, for example, what they focus on and measure, what they communicate, and what they allocate resources for (Aarons et al., 2014). Even though they have a potentially great role, little is known about their views on EBP and the organizational prerequisites for its implementation in social services. How social work should be organized to support EBP has received limited research attention; this is especially true of local political decisions regarding EBP (Börjesson, 2014). Thus, what local political committees know and do in relation to EBP is especially unexplored in research. Furthermore, approaching research on policy implementation incorporating factors related to the local organizational and national levels might deepen the understanding of policy outcomes. For instance, both the capacity and responses of local organizations and the instruments used for steering, such as a policy, will affect implementation outcomes (Markström, 2020). Hence, this thesis will focus on the local politico-administrative leadership in relation to EBP implementation.

2   AIM

2.1   OVERALL AIM

The overall aim of this thesis is to contribute knowledge about the implementation of EBP in social services through the lens of the local politico-administrative leadership. More specifically, this thesis explores contextual factors influencing the implementation of evidence-based practice (Study I); the roles, actions, and prerequisites of local political committees in implementing evidence-based practice (Studies II–III); and whether an intervention targeting local political committees is feasible and may assist the committees in supporting the implementation of evidence-based practice (Study IV).

2.2   SPECIFIC STUDY AIMS

The following are the specific aims of the four studies in this thesis:

- To compare how top- and middle-level managers describe the process of implementing EBP and the factors that influence this process (Study I)

- To explore the role of local politicians in the implementation of EBP in social services from their own perspective as well as management's; and to examine what factors politicians perceive as affecting their decisions and actions concerning the implementation of EBP policy (Study II)

- To examine the relationship between perceived prerequisites and the type of actions taken by local political committees to support the implementation of EBP in social services (Study III)

- To describe the development and assess the perceived feasibility, acceptability, and appropriateness of an intervention to enable local political committees to support the implementation of EBP. Furthermore, the achievement of the learning outcomes was examined (Study IV)

3 BACKGROUND

The welfare sector, e.g., health care and social services, encompasses organizations referred to as human service organizations. These organizations are characterized by their concern for central human needs and the well-being of citizens and their interaction with citizens as a core. Further, they are steered by politics and ruled by bureaucracy and laws to ensure political accountability (Johansson, Dellgran & Höjer, 2015).

Social service organizations are also public sector organizations in that they are politically governed and mainly tax funded (Boyne, 2002). In politically governed organizations, the interaction between the local politicians and the administration is a fundamental process (Bækgaard, 2011). The administration of public service organizations is increasingly referred to as management, and administrators holding leadership positions are now most often referred to as managers (Learmonth, 2005). The term administrator is used in this thesis as an umbrella term for managers in social services, as much research concerning the dividing line between administration and politics in public sector organizations is relevant to this thesis, focusing on the views of the local–political leadership. Local politicians and administrators constitute the local politico-administrative context (Fredriksson et al., 2014).

Much research on politico-administrative interactions in local government has focused on politicians and managers at the top level (Svara, 2006; Bækgaard, 2011; Joensuu & Niiranen, 2018). The top-level managers in social services have possibilities for creating supportive organizational conditions for EBP (Austin, Dal Santo & Lee, 2012; Research in Practice, 2006). Further, social service managers closest to staff are those who oversee an organization's daily operations (Johansson, 2012) and often lead implementation efforts in practice (Mosson et al., 2018). These groups are significant actors in social services, although their influence might vary for different issues (Johansson, 2012). Local politicians and top-level managers were reported to have the most influence on policy issues, e.g., goals and budget, organizational changes, and formal delegation, while managers closer to staff seem to have the greatest influence on working methods and routines (Johansson, 2012). In this thesis, the local political committees responsible for social services and managers on different levels in the social service organizations are included in the term local politico-administrative leadership. The political committees in this thesis have a specific responsibility for social services, which is outlined below.

3.1 THE LOCAL POLITICO-ADMINISTRATIVE RELATIONSHIP IN SWEDISH SOCIAL SERVICES

In Sweden, social services are mainly the responsibility of the 290 municipalities (Bäck, 2003). The municipalities are regulated by the Local Government Act (2017:725) but have great autonomy in the organization of the services they provide (Johansson, 2012). The municipalities are governed by a municipal council, which, in turn, appoints a municipal executive board and different sector committees. The sector committees are responsible for different divisions of municipal service (Bäck, 2006), e.g., social services, primary and

secondary education, environmental policy, and urban planning. The social welfare committee is, according to the Local Government Act (2017:725), responsible for the goal, focus, scope, and quality of the activities in social services, and these issues cannot be delegated to the administration. Furthermore, the social welfare committee sometimes takes coercive actions in social services, for instance in matters of child protection, which the administration is not mandated to do (Liljegren, Höjer & Forkby, 2014).

The politico-administrative tradition in Swedish municipalities in theory rests on the Weberian ideal model of bureaucracy. In this context, the ideal model would imply a clear divide between politics and administration, where politicians hierarchically steer the department and make decisions and department administrators execute the decisions of the political organization, as politically neutral instruments (Högberg, 2007). However, this clear demarcation between the politico-administrative leadership is highly questioned in practice (Montin, 2004; Svara, 2006; Högberg, 2007). The relationship and power distribution between administration and politics have long been topics of debate (Montin, 2004). For instance, following municipal reform in the 1970's that merged approximately 2500 municipalities into less than 280, the decreased political influence due to the reduction in local politicians, in combination with the increasing power of department administrators, meant that voices were raised for stronger political steering and a strengthened local democracy to avoid an "administrative reign". In contrast, during the 1980's, concerns were instead articulated about too much detailed political steering, and some municipalities made efforts to keep politics and administration separated by introducing purchaser–provider models, paving the way for influential municipal management trends such as new public management and management by objectives (Montin, 2004).

Despite the ideal model of bureaucracy and the municipal management trends that were argued to create clarity in the division between administration and politics (Montin, 2004), the roles of the administration and politicians are overlapping in practice. The administration is involved in political issues (Högberg, 2007; Lennqvist Lindén, 2010; Bergström, Magnusson & Ramberg, 2008; Shanks, 2016), and politicians are sometimes involved in practice-related issues (Bergström, Magnusson & Ramberg, 2008; Shanks, 2016). For instance, Shanks (2016) found that some managers tried to influence what politicians would put on the political agenda using informal routes, and politicians were described as sometimes being involved in decisions related to individual cases (not related to coercive measures) or working methods outside the political sphere. Furthermore, politicians on local political committees are to deliberate on information provided by the administration for political decision-making (Lundin & Öberg, 2014). However, the extent to which politicians considered information derived from research or evaluations was influenced by political disputes and public attention (Lundin & Öberg, 2014). Moreover, managers' choices regarding what information to present to local politicians were impacted by the managers' perceptions of the political feasibility of the information (Öberg, Lundin & Thelander, 2015).

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Hence, local politicians seem to play an ambivalent role. Liljegren, Höjer and Forkby (2018) found that local politicians were ambivalent regarding the roles they should have in making decisions about child protection and regarding the impact they could and should have on making these decisions. The authors acknowledged that that while many professional fields are striving for EBP, local politicians in child protection are not steering based on science, but on their common-sense perspectives as laypersons, which could pose a problem (Liljegren, Höjer & Forkby, 2018). This brings us to the subject of EBP.

3.2 THE ORIGINAL MODEL OF EVIDENCE-BASED PRACTICE

Evidence-based medicine (EBM) emerged in the early 1990's (Sackett et al., 1996) and was defined as "the conscientious, explicit, and judicious use of current best evidence in making decisions about the care of individual patients" (p.71). It was emphasized that EBM is not merely the use of research evidence, but that clinical expertise and patient preferences were important aspects of EBM. "External clinical evidence can inform, but can never replace, individual clinical expertise (…) any external guideline must be integrated with individual clinical expertise in deciding whether and how it matches the patient's clinical state, predicament, and preferences, and thus whether it should be applied" (Sackett et al., 1996, p.72). Research evidence regards findings from clinical research, clinical expertise encompasses the skills and experiences of the individual practitioner and their ability to balance the different knowledge sources in decision-making, and patient preferences are the patient's views about treatment options which are affected by the patient's condition, values, and experiences (Haynes, Devereaux & Guyatt, 2002a).

The same understanding has been used when transferring EBM into fields other than health care, such as social services, under the heading of EBP (Mullen & Streiner, 2004; Bergmark, Bergmark & Lundström, 2011). Although the illustrations and choices of words vary somewhat between authors, the idea of EBP is often conceptualized as a model for decision-making that integrates three knowledge sources: research evidence, professional/clinical expertise, and client preferences and experience; see Figure 1 (Gambrill, 2003; Thyer & Pignotti, 2011; Bergmark, Bergmark & Lundström, 2011; Jergeby, 2008; Haynes, Devereaux & Guyatt, 2002a). How these knowledge sources are integrated is affected by organizational and situational factors, such as client state or organizational resources. In some later models, these kinds of circumstances are depicted as a fourth knowledge source (Haynes, Devereaux & Guyatt, 2002b; Jergeby, 2008).
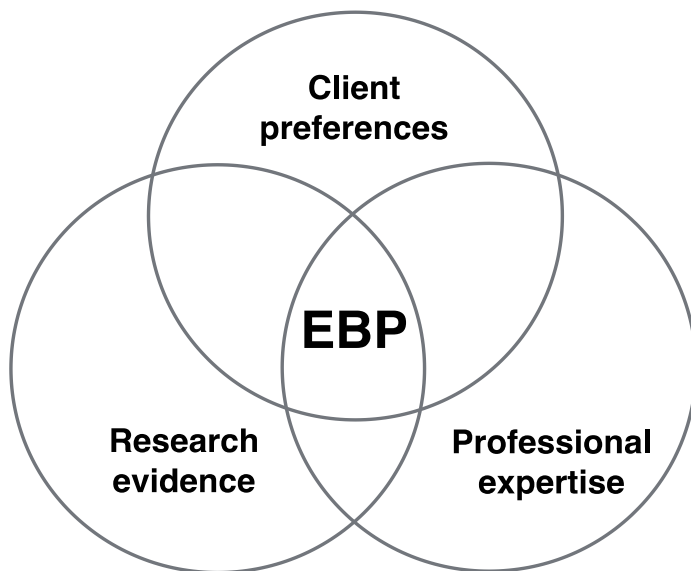
Figure 1: Early model of the three knowledge sources in EBP adapted from (Haynes, Devereaux & Guyatt, 2002a)

The decision-making process of EBP is often referred to as critical appraisal. The idea is that the decision-making process should be made transparent; in this matter, EBP is a way to be open towards clients about the evidence, or lack thereof, behind the service options provided (Gambrill, 2006). The critical appraisal process involves several steps (Morago, 2006; Straus et al., 2019; Thyer & Pignotti, 2011), in brief:

- Formulating client needs into an answerable question
- Finding the best research evidence for answering it
- Critically appraising the evidence
- Applying the results together with professional expertise and client preferences
- Evaluating the process for improvement

3.2.1 Controversies of evidence-based practice

The concept of EBP has been controversial and has generated debate and critique. Opponents have argued that EBP limits professional autonomy, ignores client preferences, is a way to supress costs, will lead to research scepticism, and goes against the philosophy of social work (Mullen & Streiner, 2004). According to EBP proponents, these criticisms are merely misconceptions of EBP. EBP proponents argue that the EBP model *explicitly* incorporates professional expertise and client preferences into decision-making and that research evidence is never a sufficient source for decision-making but needs to be integrated with professional expertise and client preferences and values (Straus et al., 2019; Mullen & Streiner, 2004; Straus & McAlister, 2000). Furthermore, advocates maintain that the best *available* evidence is to be considered, which means that a lack of evidence does not imply one cannot or should not use EBP, since the alternative would be to use interventions of unknown effects (Mullen & Streiner, 2004; Gambrill, 2006). The use of EBP, according to advocates, has the possibility to strengthen professional expertise as EBP means moving away from relying on

authoritarian, traditional, or anecdotal reasoning in decision-making (Nykänen, 2017; Gambrill, 2006). Advocates further argue that EBP increases client rights and is a matter of ethical responsibility, in line with the ethics code of social workers, as the goal is to offer social services clients the best and most relevant care available (Gambrill, 2006; Thyer & Pignotti, 2011; Mullen & Streiner, 2004).

Other concerns raised regarding EBP relate to the lack of evidence in social services. In the critical appraisal process, randomised controlled trials are considered the golden standard; however, little of such research is available in social services. There are also concerns about applying the results of randomised controlled trials to individual clients, as research is often done in highly controlled conditions, making evidence less applicable to the clients in social services who have multiple problems or come from culturally diverse backgrounds (Mullen & Streiner, 2004; Wike et al., 2014). These are indeed valid concerns, but EBP proponents argue that these concerns are general problems for health and social services, not specific for EBP, and that the alternative, using interventions of unknown effect, is more hazardous. If no evidence exists, additional focus should be put on continuously evaluating outcomes (Mullen & Streiner, 2004). Early on, scholars pointed out that what should count as evidence in EBP needed be further discussed, as a too narrow definition would not be viable for practice, and that there was a need for other types of research than RCT and meta-analysis, for example qualitative research (Upshur & Tracy, 2004). Straus et al. (2019) emphasized that the critical appraisal process could involve several sources of evidence, from randomized trials to expert reports, depending on what knowledge is available, further acknowledging that randomized trials and systematic reviews are not always the most helpful sources of evidence, depending on the question at hand (Straus et al., 2019). The lack of relevant research evidence in social services, however, continues to challenge EBP implementation, especially when it comes to interventions in social services that do not have an intention to treat, e.g., income support (Bergmark, Bergmark & Lundström, 2011).

Finally, multiple challenges concerning the implementation of EBP have been highlighted. The lack of time for professionals to get the necessary education and training and to complete the critical appraisal process of EBP are among those challenges (Mullen & Streiner, 2004). Several studies have shown that many social service professionals believe they do not have the time, skills, or resources to appraise research evidence (Bellamy, Bledsoe & Traube, 2006; Manuel et al., 2009; Gray et al., 2015; Scurlock-Evans & Upton, 2015). This also seems true for social service professionals with specific responsibilities for development issues (Socialstyrelsen, 2015). The critical appraisal of EBP, where professionals as *evidence-based practitioners* actively search for and review evidence, demands considerable time and skills that might not be feasible for all individual practitioners (Guyatt et al., 2000). Studies have also shown that social service professionals do not seek research evidence to any great extent (Bergmark & Lundström, 2011; Boström et al., 2006; van der Zwet, Beneken genaamd Kolmer & Schalk, 2016; Ekeland, Bergem & Myklebust, 2019; Finne, Ekeland & Malmberg-Heimonen, 2020).

3.2.2 The guideline model of evidence-based practice

In response to the fact that EBP, as a critical appraisal process, seems difficult to operationalize in practice, some scholars have argued that EBP instead should be operationalized as the use of evidence-based interventions (Reid, 2001) and as guidelines created by experts (Rosen, Proctor & Staudt, 2003). This conceptualization has been called the guideline model (Bergmark, Bergmark & Lundström, 2011; Nykänen, 2017). The guideline model proposes that professionals are *evidence users* who take part of the research evidence that has already been appraised by someone else (Upshur & Tracy, 2004). Thus, who is supposed to be appraising the relevant evidence for the problem at hand is the major difference between critical appraisal and the guideline model (Nykänen, 2017).

The arguments presented against the guideline model problematize how evidence is selected when summarizing research evidence, that guidelines are a top-down approach imposing certain methods on practice, and that standardizing services is problematic in social services due to complex problems among social services clients (Nykänen, 2017). Furthermore, authors have pointed out that critical appraisal implies more autonomy and discretion for the professional than the guideline model does (Nykänen, 2017). Conceptualizing EBP as the integration of research evidence, professional expertise, and client preferences indicates a more active role for social service professionals, while the guideline conceptualization indicates a more passive role for practice as the recipient of expert guidelines (Bergmark, Bergmark & Lundström, 2011).

Arguments for the guideline model include that using pre-appraised evidence saves time, the guidelines being created by experts could be viewed as a quality stamp, guidelines could lead to more equality in provided services, and professionals might wish for guidance (Nykänen, 2017).

3.2.3 Viewing evidence-based practice as an organizational process

The debate concerning how EBP should be operationalized has resulted in different interpretations of EBP being utilized, including critical appraisal, the use of evidence-based interventions, and following guidelines (Olsson, 2007). The confusion around what EBP entails is a barrier to its implementation (Gray et al., 2013), and several scholars have stated that the different interpretations of EBP that exists will have implications for EBP implementation (Wike et al., 2014; Avby, Nilsen & Abrandt Dahlgren, 2014; Olsson, 2007; Bergmark, Bergmark & Lundström, 2011).

Bergmark, Bergmark, and Lundström (2011) proposed that we should view EBP as critical appraisal, as first described by Sacket et al. (1996), but with realistic expectations on how this model could be followed in practice. They argue that it is not realistic for social service professionals to seek, appraise, and apply research evidence within their work field, given their everyday work context. Instead, a support function is needed within social services that aids with EBP matters. Furthermore, they argue that local systematic follow-up in social services must be improved to support EBP (Bergmark, Bergmark & Lundström, 2011).

Similarly, Björk (2016) concluded in his thesis about EBP in social services that due to how organizational conditions affect the ability to work with EBP, a move is needed from viewing EBP as individual decision-making and to a focus on what EBP can mean from an organizational perspective (Björk, 2016a).

Other models of EBP also have been proposed that present EBP as an organizational process, in contrast to as an individual process. Plath (2014) propagated a model in which EBP undergoes critical appraisal as a cyclical process by actors in a team or an entire organization but not necessarily by individual professionals. First, a practice question is defined, followed by knowledge being gathered from research and local data. This knowledge is appraised and evaluated for applicability for clients and to inform organizational decisions regarding what methods should be developed, adopted, adapted, or terminated. Internal and external actors evaluate the outcomes, and the results are fed back into new practice questions. Thus, the process entails both creating local data and integrating research evidence to aid the continuous improvement of services provided, through follow-up and evaluation (Plath, 2014).

Nutley, Walter, and Davies (2009) developed three models of how organizations could use EBP. The first two are in line with the two broad models of EBP mentioned previously— critical appraisal and the guideline model—but using different names: the *research-based practitioner model* and the *embedded research model*, respectively. The third archetype model is the *organizational excellence model*. In this model, organizations are not merely the recipients of research knowledge—they are also active in developing knowledge through local adaption of research findings; local evaluation; and collaboration with universities, researchers, and intermediary organizations. In the organizational excellence model, a "research-minded" organizational culture supports research use. Organizational learning is in focus, and research findings are integrated with professional knowledge and local data (Nutley, Walter & Davies, 2009, 2007). These models are archetypes, and in practice, a combination probably is utilized because the models might be more or less appropriate in different organizational settings. For example, researchers have suggested that the *research-based practitioner model* might be especially problematic in organizational settings with a high proportion of professionals without a university degree (Nutley, Walter & Davies, 2007).

In this thesis, EBP is defined as critical appraisal, as first outlined by Sacket et al. (1996), incorporating research evidence, client preferences, and professional expertise in decision-making. Further, this thesis takes Plath's approach and views EBP as a process that could be collectively performed within an organization and not necessarily (but possibly) by individual professionals.

3.3 INTERNATIONAL IMPLEMENTATION OF EVIDENCE-BASED PRACTICE IN SOCIAL SERVICES

Social service professionals' use of the EBP process seems to be fairly low, according to self-reports (Scurlock-Evans & Upton, 2015; van der Zwet, Beneken genaamd Kolmer & Schalk, 2016; Morago, 2010).

Research focused on implementing EBP in social services has reported beneficial attitudes towards EBP among managers and professionals (Gray et al., 2014; Gudjonsdottir et al., 2017; Scurlock-Evans & Upton, 2015; Finne, 2020). However, some groups of social service professionals seem to be on the fence (van der Zwet, Beneken genaamd Kolmer & Schalk, 2016; Ekeland, Bergem & Myklebust, 2019).

3.3.1 Factors affecting evidence-based practice implementation

Two international literature reviews have examined factors that hinder or enable EBP in social services. At the *individual level*, such hindering factors include insufficient knowledge about EBP and inadequate skills in appraising evidence. Further barriers include a hesitant or negative attitude towards EBP among professionals (Scurlock-Evans & Upton, 2015; Gray et al., 2013).

At the *organizational level*, barriers that have been illuminated include factors such as scarce organizational resources for EBP, lacking time and training possibilities, and inferior EBP supervision. Additional barriers include an organizational culture in which EBP is not prioritized and too much focus being put on bureaucratic control. Poor organizational infrastructure has also been highlighted, such as a lack of access to Internet and databases of research articles or summarized research (Scurlock-Evans & Upton, 2015; Gray et al., 2013).

The *system-level factors* included, foremost, the limited amount of research evidence relevant for social service practice as well as a poor fit between research findings and their application in different practice settings due to discrepancies in demographic characteristics between research participants and people receiving help within social services, making judgments of applicability difficult (Scurlock-Evans & Upton, 2015; Gray et al., 2013).

In general, the reviewed studies explored enablers for implementation less frequently, but their suggestions for facilitating EBP included improved supervision and support from managers as well as management taking a systematic approach to skills development and training and driving the implementation of research evidence. Moreover, collaboration with universities, increased staffing, and dedicated time for EBP and reflection also were suggested as enablers for EBP (Scurlock-Evans & Upton, 2015; Gray et al., 2013).

3.3.2 Leadership in creating organizational prerequisites for evidence-based practice

Several models within implementation research have acknowledged the important general role of leadership in implementation (Fixsen et al., 2005; Damschroder et al., 2009; Aarons, Hurlburt & Horwitz, 2011). For example, leadership support to inspire and motivate staff;

suitable supervision; and adequate organizational resources (money and time) and structures for providing training, continued education, necessary materials, and so on, are conducive to positive attitudes among staff towards diverse evidence-based interventions, EBIs (Aarons, Sommerfeld & Walrath-Greene, 2009; Aarons, 2006; Aarons & Sommerfeld, 2012; Powell et al., 2017; Brimhall et al., 2016) as well as implementation efforts (Pogoda et al., 2011; Beidas et al., 2016; Richter et al., 2020).

Regarding EBP specifically, managers may create organizational prerequisites for EBP implementation such as providing training, tools, supervision, systems for feedback, and role modelling regarding EBP (Gambrill, 2006). Similarly, Austin, Dal Santo, and Lee (2012) argued that top-level management have the responsibility to create the essential organizational prerequisites for supporting EBP and knowledge development in social service organizations. For example, top-level management may promote EBP, arrange for relevant staff training, integrate EBP into current ways of working, gather local data, and assist the diffusion of practice knowledge among levels within the organization as well as externally, in the form of example networks. Support structures may also include staff with specific responsibilities for research dissemination, knowledge sharing, and collaboration with research organizations. Collaborations with research and development units are also highlighted as enabling knowledge development (Austin, Dal Santo & Lee, 2012; Research in Practice, 2006).

Aarons et al. (2014) acknowledged leaders' pivotal role within multiple levels of the system (outer context) and in health service organizations (inner context) for creating an environment in which EBP implementation is properly supported in a sustainable way (Aarons et al., 2014). For instance, they argued that a supportive implementation climate may be developed when leaders across levels in an organization clearly convey that EBP is a priority through, for example policies and routines and how EBP is recognised. Leaders at the system level may affect policies, funding, and capacity-building efforts, and all leaders have the possibility to show interest and support for EBP. Leaders at the top of the organizations often make the decisions about what services are provided, while leaders closer to staff must drive the implementation efforts, encourage the process, and handle issues such as adaptations to fit local practice. The authors suggested embedding EBP into the organizations through what is being paid attention to, measured, and being allocated resources as well as how leaders respond to critical incidents, act as role models and coaches, recognize staff, and recruit. These embedding mechanisms initially were proposed by Schein (2010). Not only does the individual leader has importance for the implementation process but the alignment of support between different levels of leaders also has been pointed out as salient for implementation (Aarons et al., 2014).

3.4 IMPLEMENTING EVIDENCE-BASED PRACTICE IN SWEDISH SOCIAL SERVICES

Although social services managers and professionals generally have more positive than negative views on EBP (Bergmark & Lundström, 2011; Socialstyrelsen, 2015, 2020;

Lundström & Shanks, 2013), objective measures do not exist regarding the extent of EBP application, nor does a determined goal regarding the extent of EBP application that could be used for comparison (Johansson & Fogelgren, 2016). Few of the methods used in social services seem to be evidence-based (Perlinski, Blom & Moren, 2013; Socialstyrelsen, 2017, 2020); in line with this, social service professionals (including in elderly care) previously have reported low use of research findings (Bergmark & Lundström, 2002, 2011; Boström et al., 2006, 2013). Furthermore, practice-based knowledge—in contrast to research-based knowledge—was found to dominate decision-making in social services (Avby, Nilsen & Ellström, 2017). Moreover, few social service professionals considered their organizations as having systematic ways of gathering knowledge from the profession, research, or service users, i.e., the foundations of EBP. However, a relatively large group (40%) simultaneously considered themselves as working in accordance with EBP in their daily work to a fairly high degree. These contradictory findings were thought to be related to an understanding of EBP that did not include integrating the three knowledge sources (Johansson & Fogelgren, 2016).

In a report examining the conditions for EBP among social service professionals with specific responsibilities for quality improvement, some of the most commonly reported enablers for supporting colleagues using EBP were enough time, support from management, and knowledge/experience (Socialstyrelsen, 2015). The lack of the same factors was further reported as barriers (Socialstyrelsen, 2015). Organizational factors, such as supportive leadership and high work group capacity, together with individual capabilities, have also been highlighted as important for EBP use in a study on nurses in health and elderly care (Boström et al., 2013).

A qualitative study found that the social service managers closest to staff considered themselves as having a crucial part in implementing EBP and EBIs through informing and preparing staff (Mosson et al., 2017). However, these managers expressed being very reliant on the prerequisites found in their organizations, such as resources for EBP, staff competency, and top-level management providing support for and prioritizing EBP (Mosson et al., 2017, 2018).

3.4.1 National and regional initiatives for implementing evidence-based practice

The national-level attempts to promote EBP in Swedish social services have been substantial (Johansson, 2019; Bergmark, Bergmark & Lundström, 2011; Svanevie, 2011). The state governs the municipalities through various measures, including laws, regulations, state subsidies, agreements, action plans, and financial incentives for development projects (SOU 2007:10, 2007). It has become increasingly common for the state to use soft-law measures such as for example agreements that are collaborations based more on voluntarism and trust than on traditional hierarchal steering (Statskontoret, 2014b). The decreased use of hierarchal steering and the increased use of cooperation and networking have been described as moves from government to governance (Denvall, Nordesjö & Johansson, 2021). An example of soft-

law measures related to EBP in social services is a policy agreement on EBP between the government and SALAR launched in 2010.

The official government report *Evidence-based practice within social services—to the benefit of the user* (SOU 2008:18, 2008) had great significance for the development of EBP policy. The report concluded that knowledge about the effects of social services was underdeveloped, and that social work practice relied too heavily on professional experience, instead of on knowledge about the effectiveness of interventions and working methods in social services. The report proposed that the government and SALAR should create policy agreements focusing on a number of issues identified as important for the development of EBP: more research about the effects of social services, better conditions for professionals to develop EBP, better structures for organizational monitoring, and a clarified client perspective (SOU 2008:18, 2008). The long-term goal proposed in the report was to develop EBP in social services. EBP was defined as a practice based on the integration of the user's experience, the professional's expertise, and the best scientific knowledge available. The report suggested that the national-level role should, first and foremost, be supportive and facilitative in how the goals should be achieved, such as by creating support structures facilitating evaluation, implementation, and knowledge use. The local level, in turn, is responsible for social services being based on knowledge about quality, results, and effectiveness (SOU 2008:18, 2008). The report also addressed the term "knowledge", concluding that knowledge could come from research using different scientific methods and from different research disciplines. Knowledge from practice was also highlighted, in that experiences from practice should be systematized and documented to enable discussion and knowledge development (SOU 2008:18, 2008).

The subsequent EBP policy stated that the agreement's intent was to increase the capacity among social services for creating and using relevant knowledge about their results, quality, and effectiveness. The long-term goal was that the agreement would support the development of EBP and, thereby, that social service users would receive interventions based on the best available knowledge (Regeringen, 2010, 2011). The policy described EBP as an approach for continuous and systematic learning, in which the client and the professionals make decisions together about suitable interventions, based on the best available knowledge. It articulates that research becomes useful only when it is integrated with professional expertise and client preferences (Regeringen, 2010). The intention was that social services gradually would work evidence-based (Statskontoret, 2014a).

The policy highlighted the following areas to be strengthened for knowledge development in social services (Regeringen, 2010):

- Regional support for knowledge development, e.g., networks to enable more practice research, effect evaluations, and regional educational initiatives
- Support for local quality improvement, e.g., systems for following up on results and quality in social services

- Web-based documentation for local and national follow-ups, e.g., a Web portal for research on effective methods, relevant clinical guidelines, and local data from practice regarding promising methods
- Research, e.g., by stimulating more research on social work practice
- Education, e.g., educational initiatives regarding EBP
- User involvement, e.g., open comparisons for enabling informed client choice

Note that knowledge-development initiatives towards EBP had been ongoing for quite some time before the policy was adopted in 2010. These included the start of a centre to spread knowledge about the effects of methods in social services (Center for Evaluation of Social Services, thereafter the Institute for Evidence-Based Social Work Practice), a national programme for knowledge development, and pilot projects for implementing EBP in selected organizations (Svanevie, 2011).

The policy on EBP included annual agreements between the government and SALAR between 2010 and 2016. These agreements included targeted efforts for knowledge development within certain areas: substance abuse treatment, elderly care, children and youth care, support for people with disabilities, and e-health (Gegner, Righard & Denvall, 2020). The national-level support for the EBP policy involved aspects such as the provision of guidelines, knowledge synthesis, tools for documentation and follow-up, and IT support as well as the development of methods for providing support for certain client groups (Statskontoret, 2014a). As a central part of the agreements in the policy, a network of regional development leaders was created for the different areas mentioned above (Gegner, Righard & Denvall, 2020). However, development leaders within the areas of substance abuse treatment and elderly care were already in place at the time of the policy's adoption (Statskontoret, 2014a). The development leaders were to support the municipalities in implementing EBP (Gegner, Righard & Denvall, 2020; Nygårdh, Ahlström & Wann-Hansson, 2016). The support structures built up consisted of networks of people from research and development units, the research community, and people from both health and social services (Statskontoret, 2014a).

In its evaluation of the EBP policy, the report concluded that the policy had enabled knowledge development in social services. However, systematic knowledge development was perceived as lacking, and processes for user involvement as well as connections to research were deemed underdeveloped (Statskontoret, 2014a).

Denvall and Johansson (2012) questioned the EBP policy for being unclear and ambiguous, both about how to implement EBP in actual practice and what actors were supposed to do what. Furthermore, research community and client involvement were considered to be absent. The authors argued that it was more the idea of EBP being implemented, whereas the content of the EBP was still up for debate (Denvall & Johansson, 2012). A policy with ambiguous goals and means could led to very different implementations at the local level (Matland, 1995). The Policy Implementation section contains more on this.

3.4.2 Knowledge management

Parallel with the emergence of EBP, knowledge management was another related concept that influenced national efforts to implement EBP (SOU 2007:10, 2007). The idea that knowledge should steer health and social services started to grow (Sandberg, Persson & Garpenby, 2019; Liljegren & Parding, 2010; Denvall, Nordesjö & Johansson, 2021). This idea has also been called evidence-based policymaking (Fernler, 2011), informative governance (Fredriksson, 2012), and management by knowledge (Kalkan, Sandberg & Garpenby, 2015). According to Fernler (2011), knowledge management can be described as a political and administrative application of EBM/EBP, in which research evidence is systematized and disseminated to health and social services (Fernler, 2011). This implies a focus on EBP as following the guideline model, in which professionals take part of critically appraised evidence as evidence users. However, according to the NBHW, knowledge management is *not* EBP but a way to obtain EBP (Socialstyrelsen, 2011), and it takes place at both the national and local levels (SOU 2008:18, 2008). One of the ways in which knowledge management from the national level have been operationalized is through the EBP policy and various forms of non-binding knowledge support, e.g., guidelines. Knowledge management in social services also concerns steering and management processes that contribute to the development of EBP as well as creating and maintaining infrastructure for knowledge development, such as the systematic documentation and follow-up of social service results (Socialstyrelsen, 2011; SOU 2008:18, 2008).

Arguments for national knowledge management are related to both quality assurance and effectiveness (SOU 2007:10, 2007). A new governmental regulation for knowledge management was launched in 2015, which was intended to strengthen the prerequisites for health and social services to provide care based on the best knowledge available (Statskontoret, 2018; Socialdepartementet, 2015).

The organization of knowledge management includes a national council for knowledge management (Rådet för styrning med kunskap), formed by the directors of governmental authorities involved in knowledge management and regional- and municipal-level representatives of health and social service leaders (Huvudmannagruppen, comprising politicians from a few municipal councils). Furthermore, a number of networks and working groups exist to support knowledge management in the municipalities (Sveriges Kommuner och Regioner, 2021, 2017). The role for local politicians in knowledge management is arguably to assess goal attainment within organizations through systematic follow-up and evaluation (SOU 2007:10, 2007).

Despite the new regulation in 2015, challenges remain to support EBP and knowledge management in social services. These include the development of systematic follow-ups, gathering local data for systematizing proven experience (best practice), and advancing the dialogues between the council and professional groups (Statskontoret, 2018).

Some have criticized the national initiatives to support evidence use in social services, whether using the concept of EBP or knowledge management, as being top-down steering (Bergmark, Bergmark & Lundström, 2011; Hübner, 2016) and as being too focused on standardizing practices in social services (Jacobsson & Meeuwisse, 2020; Hübner, 2016). Much of these critiques seem to relate to how national and regional actors operationalize EBP, using the guideline model or critical appraisal. Authors have argued that national efforts have been focused on EBP according to the guideline model (Liedgren & Kullberg, 2021; Hübner, 2016), whereas EBP as critical appraisal is considered to encourage local knowledge development and active participation by the social service professionals (Johansson & Fogelgren, 2016). Therefore, it seems important to involve the understandings of, and conditions for, EBP on local level in the way forward to support EBP implementation. Further research has been prompted regarding the municipal organizational conditions for EBP, focusing on steering, management, and organizational prerequisites (Johansson & Fogelgren, 2016).

Therefore, reasons exist to explore how the politico-administrative leadership views the organizational prerequisites for implementing EBP in a Swedish context as well as what local political committees do, or could do, to enable further EBP implementation.

3.5 STUDYING THE IMPLEMENTATION OF EVIDENCE-BASED PRACTICE

Implementation processes are a study topic within both policy implementation and implementation science research. Both research fields involve understanding how to translate intentions into desired changes—that is, policymakers' intentions and policy impacts in policy implementation, and research findings and what is done in routine practice in implementation science (Nilsen et al., 2013). However, whereas policy is the implementation object in policy implementation, specific evidence-based interventions are most often the implementation objects in implementation science (Johansson, 2010; Nilsen et al., 2013).

Both research fields are highly relevant to this thesis for implementing EBP in Sweden.

3.5.1 Policy implementation

Policy implementation research involves public policy processes and how public policies are put into effect (Nilsen et al., 2013; Schofield, 2001). Public policy may involve a course of action to address a specific problem or issue, including formal decisions and intentions, as well as the actions taken by actors at different levels to implement the policy (Hill & Hupe, 2002). Two opposing perspectives on implementation studies have emerged in the policy implementation field: top-down and bottom-up (Hupe & Sætren, 2015).

The top-down perspective sees implementation as the execution of a political decision and prescribes centrally located actors as the most important actors for influencing the implementation process (Matland, 1995). However, a risk of the top-down perspective is of missing factors that affect local actors, such as behavioural complexity and goal ambiguity, and thereby ignoring the interpretation of a policy that takes place on "the ground"

(Schofield, 2001). National initiatives to implement EBP in Sweden have been described as a highly top-down approach (Bergmark, Bergmark & Lundström, 2011; Johansson, 2019).

The bottom-up perspective involves approaching policy implementation by instead focusing on the actions and motivation of local-level implementers (Schofield, 2001) and on the importance of implementation networks and structures (Hjern & Porter, 1981). Bottom-uppers maintain that the local implementers truly determine whether if a policy is implemented or not (Matland, 1995; Lipsky, 1980). This perspective instead risks missing the influence of policy and central actors on the local implementation process (Schofield, 2001). Most of the identified studies on EBP implementation taking a more bottom-up approach focus on social service professionals' use of assessment tools or EBIs (Alexanderson, 2006; Ponnert & Svensson, 2011; Björk, 2016b). Less is known about the views of the local politico-administrative leadership—that is, local-level actors who affect the context for social service professionals.

The top-down and bottom-up divide was followed by recognition that both perspectives are needed and could be combined to deepen our understanding of policy implementation (Schofield, 2001; Hupe & Sætren, 2015), with Matland's (1995) ambiguity-conflict model being one example. The model considers the ambiguity of a policy, together with potential conflicts with the issue in question. Conflict concerns the degree to which agreement exists on the policy's goals and the preferred means to realize the policy. Ambiguity concerns the clarity of the policy's goals and means. A way to minimize conflict is to be ambiguous. Hence, the balance between conflict and ambiguity in a policy will affect its implementation.

The policy on EBP could be an example of a policy characterized by high ambiguity and low conflict, where both goals and means in the policy may be ambiguous. The implementation process and outcomes will depend mainly on contextual conditions. The opportunities afforded to actors at the local level, as well as their perceptions of what the policy is, will greatly affect the results of the implementation, and the implemented programme will vary among settings (Matland, 1995). The concept of EBP was indeed intensely debated before the introduction of the policy in terms of how EBP should be interpreted, as well as what types of research are relevant for social services and what should be counted as evidence (Bergmark, Bergmark & Lundström, 2011; Denvall & Johansson, 2012). However, the ambition that social services should be more strongly based on scientific knowledge and on knowledge about the results of social services is hard to question (Bergmark, Bergmark & Lundström, 2011). However, the formulations in the EBP policy were vague, and being ambiguous and vague in policy formulation could decrease conflict (Matland, 1995). In addition, leaving room for adjustments in a policy's implementation chain over time via different actors could be a conscious decision made to ease implementation efforts (Johansson, 2010; Hill & Hupe, 2002). The EBP policy did not make clear what was expected from local actors, and the formulations thereby made it possible for the actors to step in and affect the way in which the policy was to be implemented (Denvall & Johansson, 2012). This makes local actors' understanding and capacity highly relevant.

3.5.1.1 Local actors' capacity for policy implementation

It has been argued that a better understanding of the competency and capacity of the implementing actors and their organizations is needed to implement new policies, as this will have importance for implementation success (Schofield, 2001). However, most theories and models in policy implementation work under the assumption that the local actors know what to do to realize a new policy, which is not always the case (Schofield & Sausman, 2004).

Lundquist elaborates this further by describing how implementation actors have the capacity for action, but are affected by structures influencing their choices. The local actors' properties, including their understanding of and willingness and ability to implement a policy, ultimately affect policy implementation (Lundquist, 1987). Understanding (or comprehension) concerns the extent to which the local actor is aware of the policy's content, understands it, and recognizes its intentions. Willingness refers to the local actors' more or less conscious and explicit preferences, as well as whether they agree with the policy and have interest in its implementation. Finally, ability (or capability) encompasses the actor's competence and ability to put a decision into effect. Physical factors, such as time as well as personal, financial, or technical resources, also affect this ability (Lundquist, 1987).

In this, Lundquist proposes that implementation steering concerns politicians' efforts to affect bureaucrats to implement policy decisions, with higher bureaucrats affecting lower levels, and so on (Lundquist, 1987). Similarly, Vedung (1998) argues that these three properties of actors on different levels (national, regional, and local) affect the implementation outcome (Vedung, 1998). The understanding, willingness, and ability of actors, such as politicians, managers, and professionals, have also been claimed to be central to the implementation of EBP (Oscarsson, 2009).

In sum, how a policy is interpreted at the local level is central for understanding its implementation on the ground. A previous report stated that the work of developing EBP in social services was carried out by the social service management, with limited political engagement (Socialstyrelsen, 2011). At the same time, it had become more common to have EBP in the overall objectives of social welfare committees (Socialstyrelsen, 2011). However, the interest of local politicians in EBP was also reported to have decreased according to social service managers (Socialstyrelsen, 2020). Some local politicians also described a lacking understanding of EBP (Avby, Nilsen & Abrandt Dahlgren, 2014). This, of course, raises questions about how the politico-administrative leadership understands and supports EBP implementation at the local level in social services.

3.5.2 Implementation science

Implementation science is the study of methods for promoting the uptake of research and evidence-based interventions into practice in clinical, community, and policy contexts (Eccles & Mittman, 2006). The implementation object has mainly been systematized research evidence or interventions that are proved to be effective (i.e., evidence-based interventions, programmes, or practices) (Grimshaw et al., 2012; Rabin et al., 2008). The field of

implementation science emerged from diverse research fields, and due to this interdisciplinary origin, the field's definitions and terminology have differed among scholars. Thus, implementation is also referred to as knowledge transfer, knowledge exchange, and research utilization (Rabin et al., 2008).

Implementation strategies are the activities performed to put an intervention into practice. Different classes of implementation strategies exist, according to Leeman et al. (2017). *Dissemination strategies* are often used among actors at the system level and consist of, for example, distributing guidelines or information about an EBI to specific target groups to increase awareness and knowledge. *Implementation process strategies* take place at the organizational level and involve activities performed to plan, select, and support the uptake of an intervention, including possible adaptations and the monitoring of outcomes. *Integration strategies* focus on incorporating a chosen EBI into routine practice within an organization. External support actors use *capacity building strategies* to support the previously mentioned implementation process strategies by increasing the individual's capacity to execute these processes. These strategies could include the provision of training, tools, and networks for knowledge exchange. *Scale-up strategies* are also used among external support actors (e.g., the NBHW or SALAR) to support organizations in implementing EBIs by increasing motivation and capacity in different organizations and settings. These strategies may include training-the-trainer initiatives, creating infrastructures, benchmarking, and policy advocacy (Leeman et al., 2017). It may be noted that national efforts to implement EBP in Sweden as previously outlined in this thesis could be said to include both dissemination (e.g., communicating the policy and national guidelines, as well as knowledge support, capacity building strategies; providing tools for documentation and scale-up strategies; and providing support structures and benchmarking through open comparisons).

3.5.2.1 Implementation theories, models, and frameworks

A wide range of theories, models, and frameworks are used in implementation science (Nilsen, 2015). Different categories for these theories, models, and frameworks have been suggested (i.e., process models, determinant frameworks, classic theories, implementation theories, and evaluation frameworks). These vary in their focus and use. Some focus on describing what influences implementation, some provide guidance on how to implement, and others mainly provide structure for how to evaluate implementation efforts (Nilsen, 2015). Frameworks that mainly describe influential factors have many commonalities, such as leadership, the inner context (organizational structure, culture, climate), characteristics and competencies of the implementers (e.g., readiness for change, capability, motivation, attitudes, etc.), the outer context (e.g., regulations, policies, inter-organizational collaborations, available funding, client organizations, leadership, etc.), and the intervention itself (Fixsen et al., 2005; Greenhalgh, Robert & Macfarlane, 2004; Damschroder et al., 2009; Durlak & DuPre, 2008; Michie, van Stralen & West, 2011; Aarons, Hurlburt & Horwitz, 2011). Moreover, the context involved in implementation processes has been increasingly recognized as influential for implementation outcomes. The inner and outer contexts can

affect implementation, from the initiation to the sustainment of the implementation (Aarons, Hurlburt & Horwitz, 2011).

3.5.2.2 *Implementation as behaviour change*

The different models in implementation science take on somewhat different perspectives on implementation processes. One of the perspectives involves viewing implementation as a behaviour change (Michie, van Stralen & West, 2011). This is also the perspective used in this thesis.

It has been argued that implementation may be viewed as a behaviour change, as it requires new behaviours to be performed in an organization for implementation to take place, and at the same time, other behaviours might need to cease (Michie, van Stralen & West, 2011; Grol & Grimshaw, 2003; Eccles et al., 2005). Behaviours are anything people do in response to stimuli, and these actions may be both physical and verbal (Davis et al., 2015). Taking on a behaviour change perspective in implementation processes could be useful for understanding barriers and enablers (Grol & Grimshaw, 2003; Michie, van Stralen & West, 2011; Grol & Wensing, 2004; Atkins et al., 2017).

One model for studying implementation using a behaviour perspective is the COM-B model (Michie, van Stralen & West, 2011). According to the COM-B model, three interacting core components make individual behaviour (B) possible: capability (C), opportunity (O), and motivation (M) (Michie, van Stralen & West, 2011; see Figure 2). The model is similar to Lundquist's policy implementation model (Lundquist, 1987), although the models differ somewhat regarding what is included in each sub-category.

According to the COM-B model, capability and opportunity affect motivation, and all three components affect behaviour and vice versa (i.e., doing the behaviour could increase capability, motivation, and opportunity) (Michie, van Stralen & West, 2011).
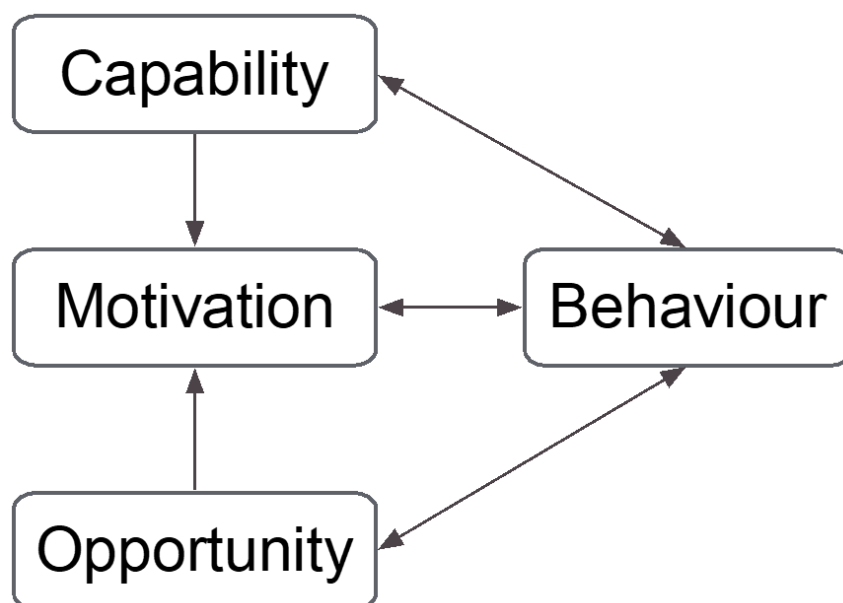
Figure 2: The COM-B model: capability, opportunity and motivation make individual behavior possible

These components are furthermore divided into six sub-components (see Figure 3, middle part). The model separates *physical* and *psychological capability*, where physical capability encompasses the physical skills and stamina needed to realize the behaviour, whereas psychological capability includes knowledge and cognitive skills. *Reflexive motivation* comprises cognitive processes, such as planning and evaluating, whereas *automatic motivation* concerns automatic processes (e.g., emotions and impulses). The opportunity component encompasses all factors that lie outside of the individual and is divided into physical and social opportunity. *Physical opportunity* encompasses environmental factors, such as resources, time, and material. *Social opportunity* includes the social norms and values around us, for example, culture and climate.

The components and sub-components in the COM-B model can be described in more detail using the 14 domains found in the theoretical domains framework (TDF) (Cane, O'Connor & Michie, 2012). The TDF integrates a vast number of behaviour change theories and the theoretical constructs of behaviour change to make the theory easier to use for assessing implementation problems and intervention design (Cane, O'Connor & Michie, 2012). The domains in the TDF and how they are connected to capability, opportunity, and motivation in the COM-B model are presented in Figure 3.

Capability → Psychological

Knowledge
Skills
Memory, attention and decision
Processes
Behavioural regulation

Capability → Physical

Skills

Motivation → Reflective

Social/Professional role and identity
Beliefs and capabilities
Optimism
Beliefs about consequences
Intentions
Goals

Motivation → Autonomic

Environmental context
Resources

Opportunity → Social

Social influences

Opportunity → Physical

Environmental context
Resources

Figure 3: Mapping the COM-B dimensions to the TDF domains (Cane, O'Connor & Michie, 2012)

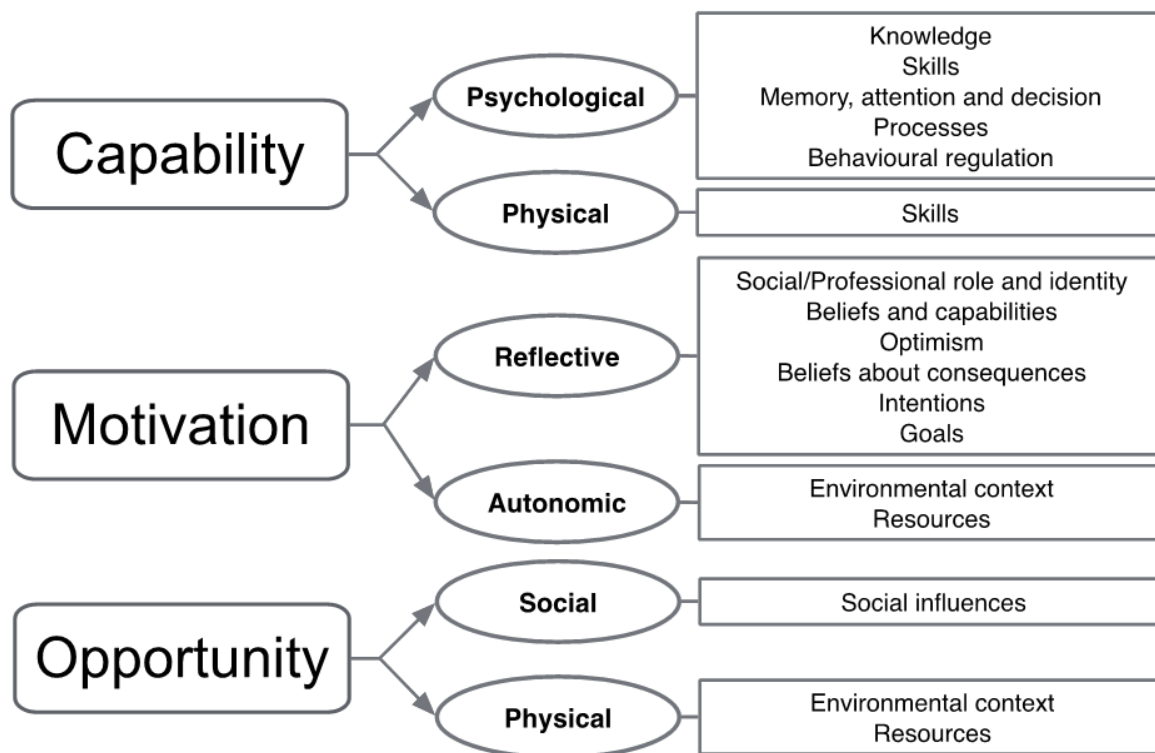Both the COM-B model and the TDF may be used to analyse behaviours and may be used as the base of the behaviour change wheel, (BCW) (Michie, West & Atkins, 2014). The BCW is a system for analysing behaviour and creating or evaluating interventions for behaviour change. Based on an identification of appropriate target behaviours, as well as an analysis of what is needed to perform the target behaviour (capability, motivation, opportunity), tailored strategies for implementation are chosen in the BCW through policy categories and behaviour change techniques. The BCW may be used for understanding and planning interventions at the individual, group, or system level (Michie, West & Atkins, 2014).

3.5.3 Theoretical models used in the thesis

When one views EBP as an organizational process, several actors are involved in the steps of the EBP process (Plath, 2014). However, for managers and professionals in social services to contribute to the EBP process in different ways through their actions, such as appraising research, choosing EBIs, sharing professional expertise, or collecting outcome data, they need to have the necessary conditions for doing so. An understanding of EBP as organizational process implies a need for organizational structures that support the EBP process as well as a culture that prioritizes EBP through strong leadership engagement (Plath, 2013).

Similarly, the local political committees have a responsibility for matters related to the goals, scope, and quality of social services according to the Swedish Local Government Act. The politicians are not necessarily involved in the actual EBP process, but their actions as leaders to support EBP may affect implementation (Aarons et al., 2014). However, in the same way

as the managers and professionals, the local political committees need prerequisites for taking action.

Given the above, the COM-B model, the TDF, and Lundquist's implementation model are all relevant as tools for understanding conditions for implementing EBP at the organizational and individual levels.

3.5.4 Intervening in prerequisites

When knowledge exists about the prerequisites for certain behaviours, it may be possible to intervene in these prerequisites, for example, by using behaviour change interventions (Michie, West & Atkins, 2014).

Given the indications that local political involvement in EBP implementation is low, that political interest in EBP might be on a decline (Socialstyrelsen, 2011, 2020) and that there might be limited knowledge of EBP (Avby, Nilsen & Abrandt Dahlgren, 2014), reason could exist to examine if the prerequisites of local political committees for supporting EBP may be strengthened. No scientific studies have been identified that try to encourage the political leadership to support EBP implementation. Consider a report from a project in 2008 (Socialstyrelsen, 2010) in a social service department in Stockholm. The project examined how EBP could be implemented in practice. As part of the project, local politicians were given information about EBP and implementation research to show them why working with EBP was important. The politicians were moreover continuously informed about the progress of the project. According to the social service management, one of the results of the project was that the local politicians asked more questions about the evidence base for the interventions suggested to clients. However, the project did not explore the experiences of the local politicians (Socialstyrelsen, 2010). Knowledge, however, is only one aspect of implementation that might be needed for successful implementation (Michie, van Stralen & West, 2011; Lundquist, 1987). Hence, further interventions are needed to strengthen the various types of prerequisites for local politicians' implementation support behaviours.

Several approaches to developing interventions are being utilized (O'Cathain et al., 2019). For instance, some approaches focus mainly on co-creation, where intended users are involved in the development process in different ways. Meanwhile, others use research and theory to inform development, and some focus on specific steps that should be followed when developing an intervention. A combination of approaches has been applied as well (O'Cathain et al., 2019).

Greenhalgh et al. define co-creation as "the collaborative generation of knowledge by academics working alongside stakeholders from other sectors" (Greenhalgh et al., 2016, p. 393). Involving intended users in intervention development may make interventions more relevant, useable, engaging (O'Cathain et al., 2019), and better tailored to professional and organizational needs (Ward et al., 2018; von Thiele Schwarz, Richter & Hasson, 2018).

The use of theory to inform intervention development offers a way in which to be more transparent in analysing what factors might need to be targeted in the intervention, make clearer the strategies and activities chosen, and offer a frame for exploring why the intervention worked or did not work (Improved Clinical Effectiveness through Behavioural Research Group (ICEBeRG), 2006). The BCW offers a system for considering a range of possible factors affecting behaviour (within and outside of the individual) as well as strategies that could be used for supporting the behaviour (Michie, West & Atkins, 2014).

The importance of feasibility testing interventions before full-scale evaluation is further increasingly acknowledged to decrease the risk of intervention failure (Craig et al., 2008; Moore et al., 2019). The reason for this is that feasibility studies examine if the intervention can be done, how it can be done, and if it should be done (Eldridge et al., 2016).

Given the above, it seems relevant to examine whether the political leadership could be encouraged to support EBP implementation by targeting factors such as capability, motivation, and opportunity, as well as explore their experiences during the process.

4   METHODS

A mixed methods approach was used to address the overall aim of the thesis. Mixed methods research is often based on philosophical assumptions that guide how research inquiries are approached and that are in accordance with pragmatism. In the pragmatism stance, more focus is placed on the research question for determining whether a quantitative method, a qualitative method, or a combination of methods should be used to address the research question. Thus, both objective and subjective knowledge are valued (Creswell & Plano Clark, 2011). This thesis takes a pragmatic stance, acknowledging the value of both qualitative and quantitative methods. It is in line with the realism paradigm, which states that an objective reality exists, but it cannot be perfectly captured, and our perceptions are different pictures and perspectives of reality (Healy & Perry, 2000).

Studies I and II were qualitative interview studies. The findings from Studies I and II were used to inform the survey items in quantitative Study III. Studies I–III all informed the development and measures of the intervention in Study IV, which was a mixed method study with a convergent design (Creswell & Plano Clark, 2011). For an overview of Studies I–IV, see Table 1.

The studies are connected in a sequential manner, which enables the building upon what was learned in previous studies (see Figure 4). Using qualitative methods to understand a phenomenon in depth, and combining that with quantitative methods to better generalize the results, can result in a more complete understanding of the phenomenon to be studied (Creswell & Plano Clark, 2011). The different strands, qualitative and quantitative, are equally important and have equal weight for the overall aim of this thesis (Creswell & Plano Clark, 2011). The mixing of methods takes place in the data collection phase using qualitative findings (Studies I–II) to inform the quantitative data collection process (Studies III–IV). It also occurs in the design and analysis phases, where both qualitative and quantitative findings are used to inform the development and assessment of the intervention (Study IV).

Qualitative findings from study I and II informs survey in study III → Qualitative and quantitative findings from study I-III informs the development and assessment of the intervention in IV → Qualitative and quantitative data used to assess the intervention in study IV
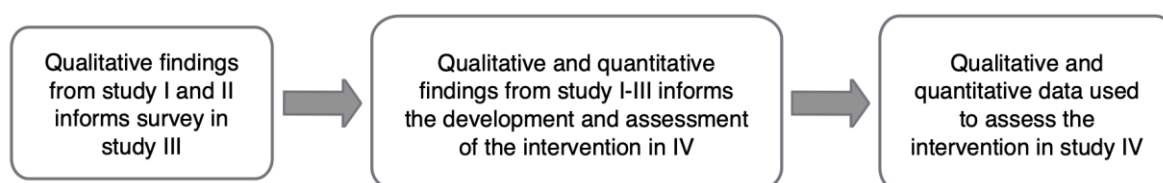
Figure 4: How the studies sequentially inform each other in the research process

4.1 OVERVIEW OF STUDY METHODS

Table 1: Overview of the four studies in the thesis

	Study I	Study II	Study III	Study IV
Aim	To compare how top- and middle-level managers describe the process of implementing EBP and the factors that influence this process.	To explore the role of local politicians in the implementation of EBP in social care from their own perspective as well as management's; and to examine what factors politicians perceive as affecting their decisions and actions concerning the implementation of EBP policy.	To examine the relationship between perceived prerequisites and the type of actions taken by local political committees to support the implementation of EBP in social services.	To describe the development and assess the perceived feasibility, acceptability, and appropriateness of an intervention to enable local political committees to support the implementation of EBP. Furthermore, the achievement of the learning outcomes was examined.
Data source	Interviews	Interviews	Survey	Survey, Interviews
Data analysis	Thematic deductive analysis	Thematic deductive and inductive analysis	Descriptive statistics, cluster analysis, regression analysis	Descriptive statistics, thematic inductive analysis
Participants	Managers in social services Top-level managers (n=8) Middle-level managers (n=14)	Politicians on committees responsible for social services (n=13) Managers from Study I	Politicians on committees responsible for social services (n=181)	Politicians on committees responsible for social services (n=14) Managers and professionals in social services (n=4)

4.2 STUDY SETTING

All studies in this thesis were conducted in Swedish municipalities in the context of social services. Social services in Sweden encompass various fields, such as personal social services (e.g., child welfare, substance abuse treatment, and social assistance), elderly care, disability care, and sometimes mental health services (Shanks, 2016). The various fields have both differences and similarities. For instance, more treatment in the form of support for behaviour change exists in personal services than in elderly or disability care. In elderly and disability care, more focus is placed on compensating for lacking abilities among service users and giving support to enhance autonomy (Socialstyrelsen, 2011). The support given in disability care is often long term, sometimes lifelong, and seldom given through specific methods (Sveriges Kommuner och Regioner, 2016b). However, compensatory support is also a part of the personal social services (e.g., social assistance). All social services encompass aid assessments and the provision of services in some form (Socialstyrelsen, 2011).

The Social Services Act (2001:453) mainly regulates social services. The act states that the goal of social services is to enable financial and social security, equal living conditions, and societal participation. The Health and Medical Services Act (2017:30) also regulates elderly care.

The municipalities are governed through a municipal council, an executive board, and committees (Bäck, 2006). All municipalities have at least one committee responsible for social services, a social welfare committee. However, whether more than one committee is responsible for social services varies among municipalities (Johansson, 2012). In a few municipalities, the committees are organized somewhat differently, as they are arranged according to geographical districts, for example, in the three largest cities in Sweden (Stockholm, Göteborg, Malmö). The chair and vice chair lead the committees' work (Johansson, 2012). In addition, the majority of committee members are laypersons. Only about 4% of all municipal politicians are each salaried for more than 40% of a full-time assignment (Statistiska centralbyrån, 2019). Below the committees, each municipality has an organization of municipal departments that are responsible for different municipal services, such as the social services department. A head person leads each department. As mentioned earlier, due to the great autonomy of the municipalities in deciding on the organizational structure, the organization of social services varies among municipalities (e.g., if more or less specialized units are present) (Johansson, 2012). Most often, several layers of managers are present in the social services department, and many municipalities seem to have up to three levels of managers in addition to the head of the social services department (Shanks, Lundström & Bergmark, 2014). The top-level manager in this thesis is defined as the head of the social services department. Middle-level managers are defined as the managers who are closest to the staff and either have or lack financial responsibility, as well as managers one level above. Each middle manager has at least one superior manager (Shanks, Lundström & Bergmark, 2014). Municipalities of varying sizes and geographical spreads were included in the studies to provide a heterogeneous sample of municipalities.

Study I encompassed interviews with managers at the top and middle levels of social services departments from 14 municipalities across Sweden. The municipalities varied by type: "metropolitans and municipalities near metropolitans," "larger cities and municipalities near larger cities," and "smaller cities and rural municipalities" (Sveriges Kommuner och Regioner, 2016a). Metropolitans in this context had more than 200 000 inhabitants in the municipalities' largest urban areas, and municipalities near metropolitans had more than 40% commuting to the metropolitans. Top-level managers were the heads of the social services department. The middle-level managers were all managers within the social services department, working with one or more fields in social services, such as personal social services (child welfare, substance abuse treatment, social assistance), disability care, or elderly care.

Study II included the same managers as those in Study I. In addition, local politicians; the chairs and vice chairs of social welfare committees in the same 14 municipalities were approached for participation in interviews. Local politicians representing nine municipalities chose to participate in Study II. These nine municipalities were categorized as "larger cities and municipalities near larger city" and "smaller cities and rural municipalities" (Sveriges Kommuner och Regioner, 2016a).

Study III involved a web survey administered to local politicians on committees responsible for social services (both social welfare committees and elderly care committees) across Sweden. The local politicians were the chairs and vice chairs of the committees.

Study IV consisted of the development and assessment of an intervention targeting one social welfare committee in a municipality in Stockholm County. The entire social welfare committee was invited to participate.

4.3 STUDY PARTICIPANTS AND DATA COLLECTION

The target group of the thesis was the local politico-administrative leadership. Whereas Study I focused on managers in social services, Studies II and III focused on the chairs and vice chairs of the committees as leaders for the committees (Johansson, 2012), and Study IV targeted the entire social welfare committee.

4.3.1 Studies I and II

Studies I and II were based on a formal assignment from the NBHW to the PROCOME research group at the Medical Management Centre, Karolinska Institutet, concerning an investigation into central circumstances in social services for the implementation of EBP. In the investigation, interviews were conducted with managers and local politicians who were on committees responsible for social services. In both studies, a purposeful sampling strategy (Patton, 2002) was used to identify managers with experience with implementing EBP. Possible municipalities and/or specific participants were identified based on recommendations by the NBHW through their contacts with regional development leaders and a previous study by the NBHW (Socialstyrelsen, 2013). Participants were recruited via

email and telephone. If a top-level manager was invited upon recommendation, the snowball methodology (Patton, 2002) was used, so they each were asked to recommend a middle-level manager to participate. When a middle-level manager was invited upon recommendation, the top-level manager in the social service department was also invited to participate. The chairs and vice chairs in social welfare committees in the same municipalities as the interviewed managers were also further approached for participation.

Data collection for both Studies I and II was conducted via telephone interviews. Semi-structured interview guides with open-ended questions were used and were pilot tested before data collection. Example questions from the interview guide for the managers were "How was EBP described in your organization when starting the implementation?" and "What factors facilitated/hindered the implementation?" Example questions from the interview guide for local politicians were "What role does the social welfare committee have in making decisions regarding the care that is provided," "What are your experiences with being involved in the work with EBP in social services," and "What would you need to facilitate working with EBP?" The interviews were audio-recorded and then transcribed verbatim. The interviews lasted for 45 min and 30 min on average for the managers and the politicians, respectively.

In total, the managers included 20 women and two men from 36–63 years of age, and they had 4–35 years of managerial experience. The top-level managers (n=8) were 46–58 years of age and had 7–35 years of experience as a manager. The middle-level managers (n=14) were 36–63 years of age and had 4–30 years of managerial experience. The local politicians (Study II) in the social welfare committees totalled 13 (four women and nine men), of which eight were the chairs of social welfare committees and five were vice chairs.

4.3.2 Study III

Study III concerned a web survey the NBHW sent out that examined the conditions local politicians have for steering in social services. The Procome research group had the possibility to add survey items regarding EBP. The research group developed survey items about EBP and then discussed and negotiated these with the NBHW, SALAR, and the Swedish Agency for Health Technology Assessment and Assessment of Social Services. Data were collected by the NBHW from the chairs and vice chairs of committees responsible for social services in a sample of municipalities and city districts that have been used previously for a recurring web survey to managers in social services abut EBP (Socialstyrelsen, 2020).

The survey contained items regarding the committees' actions to support implementing EBP. The items were created based on factors claimed to have significance for the work with EBP, per the managers and politicians in Studies I and II. The items regarded aspects such as communication, resource allocation, and follow-up. Two examples of statements were: "We communicate to the administration that EBP is a priority" and "We set goals that are compatible with EBP."

The survey also consisted of items concerning the committees' capability, motivation, and opportunity for supporting implementing EBP (Michie, van Stralen & West, 2011). These items were based on theoretical domains underlying capability, motivation, and opportunity (Michie, van Stralen & West, 2011; Michie et al., 2005). These were knowledge (capability), beliefs about consequences and emotions (motivation), and social influences and environmental context and resources (opportunity). Response options were rated on a 5-point Likert scales with options ranging from 1=strongly disagree to 5=strongly agree. An example item for capability is: "We have sufficient knowledge to guide the work with EBP." An example item for motivation is: "We believe that EBP leads to positive results," and for opportunity: "We have functioning systems for measuring the outcomes of the work of the social services." The items were pilot tested in two rounds with local politicians for clarity prior to data collection. Because only local politicians with some knowledge about EBP could meaningfully respond to these items, a filter item was used. This meant that only politicians who had some knowledge about EBP responded to the items involved in Study III.

A total of 464 local politicians received the web survey, and 263 responded to the survey. Following the filter item, 181 local politicians were included in the effective study sample, with a response rate of 39%. The politicians in the sample had mainly part-time political assignments (86%) and had attained a college/university degree (67%). Years on the present committee ranged from <2 to >11 years. The chairs represented 55% of the sample.

4.3.3 Study IV

Study IV was a feasibility study of an intervention to enable local politicians in supporting the implementation of EBP. The study involved both intervention development and examining feasibility and learning outcomes.

4.3.3.1 Intervention development

A co-creation approach (von Thiele Schwarz, Richter & Hasson, 2018) and a theory-based approach (O'Cathain et al., 2019) developed this intervention. The co-creation approach encompassed creating the intervention's learning outcomes together with local politicians, managers, and professionals in social services. The stakeholders in the co-creation process were recruited through e-mail invitations to the top-level managers in the social services departments in Stockholm County, and the chairs and vice chairs of the social welfare committees in Stockholm County. The data collection for developing the intervention were collected in two workshops, with social service professionals and local politicians (n=8) and face-to-face interviews with social service managers and local politicians (n=6). The data from the workshops and interviews, which consisted of sorted Post-Its, notes, and interview transcripts, were summarized to inform the creation of the intervention's learning outcomes. Furthermore, in the theory-based approach, findings from studies I–III were mapped with the COM-B model (Michie, van Stralen & West, 2011), its underlying theoretical domains (Michie et al., 2005; Cane, O'Connor & Michie, 2012), and behaviour change techniques in the Behaviour Change Wheel (Michie, West & Atkins, 2014) to create activities in the

intervention. For instance, findings from the previous studies indicated that some politicians might not perceive that supporting EBP is a task for the political committee. That was interpreted as a barrier within the opportunity section in the COM-B model, and social influences in TDF. Thereby, two techniques in the BCW, social comparison (obtaining information about what other committees do in this matter) and social support (discussing the committees' role with each other as well as people from the social services department), were deemed relevant activities in the intervention. The intervention, i.e., the two workshops, in short entailed the political committee:

- Receiving information about EBP and what influences implementation.
- Discussing the committees' role in implementing EBP with key persons from the social services department.
- Formulating questions the committee might pose to the social services department regarding follow-up, which is done together with key persons from the department.
- Repeating what was discussed and formulated.

4.3.3.2 Data collection

The participating social welfare committee was recruited through convenience sampling (Patton, 2002). A committee was invited to participate following the chairperson showing interest in the intervention, when being interviewed in the intervention development.

Web surveys were sent out through e-mail directly before the intervention's start, after the first workshop, and following the end of the second workshop. Learning outcomes, based on the co-creation process described above, were examined with six items. Examples are: "I have knowledge about the three parts of EBP" and "I ask questions to the department's representatives about the results of social services." The surveys after the first and second workshops also contained two items concerning feasibility, two items concerning acceptability, and finally two items regarding the intervention's appropriateness that were adapted from implementation outcomes' scales (Weiner et al., 2017). Feasibility regards whether an innovation might be practically executed within a certain setting, acceptability is the experience that a certain innovation is agreeable and satisfying, while appropriateness is the perceived relevance and suitability for the innovation in a certain setting (Proctor et al., 2011). The items were translated and pilot tested with three implementation practitioners who were asked to think out loud about the survey items.

Based on recommendations to have previously decided progression criteria (Hallingberg et al., 2018), we determined criteria relating to recruitment (>60% of politicians partaking in the intervention), and feasibility, acceptability, and appropriateness (all rated as >51 on a scale ranging between 0–100) by >80% of respondents. In addition, an overall judgement of the qualitative findings of feasibility, acceptability, and appropriateness was used.

A semi-structured interview guide with open-ended questions was used to explore participants' perceptions of the feasibility, acceptability, and appropriateness relating to the

intervention's content and delivery (O'Cathain et al., 2015) as well as learning outcomes. Example questions were: "How did you perceive the intervention about supporting evidence-based practice in social services?," "What might need to be changed about the intervention?," and "Have you been able to apply the knowledge gained during the intervention in your position as a committee member?" The semi-structured interview guide for the politicians was slightly different than that of the representatives from the social services department. Specifically, the questions about learning concerned what the representatives had perceived that the politicians had learnt during the intervention instead of their own learning. The interviews were audio-recorded and then transcribed verbatim. The interviews were conducted digitally within two months after the last workshop, and lasted approximately 45 minutes.

In total, 14 politicians (seven women and seven men) participated in the intervention. At baseline, the mean time that the politicians answering the web survey had been active in the current social welfare committee was approximately two years. Half of the respondents had a university degree. The local politicians were the intervention's target group, but four representatives from the social services department (three women and one man) also participated in the intervention.

4.4   DATA ANALYSIS

The analysis used in the thesis are presented below. Because three of the studies involve thematic analysis, the next section starts with a short introduction to thematic analysis.

4.4.1   Studies I and II

Thematic analysis is a qualitative analytic method to search for themes and patterns throughout a data set (Braun & Clarke, 2006). It is a qualitative method that is not tied to any epistemological or ontological base (Terry et al., 2017). Several different applications of thematic analysis exist. Braun and Clarke proposed there are three broad approaches to thematic analysis: reflexive, codebook, and the coding reliability approach (Braun & Clarke, 2019). The approach to thematic analysis used in this thesis is mostly akin to the reflexive thematic analysis in acknowledging the researcher's integral role in actively creating codes and themes. However, thematic analysis in Study I included the use of codes predetermined by theory, similar to a code book approach. More than one researcher was involved in the analysis in studies I, II, and IV to enrich the understanding of the data.

In Study I, thematic analysis with semantic deductive codes was used. All transcripts were read several times to become acquainted with the data. The Theoretical Domains Framework (Cane, O'Connor & Michie, 2012) and the COM-B model (Michie, van Stralen & West, 2011) were used as theoretical frameworks for analysis. These frameworks were judged suitable for analysis because they provide a systematic way of exploring factors that affect implementation. Other implementation frameworks, such as the Consolidated Framework for Implementation Research (CFIR) (Damschroder et al., 2009), were considered, but deemed to be more suitable for a more specific and planned implementation process, and a more clearly

defined intervention to be implemented than EBP provides. The TDF were used to assign segments of the text relevant to the study aim into codes based on the domains in the framework. The overarching concepts of capability, motivation and opportunity in the COM-B model presented the themes. Two authors were involved in coding and discussing this step. Thereafter, the codes were reviewed against the data extracts, and the first author made the comparison between the extracts for each code collected from top-level managers and middle-level managers. Thus, the step of searching for themes involved exploring the similarities and differences between the content in each code when comparing the two groups. All co-authors discussed the final analysis.

For Study II, both inductive and deductive codes was used to analyse the data, and both semantic and more latent coding was applied and influenced the themes created. All transcripts were read through for familiarization, and each interview was summarized for an overview. After this, inductive codes were created that concerned the politicians' role in implementing EBP. Inductive codes were deemed relevant due to the research question's exploratory nature. Deductive codes were created for exploring data around what politicians perceive to affect their involvement in the implementation. Lundquist's (1987) model was used for creating deductive codes for factors affecting their actions. The model describes successful implementation calling for three stipulations: actors understanding, willingness, and ability to implement policy. We deemed Lundquist's (1987) model useful for analysing the data, as it is a simple model on policy implementation. Many respondents were not active in the implementation process, thus making the use of detailed frameworks less relevant as they would not present the findings in a meaningful way. The first and last author conducted deductive coding for two transcripts, and then compared and discussed between the authors. When reviewing both inductive and deductive codes in the data, it was noticed that the same segments of the transcripts often had been coded for both of the aim's aspects. Further, reoccurring patterns were identified that spanned over both inductive and deductive codes. That is, the codes for what role the politicians described and was ascribed in implementing EBP were interconnected to the factors affecting their actions. Consequently, all codes were further analysed together by searching for differences and similarities in the descriptions of politicians' role and factors that were perceived as affecting their actions. This aided in generating themes in which both inductive and deductive codes were combined using a thematic map. First, the first and last author discussed the themes' content and names, and then they were discussed with all co-authors.

4.4.2 Study III

Study III encompassed regression analysis, cluster analysis, and ANOVA to analyse survey data. Multiple regression analysis was used to examine the association between reported actions the committees took to support implementing EBP and the perceived prerequisites (capability, motivation, and opportunity) for the committees to take action. Regression analysis allows for examining the relations of several independent variables with a dependent variable, collectively and individually (Hair et al., 2014). To investigate whether there were

patterns in the committees' reported actions, cluster analysis (Clatworthy et al., 2005) was applied. A hierarchical agglomerative cluster analysis was performed in IBM SPSS version 25. The similarity measure was squared Euclidean distances, and the method chosen was Ward's method (Hair et al., 2014). Six items about the actions the committees took to support implementing EBP were included as grouping variables. The agglomeration schedule and dendrogram were studied when examining cluster solutions. A non-hierarchical K-means cluster analysis using the centroid values (means) from the hierarchical cluster analysis as the initial cluster centres (Milligan, 1980) was performed and membership compared by cross-tabulation (Hair et al., 2014). Finally, cluster membership was used in a one-way ANOVA with post-hoc tests (Tukey) to examine if cluster membership was related to the committees' perceived capability, motivation, and opportunity. Examining if the clusters differ in a variable external from the clustering process is performed to show support for the clusters' validity (Clatworthy et al., 2005).

4.4.3 Study IV

For the quantitative data in Study IV, the results are presented through descriptive statistics due to the small sample size, which made further statistical analyses impossible. Mean values were presented for learning outcomes at baseline, during, and after the intervention; and for feasibility, acceptability, and appropriateness during and after the intervention.

Thematic analysis with inductive, semantic coding were used for analysing interview data (Braun and Clarke, 2006). Following transcript reading, each interview data segment that were relevant for the research aim were first sorted based on dimensions in the aim, i.e., feasibility, acceptability, appropriateness, and learning outcomes. The first and last authors independently sorted one of the interviews and discussed any discrepancies. After that, the first author generated inductive codes for all sorted data segments, which were thereafter discussed with the last author. After revising the codes, they were grouped into themes, with each created theme highlighting some crucial aspect of the research aim. The themes were reviewed and revised to ensure that all were externally separate and internally coherent. The first and last authors performed the reviewing process through discussion. All authors discussed the themes' names and descriptions.

4.5 ETHICAL CONSIDERATIONS

The questions posed in the studies in this thesis were not of personal nature, thus decreasing the risk of participants feeling uncomfortable. However, posing questions to the politico-administrative leadership might be ethically sensitive if participants felt vulnerable in admitting that they did not have knowledge about EBP, how the organization was working with EBP, or how implementing EBP could be supported. We have therefore tried to be very clear regarding how complex the issue of EBP is, and make clear uncertainties regarding roles in implementing EBP, both in our reporting in studies I–III as well as the intervention in Study IV. Participating in the studies provided the participants with the opportunity to reflect

on their current knowledge about EBP, ways of working with EBP, and what support they might need to make any changes they thought could be appropriate.

The participants might have wanted to adjust their responses to be in line with what they thought that the researchers would want to hear. The researchers involved did not have any personal relationship with the participants, decreasing this risk. Furthermore, we made clear in the information provided, there were no right or wrong answers, and that we were interested in their personal experiences and opinions. In Study IV, a person who was not involved in the intervention performed the interviews to help the participants speak freely and lessen the risk for social desirability. We have further been restrictive with providing information in the studies that might make it possible to identify particular municipalities to ensure participant confidentiality.

All participants in the studies received written information outlining the studies' purpose, that participation was voluntary, that they could withdraw their participation at any time without negative consequences, and that their data would be handled confidentially. All interview participants had in addition received oral information prior to the interview regarding its purpose, that participation was voluntary and could be ended at any time, that there were no right or wrong answers, and they were asked if audiotaping was acceptable. All participants gave their informed consent to participate; either written or oral informed consent, or by agreeing to answer a survey after receiving information about the study. The data were pseudonymized, stored on secure servers, and only the researchers had access to the data. The studies in the thesis have been reviewed by an ethics committee and deemed not to need ethical approval: study I and II (Regional Ethical Review Board in Stockholm, Ref. no 2012/1392–31/5), study III (Regional Ethical Review Board in Stockholm, Ref. no 2015/830–31/5) and Study IV (Swedish Ethical Review Authority Ref. no 2019-03939).

5 KEY FINDINGS

5.1 STUDY I

Study I contrasted views from top- and middle-level managers regarding EBP and what influenced the implementation. Findings showed there were both similarities and differences between the groups. Further, different interpretations of, and varying support for, EBP among managers on various levels could stifle implementation. The main findings are presented below in relation to capability, motivation, and opportunity.

5.1.1 Capability

Most top-level managers described EBP as consisting of three different parts: research, professional expertise, and client preferences. Among the middle-level managers, the descriptions varied more. Some described EBP as mentioned above, others described it as being the adoption of evidence-based interventions, using national clinical guidelines, or gathering local data. Several managers, regardless of their position, articulated that uncertainty around what EBP actually entailed in practice was a barrier for implementation.

As research evidence was not always helpful for the problems at hand, it was common to gather local data for knowledge development. However, due to a shortage of time and resources, lacking systematic follow-up was a barrier both groups mentioned. Both groups described how having staff who were knowledgeable about EBP and the working methods used enabled implementing EBP.

5.1.2 Motivation

Top-level managers described focusing on visionary work, e.g., communicating about the benefits of EBP to instil support from managers on all levels in the organization. In contrast, middle-level managers focused on preparing staff, giving everyone a chance to get "on board." Both manager groups stressed the importance of perseverance for implementing EBP.

Generally, managers in both groups expressed a strong belief that implementing EBP was a way of increasing the quality in social services, enhancing client rights, and strengthening professional pride. However, middle-level managers also expressed that staff members were sometimes hesitant towards using certain methods. Involving staff in implementation efforts was therefore a common strategy mentioned in this group of managers.

5.1.3 Opportunity

Both manager groups described external actors, such as the NBHW and SALAR, had a strong enabling influence on implementation efforts by providing educational and financial resources. Top-level managers had perceived a social pressure to implement EBP due to national and regional initiatives as well as inter-organizational comparisons, while middle-level managers mainly discussed external actors as opportunities for support. Managers from both groups expressed a wish for more guidance from the national level in implementing EBP

as well as more collaboration with the research community because few EBIs were available for use.

Regarding organizational capacity for implementation, top-level managers generally had a system-level perspective, highlighting the importance of building EBP support structures and integrating EBP into existing quality systems. In contrast, middle-level managers had an "on the ground" perspective, expressing the need to involve and motivate staff, e.g., having staff as champions for implementation, as a key for successful implementation. Both groups described that support for EBP on all organizational levels, including the political, was important in implementation efforts. However, this support was not always present, which became a barrier for implementation. Other barriers both manager groups mentioned were a stressed working situation and high staff turnover.

5.2   STUDY II

In this study, both the perspectives of social service managers and local politicians were illuminated with regards to the role and need of local politicians in implementing EBP policy. The results indicated that local politicians could assist implementation, but needed more knowledge, support, and a clearer role. An overall theme, *walking the tightrope*, and three sub-themes: *a matter of interest*, *means to influence*, and *need for support*, are briefly presented below.

5.2.1   Walking the tightrope

The overall theme depicted a balancing act that local politicians were to handle in their responsibility for social services. They were to lead, but not steer. There was no consensus regarding what role local politicians should have in developing social services in general, and in implementing EBP specifically. Local politicians were reliant on social service professionals and managers for knowledge and expertise whilst having the responsibility for the quality of services provided. They were laypersons as representatives of the citizens, yet at the same time feeling the need to be more informed about EBP to support its implementation.

5.2.2   A matter of interest

The awareness and knowledge about EBP were generally limited among the local politicians, and EBP was often talked about as a specific method or something vague. There were differing opinions on what role local politicians should have in making decisions regarding working methods in social services; the perception that this was a concern only for the social services management, that certain decisions should be made in collaboration between the committee and management, or that politicians had an important role in implementation. Politicians expressing a more active role stated that local politicians should encourage EBP, assign resources to EBP, and align goal formulation with EBP. Personal interest played a part in whether the politicians knew about EBP and had an active role. Several managers mentioned political interest and support for EBP as critical for facilitating implementation.

5.2.3 Means to influence

The politicians could influence the development work in social services, such as implementing EBP, in three main ways: resource allocation, goal formulation, and following-up the results in social services. However, many of the politicians seemed unknowledgeable to these political tools' possible effect for enabling EBP implementation. Generally, the local politicians were making decisions regarding social services development without knowing it affected EBP implementation. Many managers asserted that politicians should more clearly lead towards EBP, for example by asking for follow-up.

5.2.4 Need for support

To promote EBP in social services, the politicians voiced a need for more knowledge about EBP, access to summarized, easy to understand research as well as good examples from other municipalities. Social service professionals and managers were the main source for obtaining information about research and information from national authorities. The managers generally agreed that local politicians needed more knowledge about EBP and the conditions for implementing EBP in social services.

5.3 STUDY III

Study III examined the association between actions that committees responsible for social services reported doing to support implementing EBP and the committees perceived prerequisites to take action. In sum, some committees seemed rather active in supporting the implementation of EBP, e.g., communicating that EBP was a priority or setting goals congruent with EBP, while others were more passive. There was a positive relationship between reporting taking action to support EBP and reporting having capability, opportunity, and motivation to do so. Committee conditions for supporting EBP possibly need to improve.

The findings from the regression analysis showed that 61% of the variance in the actions the committees took to support EBP implementation was explained by the committees perceived capability, opportunity, and motivation to take action: $F(3,177)=90.63$, $p=.000$. Only opportunity and motivation made an individual significant contribution to the actions the committee took.

The cluster analysis led to identifying three groups based on the reported actions to support EBP. The passive group (n=63) had the lowest assessments on all actions, with <19% totally or somewhat agreeing with the action statements. The mean values for the six action statements varied between 2.5–2.9 on a scale of 1–5 for the passive group. The neutral group (n=79) had assessments in line with the average mean for the reported actions, with >48% agreeing totally or somewhat with the action statements. The mean values for this group varied between 3.4–4.1 for the action statements. The active group (n=39) had the highest ratings, with >92% agreeing totally or somewhat with the action statements. For this group the mean values varied between 4.2–4.8.

The only significant differences between the three clusters regarding demographics was that the active cluster had more chairs/vice chairs with higher educational background, and that the neutral cluster had fewer chairs/vice chairs active in metropolitan areas and municipalities near metropolitan areas.

ANOVA analysis indicated that the committees' perceived capability, motivation, and opportunity significantly differed between all three clusters: capability, $F(2,178)=39.06$, $p=.000$; motivation, $F(2,178)=42.73$, $p=.000$; and opportunity, $F(2,178)=71.07$, $p=.000$. The active group had the highest mean and the passive group had the lowest mean.

5.4 STUDY IV

The intervention assessments revealed the intervention was adequately acceptable and appropriate according to the predetermined progression criteria. However, the progression criteria were not fully met for intervention feasibility. Suggestions for further intervention development included practical skills training and anchoring the intervention more prior to its start.

5.4.1 Acceptability

The mean values for the intervention's acceptability were >80 (on a scale of 0–100) after both Workshop 1 and Workshop 2. This finding was echoed in the qualitative findings where the intervention achieved overall satisfaction. The interview participants described an open climate during the intervention with high engagement from both participants and workshop leaders. Furthermore, participants expressed wanting additional knowledge about EBP via recurring trainings or repeated follow-ups of what had been learnt during the intervention. Participants described being more satisfied with the face-to-face format than the digital.

5.4.2 Appropriateness

Regarding appropriateness, the mean values were ≥80 after both workshops. The qualitative findings revealed a good fit between the intervention and the way the committee and department collaborated. Participants were pleased with having the intervention encompass both participants from the social welfare committee and representatives from the social services department. They also appreciated the opportunities to discuss and ask questions about EBP. However, participants also suggested that more practical tools and skills training could be provided during the intervention. They suggested providing information prior to the start, such as the relevance of EBP to spur interest in intervention participation.

5.4.3 Feasibility

The mean values for feasibility of the intervention were >70 after both Workshops 1 and 2. In the qualitative findings, the importance of the social welfare committee's chair, the praesidium and managers were highlighted for both intervention enrolment as well as integrating new ways of working after the intervention. Feasible time points and length of workshops were discussed, and multiple opinions occurred. One important factor mentioned

for participation was providing information about the upcoming intervention with great foresight, due to scheduling needs.

5.4.4 Learning outcomes

The mean values for the learning outcomes at baseline, after Workshop 1, and after Workshop 2 together with the qualitative findings indicate an increased understanding of EBP among the politicians. The politicians spoke of gaining new perspectives in relation to supporting the implementation of EBP. The representatives from the social services department expressed that the committee posed more active questions after the intervention, but the politicians did not share this experience. Rather, the politicians voiced needing more practice, and collaboration with the social services department to further support EBP.

6 DISCUSSION

This thesis aims to contribute knowledge about implementing EBP in social services through the lens of the local politico-administrative leadership. The studies in this thesis have focused on contextual factors that affect implementation, the role and actions of local political committees as being part of the organizational context as well as how an intervention that enables local political committees to support implementing EBP was perceived. Several barriers were identified in the organizations for implementing EBP. Related to the concept of EBP, problems in understanding and defining what EBP entailed in the organizations impeded implementation. Most top-level managers viewed EBP as the integration of research evidence, professional expertise, and client preferences, while middle-level managers had a more varied understanding. This could make aligning support for EBP in the organizations more challenging. Some barriers were related to the organizational constraints, such as lacking systematic follow-up, staff turnover, and lack of time. Other barriers regarded the organizational culture and climate, such as lacking leadership support for EBP on different levels in the organizations, including the political leadership. The committees' EBP knowledge was generally limited. There were varying opinions among local politicians and managers in terms of what role the political committees should have in implementing EBP. Many managers claimed that political support was important for EBP, while several politicians seemed unaware of their possible influence on EBP implementation. Further, some local political committees seemed to be quite passive in supporting EBP.

6.1   UNCERTAINTY ABOUT WHAT EVIDENCE-BASED PRACTICE ENTAILS

The perceptions about what EBP is varied in the politico-administrative leadership. There were different understandings of what EBP entails among managers in social services (Study 1), which other studies have also found (Avby, Nilsen & Abrandt Dahlgren, 2014; Scurlock-Evans & Upton, 2015; Lundström & Shanks, 2013; van der Zwet et al., 2019; Finne, 2020). While most top-level managers described EBP in a similar way, the middle-level managers' descriptions varied more, such as using interventions of known effect, following guidelines, or simply following-up with the social services' results. These diverse EBP understandings were also found in a study about regional development leaders (regionala utvecklingsledare) that were to facilitate EBP, in which the projects being executed largely influenced the understanding and description of EBP (Gegner, Righard & Denvall, 2020). The fact that most top-level managers described EBP as three knowledge sources, while the descriptions differed among the middle-level managers, could be because middle-level managers actually put the concept of EBP into practice. Thereby, their understanding could be affected by what is actually done, and perhaps can be done, in practice. For instance, if a specific unit is particularly focused on following-up results, this could lead to a translation of EBP into producing local data. Similarly, development leaders in elderly care described how they needed to transform the concept of EBP into something understandable for the organizations by talking about concrete tasks (Nygårdh, Ahlström & Wann-Hansson, 2016). How EBP is operationalized in social service organizations depends on the present EBP interpretations.

Some managers (study 1) described how they had tried to solve the uncertainty concerning what EBP entails by discussing EBP in their own context. In fact, working with EBP can be viewed as a translation process (Lundström & Shanks, 2013) where managers transform the concept by referring to other less binding terms for the same phenomenon, such as evidence-informed practice, which is perceived as a less rigid view of what types of research can be considered relevant. This translation process could also entail discussing and negotiating with others (managers, professionals, networks, etc.) regarding what might count as evidence and EBP (Lundström & Shanks, 2013). Liedgren and Kullberg (2021), who have also highlighted how the EBP concept has been constructed and transformed, describe the journey of EBP into Swedish social services. They argue that knowledge is constructed among different actors through negotiations of ideas and experiences, and that the diffusion process mainly has promoted the understanding of EBP as the use of guidelines (Liedgren & Kullberg, 2021). However, the results in Study I indicate that EBP is understood as not only the guideline model among the managers, but also critical appraisal as well as single aspects of EBP, such as systematic follow-up.

The phenomenon of interpretation is also relevant from a policy implementation perspective. What is formulated in a policy is not necessarily what is implemented in practice (Hill & Hupe, 2003). The actors on the local level interpret a policy's intentions, and their interpretation will impact what is implemented in practice (Lundquist, 1987). Johansson (2010) argues that a policy might encounter resistance on different governmental levels due to its mandate and level of autonomy. This implies that policy implementation is also simultaneously policy formulation at different levels. This formulation will differ between actors as the policy will be construed in a way that fits its context (Johansson, 2010). There are several layers of actors, related to not only the national, regional, and local levels of government, but also the organizational layer and the layer of street-level staff who are involved in transforming policy (Hill & Hupe, 2003). Other authors have highlighted that local actors' perceptions of a policy were affected by local circumstances (Strehlenert, 2017) and that diverse interpretations of a policy by local actors led to different outcomes (Markström, 2014; Fjellfeldt & Markström, 2018). The different ways in which the managers (in Study I) speak of EBP and its implementation illuminates how EBP, as policy and practice, is being implemented in social services. Depending on the organization, implementing EBP involves diverse activities including implementing methods that guidelines recommend and that have been evaluated in research studies, gathering local data to create practice knowledge, providing continuous staff training and supervision, disseminating research findings, and interviewing clients to work with client influence.

It is important for the organization to be aware of how there are contrasting views among managers concerning what constitutes EBP. If differing views are present but not acknowledged, this could challenge the process of implementing EBP and impact the outcomes. For instance, a study found that social services professionals were negatively inclined towards EBP encompassing only the use of EBIs because they were concerned that this would limit their autonomy. At the same time, they were positive towards EBP as a

decision-making process because the process took client circumstances and professional expertise into consideration as well (van der Zwet et al., 2019). Thus, the distinction between EBP as a process and that of EBIs might be important for implementation efforts (van der Zwet et al., 2019). Whether there are different views among actors in an organization could vary between municipalities and within organizations. Therefore, an important factor to highlight is the need to discuss and reflect on these views to identify if differences exist that might complicate implementation.

The findings from studies II and III revealed that political committees' EBP knowledge seemed to vary (Study III), that the general EBP awareness was rather low, that EBP was difficult to grasp, and many times referred to as a specific method (Study II). The politicians in Study II who described the committee's more active role in implementing EBP seemed to view EBP as more of an overall approach. Further, politicians in Study III who considered their committee to be doing actions that supported implementing EBP also to a greater extent reported that the committee had capability, motivation, and opportunity to do so. In comparison, a study on local and regional politicians in Sweden found that knowledge, attitudes, and previous experience with public health were positively related to contemplating the effects on migrants' health in political decision making (Svanholm, Carlerby & Viitasara, 2021). Finally, the interviews in Study IV indicated that the intervention had incited new ideas about the committee's role, and a new way of thinking about cases the department presented as a consequence of learning more about what EBP entailed. Thus, based on the findings in this thesis, political committees that have more knowledge about EBP and understand how the political committee could act to support its implementation have at least the possibility to be more active in supporting implementing EBP. Thus, political committees with no or limited knowledge about EBP will need information about EBP to be able to support it as well as possibilities to understand how they can contribute to its implementation.

6.2 UNCLEAR ROLE AND DIFFERING ACTIONS FOR THE POLITICAL COMMITTEES

Findings from studies II and III indicate that many politicians did not view their political assignment as encompassing steering social services in the hierarchical bureaucratic sense. This could be due to several factors, such as the organizational trend of new public management, which has been an influence on the political and administrative steering. The new public management trend has meant a focus on management by objectives, a hands-off approach to steering, as well as market-oriented solutions in the organization of municipal services, for example private providers (Bäck, Larsson & Erlingsson, 2011). Many of the politicians in Study II voiced that the local political committee should not make decisions regarding how social services should be provided, as this was a matter for the social services department, the administrative leadership. However, it could be argued that implementing EBP is a greater issue than choosing working methods. EBP concerns questions that are both related to the goals and quality in social services, which is ultimately the committees' responsibility, as well as questions related to the use of specific methods, which the social

service organizations decide. Thus, viewing EBP as a specific method rather than an overarching approach in social services, might make politicians less likely to be active in supporting implementation. Furthermore, in Study III, a large portion of chairs and vice chairs were unsure about whether, or did not consider, that their committees were taking action to support EBP to any large extent, e.g., communicating that EBP was important, or following up on how the work with EBP was progressing. This implies a contrast in views of a relatively large group of the politicians regarding what actions they ought to take in implementing EBP, and that of many of the managers.

The balancing act that local politicians in Study II seemed to juggle in terms of leading social services, bear resemblance with ambiguities and contradictions found in the local politicians' narratives in social welfare subcommittees that manage child protection (Liljegren, Höjer & Forkby, 2018). The politicians, who were to act as laypersons when making decisions about coercive actions in child protection, still described that they felt a need for professional training in their role, and described wanting to act as a professional in their role as layperson. Many of them saw specialized knowledge about social work as a disadvantage for their role (Liljegren, Höjer & Forkby, 2018), but still reported wanting more training in, for example EBP, interventions for child and youth, and applicable laws (Höjer, Liljegren & Forkby, 2014).

It became apparent in Study II that the local political committee's role in implementing EBP or knowledge development in general, was not clear-cut. There were different views on what role the committee should have in this matter. Study III's findings also lend support to this dilemma, implying that some committees might be active in supporting implementation, while others might do very little. Other studies have also described uncertainties regarding who should do what in the implementation processes involving the regional and local political level (Sandström et al., 2015; Fredriksson et al., 2014). A lack of communication between the different organizational tiers has previously been identified as a challenge for implementation in relation to quality improvement (Eldh et al., 2015). Regarding EBP, communication deficits between leaders on different levels in elderly care were emphasized as a barrier for EBP implementation, as according to development leaders (Nygårdh, Ahlström & Wann-Hansson, 2016).

The concept of alignment of support among different levels of leadership and its importance have been articulated for successful EBP and specific EBIs implementation (Aarons et al., 2014; Willging et al., 2018). In organizational research, alignment between an organization's vision and goals, and what is expected by the employees have been argued to be vital for employees to understand in what way they contribute to the goals. How managers on every managerial level act will affect the chain of alignment, as they need to give conducive conditions for professionals contributing to the goals. Employee participation is also essential in supporting alignment because it might illuminate the professionals' perspectives, increase motivation, and inform what actions are key (Von Thiele Schwarz & Hasson, 2013). In the case of EBP, creating alignment might be including EBP in the social service organizations'

overall goals as set by the local politico-administrative leadership, and then clearly communicating that EBP is valued. Then, the managers on all levels in the organization may communicate how professionals contribute to the overall goal, and employees can contribute with their experiences. Clear leadership communication and employee participation could help to create a shared understanding of what EBP is, from the political level to the professional level. The political committees also need to be aware that their support is wanted to contribute to such an alignment.

6.2.1 A wish for political support

Both studies II and IV in this thesis show that many managers are positive towards the local political committee being involved in implementing EBP. In Study II, several managers mention that political support is crucial for successful implementation. The managers wanted the political committees to support implementation by formulating goals that encouraged EBP, allocating resources for EBP, and promoting its use in social services. In Study IV, the representatives from the social services department were positive towards the committee posing more questions concerning social services' results. The representatives stated that political knowledge about EBP could make it easier for the department to discuss developmental issues with the committee. Together, these findings indicate that the political committees responsible for social services have a role to play in implementing EBP, according to the managers. However, it is important to note that supporting the implementation of EBP *does not* imply being too involved in matters of detail, such as deciding which specific methods to use, etc. The managers wanted interest and support from the political level regarding the overall approach to EBP and knowledge development, but not detailed steering.

The fact that many managers voiced a desire that the political committee should be more supportive in efforts to implement EBP stands in contrast to other Swedish studies about municipal managers and their relationship with local politicians, describing municipal managers as trying to keep politicians out of their way. For instance, Lennqvist Lindén (2010) found that in their strive towards professionalization, municipal managers excluded politicians from their work by creating clear organizational boundaries for what local politicians could and could not do, what information politicians have and do not have access to, and "raising" them in how to act as politicians, thereby gaining more access to political power (Lennqvist Lindén, 2010). In another study, several managers in social services indicated that politicians had too much influence, and that they sometimes interfered in matters that were considered outside the political sphere. This interference related to case management, working methods, and issues border lining the social services' organization (Shanks, 2016). The divergent findings in this thesis and the previously mentioned studies could relate to the issues at hand. For instance, efforts to implement EBP often seem to be made on the managers' initiative. Thus, there is a willingness to implement EBP in the organizations (Socialstyrelsen, 2020; Lundström & Shanks, 2013). For other issues, managers

might not see the political initiatives as relevant, making them feel that local politicians are interfering or having too much control.

6.3 FACTORS AFFECTING EVIDENCE-BASED PRACTICE IMPLEMENTATION

Factors affecting the implementation of EBP were found in all three categories of the COM-B model (see Figure 2), both concerning organizational conditions the managers mentioned and the local politicians' and committees' prerequisites.

Regarding capability, the uncertainty concerning what EBP is can make implementation efforts difficult (Gray et al., 2013; Avby, Nilsen & Abrandt Dahlgren, 2014). Managers in Study I described that the confusion around what EBP was, meant that time needed to be spent on discussions around what EBP could entail in their organizations. Top- and middle-level managers described confusion about EBP as a barrier. Furthermore, lack of knowledge about social services' results was a barrier for implementation that several managers mentioned, as this meant a poor base for decision making regarding working methods.

Lack of EBP knowledge was one factor that made it difficult to take on an active role in implementing EBP, according to the politicians in Study II. Several of the politicians seemed uninformed about the actions they might take to support implementation. Managers in Study II agreed that politicians would benefit from having more knowledge about EBP and how to support it. In Study III, the passive group of political committees to a lesser extent indicated that their committee had sufficient knowledge about EBP than the neutral and active groups of committees.

Regarding motivation, both manager groups mentioned unmotivated staff as a barrier, but foremost middle-level managers raised staff's involvement in implementation projects as a strategy to tackle this barrier. However, top- and middle-level managers alike expressed great conviction in that EBP was critical for social services. This positive stance mirrors other studies' results of social service managers in Sweden (Socialstyrelsen, 2017, 2020; Lundström & Shanks, 2013). Note that some managers in social services have articulated being more sceptical towards EBP, especially within elderly care (Mosson et al., 2017); however, this was not the picture that emerged in Study I. Thus, lack of motivation seems to be less of a problem, as the managers expressed. For the politicians, the motivation to support implementing EBP seemed to vary greatly. In Study II, some politicians saw it as their responsibility to support implementation, while others understood EBP as a certain working method and were thereby reluctant to be involved. This latter point was viewed as an issue for the department. In Study III, the active group of committees was also considered to be the most positive towards EBP's benefits. It is reasonable to believe that this hesitancy towards leading for EBP is somewhat connected to lacking knowledge about EBP and uncertainties regarding how local political committees could support implementing EBP.

Factors pertaining to opportunity that impeded implementation that both manager groups in Study I mentioned were the stressful work situation and considerable staff turnover. Further, many managers described a lack of several elements such as practice relevant research,

resources, and the alignment of support for EBP on the different organizational levels, including the political. Many of these elements have been identified in previous studies as barriers for EBP implementation (Scurlock-Evans & Upton, 2015; Gray et al., 2013; Mosson et al., 2018). Lacking political support has not been identified in the previous international reviews on barriers to EBP implementation (Scurlock-Evans & Upton, 2015; Gray et al., 2013). A reason for this might be that many of the studies included were conducted in countries where the political influence on social service organizations was not as pronounced as in Sweden. For instance, the American context is somewhat different from the European, with politicians often being far away from the daily operations of human service organizations (Johansson, 2010). With regards to opportunity and the political committees, access to research presented in an easy-to-understand format and sharing experiences with other municipalities could be helpful for them if they were to engage in implementation.

That there were factors impacting implementation related to all three dimensions in COM-B implies that targeting only one of these dimensions risks being insufficient to aid implementation. Further, it seems as though the municipalities greatly need national and regional actors to support implementation. Other research has also found that managers express a wish for more guidance from the national level, for example in the form of guidelines (Lundström & Shanks, 2013). In the interviews in Study I, a common picture was that EBP national initiatives to support EBP had a positive influence on the possibilities for the social service organizations to implement EBP aspects because it was perceived as difficult to do so without external resources. However, the top-level managers also described a normative pressure to implement EBP, following national initiatives and comparisons between municipalities. Other research has highlighted the fact that national actors have created a social pressure to propel EBP implementation (Jacobsson & Meeuwisse, 2020). That normative issues, such as shaming or peer pressure, have enforced effects of soft-law measures have also been found in regional health care (Fredriksson, Blomqvist & Winblad, 2012). The politicians in Study II were instead generally unaware of EBP, indicating that national actors may not be reaching this group of policymakers effectively in their communication efforts. At the same time, some committees in Study III took a more active role, functioning as potential "role models" or peer support partners for others. If local political committees could take part of advising from more active committees, this would provide an opportunity, but could also affect their motivation.

6.3.1 Intervention to help local political committees support evidence-based practice

In line with the request for help with implementing EBP, an intervention for local political committees was developed based on existing research and findings from studies I–III and was then conducted within the scope of this thesis. Study IV showed that the intervention, which consisted of information about EBP and discussions between the committee and the social services department about the local political committee's role in supporting EBP and possible

follow-up questions to pose to the department, was perceived as acceptable, appropriate and able to improve participants' understanding of EBP.

Because this is a feasibility study, it should, even with its positive results, be viewed with caution. The findings also showed that some further alterations of the intervention might be needed to further improve its feasibility. For instance, more anchoring in both the political committee and the social services department in due time beforehand are needed in conjunction with tailoring the content during execution based on committee wishes. Practical skills training could further be added to increase the intervention's relevance.

One important aspect concerning the intervention was that both the political and the department sides stated that the political committee and the social services department needed to work together. Thus, an important aspect of this intervention was the collaboration between the two areas in further developing the political committees' role in implementing EBP.

A literature review on interventions to increase policymakers' capability to use research recommended for the intervention form to be locally tailored and consist of participatory workshops, together with mentoring and cooperation between researchers and policymakers (Haynes et al., 2018). In the current intervention, the goal was not to enable the local political committee to search, appraise, and apply research evidence, but rather enable them to support others in doing this. However, a similarity found in both the findings from the review and the findings from Study IV was the need for local tailoring, even beyond the initial intervention development phase where co-creation was used to formulate learning objectives.

Another potential adjustment to the intervention could be adding a strengthened peer-support component. As the interviews in Study II indicate together with prior research, the politicians and social service managers are interested in learning from other municipalities (Lundin, Öberg & Josefsson, 2015). This might open an important window, where local political committees could be encouraged to support EBP implementation by the committees that are more active in the support for EBP. Spreading experiences from municipalities with a supportive collaboration within the local politico-administrative leadership regarding EBP could inspire more committees to take a more active approach to EBP implementation in their municipalities. This component was not part of the current intervention and therefore needs to be tested in future studies.

6.4   MUTUAL DEPENDENCE

While others have illuminated the politico-administrative relationship from the perspective of who has the power to make decisions in politically governed public organizations (Lennqvist Lindén, 2010; Högberg, 2007; Johansson, 2012), this thesis wish to highlight the mutual dependence of political committees and the social services department. Local political committees are dependent on the social services department for information. Politicians described the department as their primary information source in Study II. The politicians also described being reliant on the expertise of managers and professionals in social services, as

the politicians themselves are laypersons with little knowledge about daily practice in social services. At the same time, the managers described needing support from their local political committees to aid implementation efforts (Studies I and II). The fact that local politicians' actions or inaction can impact implementation efforts has also been found in studies in health services (Kalkan et al., 2014; Kalkan, Sandberg & Garpenby, 2015; Sandström et al., 2015) and municipal public health work (Larsen, Gulis & Pedersen, 2012; Scheele, Little & Diderichsen, 2018). In Study IV, the social services department representatives were positive to the political committee being more knowledgeable about EBP and asking more relevant questions about social service outcomes. One interview participant described this as enabling a more professional dialogue about EBP in practice. At the same time, the department representatives said that they ought to help the politicians by reminding them to ask questions in relation to EBP, and politicians asserted that they needed to collaborate with the social services department to further develop their skills in supporting EBP. This implies that the social services department and local political committees are mutually dependent on each other to create a supportive context for implementing EBP.

6.4.1 Local political leadership in implementation models and frameworks

Several implementation models depict factors on different levels that influence implementation processes and separate between the inner and outer settings in some way (Aarons, Hurlburt & Horwitz, 2011; Damschroder et al., 2009; Durlak & DuPre, 2008). In the outer setting, factors such as legislation, policies, funding, service user needs, networks, and comparisons with other organizations are highlighted (Aarons, Hurlburt & Horwitz, 2011; Damschroder et al., 2009). In the inner setting, aspects such as organizational structure, resources, communication, culture, climate, leadership, staff characteristics, and implementation processes are emphasized (Aarons, Hurlburt & Horwitz, 2011; Damschroder et al., 2009; Durlak & DuPre, 2008). Thus, political leadership is often depicted in the outer setting. However, local political leadership is more an aspect of the inner setting, as local leaders are responsible for the scope, goals, and quality in social services. Other scholars have pointed out that the inner setting might contain several layers that are not all clinical. For example, the local political level might impact implementation efforts, and should be acknowledged (Fredriksson et al., 2014).

The results in this thesis strengthen this claim: according to our findings, local political committees can affect organizations' implementation context.

6.5 METHODOLOGICAL CONSIDERATIONS

In this thesis, the studies are of an exploratory nature, as little research has been done on this topic. They add new knowledge that is relevant to further understanding EBP implementation in social services. However, this also implies that the findings need to be confirmed in future research.

How studies are assessed for validity and reliability differs between qualitative and quantitative methods and will be discussed in the following sections separately. I will first discuss methodological considerations concerning respondents.

6.5.1 Selection of participants

First, selection of municipalities and respondents needs to be considered. Managers within personal social services, elderly care, and disability care were included in Studies I and II. Whilst there are differences among the social services fields (e.g., access to EBIs and clinical guidelines or staff educational level), similar factors were described as affecting EBP implementation. The extent to which beneficial conditions for implementation were present seemed to vary more among municipalities of different sizes than among service fields. The fact that smaller municipalities might have less support for EBP implementation has been acknowledged previously (Mosson et al., 2018). Common for many managers interviewed (Study I) was their struggle towards systematic quality development. However, it cannot be ruled out that unidentified differences in EPB implementation may exist among fields, a matter that requires further research.

Furthermore, purposive sampling, common in qualitative research (Malterud, 2001) was used in Studies I and II, to gain multiple perspectives on and experiences of implementing EBP in social services. Hence, we included managers from municipalities of different sizes and geographical locations. This purposive sampling was based on recommendations from the NBHW and regional development leaders, which might have affected the findings. The managers and their organizations in our sample might be examples of organizations that work more in accordance with NBHW guidance, since they were recommended for the interviews. They might also have a more positive attitude towards the NBHW and working with EBP, as they agreed to participate in the studies. Whether this is the case is unknown. However, there were differences among the managers' interpretations of EBP and the conditions they described having for implementing it (Study I). Thus, the sample did not only consist of organizations that seemed to have a lot of support structures in place for EBP implementation. During all interviews, great attention was paid to ensuring participants that there were no right or wrong answers, and that the focus of interest was their own views and perspectives.

Two aspects having to do with respondent selection might have impacted the findings in Study III. First, the local political committees were all responsible for social services, but some municipalities have one committee that is responsible for all social services fields (personal social services, disability, and elderly care). Some municipalities have several committees, with different combinations of fields which they are responsible for. The committees are therefore not easily separated in relation to field. Thus, there could be differences among committees related to their fields of responsibility. These possible differences are not examined in Study III, which is a limitation. Second, Study III used a representative sample of municipalities and city districts in Sweden from the NBHW (Socialstyrelsen, 2020). However, we decided to only invite the committees' chairs and vice

chairs to participate in the survey. Thus, other committee members might possibly assess the actions to support the implementation of EBP differently and rate their prerequisites another way, something future studies should investigate further. Our findings should be considered in light of these limitations.

Furthermore, Study IV used convenience sampling (Patton, 2002) to recruit a local political committee for the intervention. This could have implications on the study findings, as a political committee that has an interest in learning more about EBP could perceive the intervention as more salient than other committees. However, interest in participating in the intervention was a prerequisite for the intervention to be executed at all—participation was voluntary. Hence, it would not be possible to conduct the intervention if no willingness to participate was present in the committee and the social services department.

6.5.2 Considerations of qualitative methods

How to judge quality in qualitative research has been long discussed regarding what criteria ought to be used (Rolfe, 2006; Malterud, 2001). Related to the more quantitative concepts of validity and reliability, terms used for assessing quality in qualitative research have included trustworthiness based on transferability, credibility, confirmability, and dependability (Lincoln & Guba, 1985; Rolfe, 2006), as well as reflexivity (Malterud, 2001). These concepts are discussed below in relation to the qualitative studies in the thesis.

Reflexivity concerns researchers' awareness about their own preconceptions and experiences, which can affect the whole research process (Malterud, 2001). I work at a unit for implementation and evaluation at the Centre for Epidemiology and Community Medicine; my professional experiences have influenced the choices of models and frameworks used to analysing qualitative data as well as the interpretation of the findings. My implementation science perspective implies that aspects related to factors found in research on implementation processes might have been more visible to me than aspects not mentioned in such models and frameworks. At the same time, using implementation models and frameworks makes this perspective more visible and possible to scrutinize. I have previously worked in the social services for a short time, and I believe my familiarity with the terms used by the interviewed managers and politicians aided the interview process. I was involved in developing and executing the intervention in Study IV. In this situation, we decided that the interviews should be done by someone who was not involved in any part of the development or execution of the intervention. This aided the respondents in speaking freely about their perceptions of the intervention and minimize my potential influence as workshop leader in the data collection process.

I have made continuous efforts to reflect on my own interpretations of the collected data by revisiting codes and themes and going back to the empirical data, as well as by keeping notes about codes and themes. Regarding credibility and confirmability, respondent quotes was used to enhance the confirmability of our findings. The other authors were involved in all qualitative analysis to enrich the understanding of the data, both by adding other perspectives

and by problematizing analysis (Malterud, 2001). My co-authors have different scientific and professional backgrounds, adding viewpoints to the analysis other than mine. The respondents came from several different types of municipalities and backgrounds, meaning that multiple perspectives of the phenomenon have been illuminated. Respondents in Studies I and II were given the opportunity to comment on accounts of the data collected (however, not the final analysis) and had no specific comments on the accounts. A more thorough respondent validation (Mays & Pope, 2000) could have provided additional strength to the confirmability of the findings.

Regarding dependability, I have documented all steps of the research process for the studies in this thesis. Together with my co-authors, I have discussed the decisions made, the analysis done, and the findings of the studies. It is important to note that although the steps in the research process have been documented, the findings of the studies represent specific moments in time, and things change over time. Performing the same studies again at a different time does not imply that the findings will be the same.

Transferability regards what contexts the findings of a given study can be applied to (Malterud, 2001). The transferability of our qualitative findings is relevant mainly for the Swedish social services context. However, the use of implementation models and frameworks make it conceivable for these findings to be used for theoretical generalizations in other contexts. I have tried to aid the reader in making their own judgements of transferability by using illustrative quotes in the studies, describing the overall setting in which the studies took place, the data collected, and the analyses made as thoroughly as possible.

Telephone interviews were used in Studies I and II. This method has been used less often in qualitative research, as the loss of visual cues is expected to negatively affect the quality of data, but little evidence was found for these claims (Novick, 2008). Telephone interviews compared with face-to-face interviews may provide respondents with a stronger sense of anonymity (Burnard, 1994; Novick, 2008) and have been found to produce similar findings (Sturges & Hanrahan, 2004).

6.5.3 Considerations of quantitative methods

First, it should be acknowledged that the surveys in this thesis are cross-sectional except for the before and after assessment in Study IV. This implies that no changes of the phenomenon under investigation could be examined. Associations may be studied, but no conclusions regarding causal inference can be made (Sedgwick, 2014).

Studies III and IV have limitations regarding the methods and instruments used that need to be acknowledged when interpreting their findings.

Studies III and IV used self-reported data. This increased the risk for common method bias, where results are affected by the fact that the same source is used to collect data (Podsakoff et al., 2003). Efforts were made to increase the likelihood that participants were motivated to responded as precisely as possible: we provided clear information about the relevance of the

study, gave clear instructions and concise survey items, and minimized the number of items in the survey (Jordan & Troth, 2020). Future studies should use different data sources; for instance, by having managers in the same municipalities rate the political committees' actions, or by collecting data on actions and prerequisites at different time points. This was unfortunately not possible in this thesis.

In Study III, no validated scales existed to measure political actions to support EBP or its prerequisites; hence, such scales were created based on the results from Studies I and II as well as the COM-B model (Michie, van Stralen & West, 2011; Michie et al., 2005). Items were formulated in a way that was clear and easy to understand and were pilot tested with representatives from the target group prior to data collection. For future research using this scale, a thorough validation is recommended that may include further items to refine its subcomponents, as well as a subsequent more sophisticated statistical validation (Boateng et al., 2018).

To assess feasibility, acceptability, and appropriateness in Study IV, we chose items from previously validated scales (Weiner et al., 2017). However, no Swedish translations were found. Therefore, we conducted a translation–backtranslation process (Brislin, 1970; Jones et al., 2001). To fit the context of this study, items had to be adapted. For example, the item "X seems applicable" was adapted to "The training seems applicable for the social welfare committee's work". Moreover, only a selection of items could be used for feasibility reasons. The choice of items to keep was informed by pilot testing with three implementation practitioners. The items concerning learning outcomes were created by the authors, based on a logic model of the intervention and the formulated learning outcomes. Due to the small sample size, no significance testing was carried out regarding pre- and post-measurement learning outcomes.

Response rates of 39% (Study III) and 36–72 % (Study IV) were obtained, which can be considered somewhat low (Baruch & Holtom, 2008). However, other studies targeting politicians experienced comparable response rates (Sandström et al., 2014; Joensuu & Niiranen, 2018; Forkby, Höjer & Liljegren, 2016). To increase the response rates and thereby representativeness of findings, four reminders were sent out. In Study III, there was no significant difference between respondents and non-respondents with regards to type of municipality in which they were politically active. In Study IV, only 36% of politicians answered the post-intervention survey. This is a limitation, since these results might not be representative for the entire committee. The qualitative findings corroborate the quantitative findings, however.

7 CONCLUSIONS

Barriers impeding EBP implementation in social services were related to capability, motivation, and opportunity. This implies that support efforts need to be multifaceted and not only focus on single aspects, such as knowledge. Mutual dependence in the politico-administrative leadership was found in relation to EBP. Many managers wished the local political committees would more clearly support implementation by indicating in various ways that EBP is a priority. The politicians were in turn reliant on the social services administration for receiving information about EBP and how it could be supported.

However, knowledge among politicians was limited, the understanding of what EBP entails differed among managers, and there were diverging views on what role the local political committees should have. An unawareness about these different understandings of EBP and divergent expectations on the local political committees can further challenge implementation efforts. Thus, both awareness about and reflection on these different understandings and expectations should be advised. Discussions about what EBP entails and how the political committees could support its implementation might enable the alignment of support for EBP among different levels in social services. The politico-administrative leadership have the ability to act as a unifying force for implementing EBP, but if this is to happen, discussions between the political committees and the social services department seem essential.

As part of the context for social service organizations, the political committees might further benefit from receiving information about EBP, why it is important in social services, and how they might support its implementation. Some of the local political committees responsible for social services more actively supported EBP, and they might provide good examples to others on how to tackle the balancing act of supporting EBP efforts in social services without detailed steering.

Interventions targeting local political committees might be one way forward in aiding local political committees in supporting EBP: the committees can be informed about EBP and discuss their own roles and the department's roles in implementing EBP. They can also discuss relevant questions to pose to the social services department. This type of intervention could also include practical skills training or spread good examples from other political committees regarding EBP support. The findings indicate that this type of intervention would benefit from being thoroughly anchored beforehand and tailored to the needs of the committees during delivery. The intervention was positively received, but further evaluation is needed.

7.1 IMPLICATIONS FOR PRACTICE

Local politico-administrative leadership has a chance to impact EBP implementation in social services. Multiple contextual factors influence the implementation of EBP, and the politico-administrative leadership can strengthen some of them. Based on findings regarding contextual factors that could have importance for the implementation of EBP identified in this

thesis, as well as on previous research, managers who are interested in developing EBP implementation could consider:

- Initiating and taking part in discussions about how EBP is being operationalized in their organizations. For instance, is EBP understood as the integration of knowledge from the three knowledge sources of research, clients, and professional expertise, or something else?
- Together with social services professionals, creating a shared understanding of how the organization currently combines the three different knowledge sources to enable knowledge development, then how the present approach could be developed further.
- Serving as a link between the political level and the professional level to support alignment for EBP implementation. Provide information to the local political committees on EBP, initiate conversations about EBP, and discuss the respective roles of the political committee and management. Political committees that have knowledge about EBP might take deliberate decisions that support EBP in practice.
- Building support structures in the organization if possible: provide access to research; initiate collaboration with universities on problems that need to be addressed in practice; and have staff with responsibility for research dissemination, implementation, and quality development. Smaller municipalities might collaborate with other municipalities and research and development units to create support structures.

Similarly, local political committees interested in supporting EBP implementation might contemplate:

- Learning more about EBP and knowledge management. In contact with managers and professionals, discuss the value of EBP and the needs of the social services department for EBP implementation.
- Requesting follow-up on social services outcomes on a regular basis.
- Formulating overall goals that encompass aspects of EBP; e.g., client involvement, systematic follow-ups.
- Becoming aware of resources or contextual prerequisites that might be needed for EBP and knowledge development in social services.

The results indicate that the municipal social service organizations saw national actors as significant for support and voiced a desire to receive further activities from the national level, such as additional EBP implementation tools. Systems for systematic follow-up and guidance in systematizing knowledge from clients seem to be lacking. National actors could provide more guidance on how to go about gathering data on client outcomes and experiences.

Further discussion about what roles local political committees should have in EBP and knowledge management is desirable. Several national policy documents related to EBP highlight that social services are politically governed, implying that local political committees impact professional decision-making without clarifying in what ways (Wollter, Larsson

Segnestam & Oscarsson, 2021). What does that imply for the role of the local political committees responsible for social services? This is an important discussion that should include the national authorities, the research community, social services managers and professionals, and the local politicians themselves. National authorities also have the ability to provide information and possibly tools for local political committees regarding EBP, e.g., popular science research summaries.

7.2 FUTURE RESEARCH

There is a need for further research into the relationships between social service managers and local political committees. Others (Hansen & Ejersbo, 2002; Högberg, 2007) have also pointed out that the theoretical divide between politics and administration is hard to follow in practice, and argue that there is a need to broaden the understanding of the relationship between politics and administration (Hansen and Ejersbo, 2002). No norm or standard in practice seems to exist regarding how the leadership and its tasks are to be distributed between managers and politicians, nor how this interplay should be depicted (Högberg, 2007).

In this thesis, a mutual dependence between politics and administration is proposed in EBP implementation. Knowledge management represents a new way of governing health and social services, but it is unclear how this will be applied. Managers in social services seem to view the responsibility to implement EBP as their own, but they also voice the need to be given the necessary support by the political committees. What will be the future role of the political leadership in this matter? Clearly, there is a need for further research into the relationship between managers and local political committees when implementing EBP and knowledge management in social service organizations—research regarding what should be done to build organizational capacity for EBP and knowledge development, who should be involved in doing it, and in what ways.

The intervention we developed and assessed for feasibility, acceptability, and appropriateness in this thesis could be one way to develop collaboration in politico-administrative leadership. This is the first studied intervention that has tried to aid local political committees in supporting EBP. While the assessment indicated that the intervention was positively received, this might not be an intervention that fits everywhere, and more revisions are needed. Whether an intervention like this will impact local political committees' ability to support EBP implementation, and in what ways, needs to be examined further in future studies. Although local politicians have reported wanting information about EBP (Höjer, Liljegren & Forkby, 2014), the findings in this thesis imply that efforts to support EBP implementation would benefit from encompassing more than just awareness and knowledge-building strategies in local political committees. Study IV provides an example of what an intervention aimed at local political committees might look like, targeting aspects in all three components in the COM-B model (capability, motivation, and opportunity). Several actors on the system or local level might deliver this type of intervention. Research and development units have been argued to facilitate the organizational excellence model (Nutley, Walter & Davies,

2007) in Swedish social services through different development projects, workshops, and study circles (Alexanderson et al., 2009). The organizational excellence model puts collaboration in focus within social service organizations (leaders, managers, professionals) and between organizations and the research community, enabling knowledge development (Alexanderson et al., 2009). Thus, this type of intervention might fit well within the scope of research and development units. Other relevant actors for delivering such an intervention could be regional development leaders or professionals in social services organizations with responsibility for research dissemination. Other scholars have identified these actors as important actors in implementing EBP policies (Strehlenert, 2017; Bergmark, Bergmark & Lundström, 2011).

Another research question of interest is in what way municipal councils and the executive committee are, or ought to be, involved in implementing EBP and knowledge management in general. The governmental report (SOU 2020:47:2, 2020) recommended that the new Social Services Act include a passage stating that social services are to provide services based on science and proven experience, similar to writings in the Health and Medical Services Act. This would put additional emphasis on EBP in social services. What implications this would have for local politico-administrative leadership is unknown. However, local political committees responsible for social services and managers within social services are affected by the conditions in the wider municipal context. Therefore, the roles of municipal councils and the executive committee are of interest in further exploring the conditions for implementing EBP in social services.

8 SVENSK SAMMANFATTNING

Bakgrund

Evidensbaserad praktik är ett sätt att förena kunskap från tre kunskapskällor i beslutsfattande: bästa tillgängliga kunskap från forskning, professionell expertis, och klientens önskemål och erfarenheter. Det har argumenterats för att evidensbaserad praktik kan stärka klientens rättigheter, förstärka professionens roll, och bidra till klokt användande av begränsade resurser. Att utveckla en evidensbaserad praktik har i flera år varit en uttalad strävan i socialtjänsten, dels genom en överenskommelse mellan SKR och regeringen, och dels genom ett nationellt kunskapsstyrningsinitiativ som omfattar att utveckla, sprida och använda bästa möjliga kunskap.

Trots stora investeringar från nationellt håll, har införandet av en evidensbaserad praktik i socialtjänsten stött på svårigheter. Det har lyfts fram att det är komplicerat för professionen att på egen hand använda evidensbaserad praktik, och många av de hinder som identifierats för införandet har att göra med ledarskap och organisatoriska förutsättningar. Mot bakgrund av detta är det av värde att belysa det lokala ledarskapet inom politik och förvaltnings, det vill säga socialtjänstchefer och lokala politiska nämnder som ansvarar för socialtjänsten, perspektiv på införandet av evidensbaserad praktik.

Syfte

Det övergripande syftet med avhandlingen är att bidra med kunskap om införandet av evidensbaserad praktik i socialtjänsten genom att belysa det lokala ledarskapets (inom politik och förvaltning) perspektiv. Mer specifikt så undersöker avhandlingen omständigheter som påverkar införandet av evidensbaserad praktik (studie I), lokala politiska nämnders roll, agerande och förutsättningar i införandet av evidensbaserad praktik (studie II-III), och om en intervention riktad till lokala politiska nämnder är genomförbar och kan hjälpa nämnder att stödja införandet av evidensbaserad praktik (studie IV).

Metoder

I denna avhandling kombineras metoder med kvalitativ och kvantitativ ansats. Studie I och II är intervjustudier, där semi-strukturerade intervjuer genomfördes med socialchefer och mellanchefer i socialtjänsten, samt lokalpolitiker; ordförande och vice ordförande i socialnämnder. Resultaten från studie I och II användes för att informera studie III, som är en tvärsnittsundersökning med enkäter riktad till ordförande och vice ordförande i lokala politiska nämnder som är ansvariga för socialtjänsten. Resultaten från studie I-III användes sedan tillsammans med workshops och intervjuer med lokalpolitiker och representanter från socialtjänsten för att utveckla, och bedöma, en intervention som syftade till för att hjälpa lokala politiska nämnder att stödja införandet av evidensbaserad praktik. Interventionen testades i en nämnd, och interventionens genomförbarhet, godtagbarhet, lämplighet och lärandemål undersöktes sedan i studie IV genom en kombination av intervjuer och enkäter.

Resultat

I studie I lade socialcheferna mer fokus på strategiska frågor och stödjande system i införandet, medan mellanchefer fokuserade mer på operativa frågor i praktiken. Vidare såg de flesta socialchefer evidensbaserad praktik som föreningen av de tre kunskapskällorna, medan tolkningarna av evidensbaserad praktik bland mellancheferna varierade. Brister i stöd från ledare på olika nivåer, i kombination med olika tolkningar av evidensbaserad praktik, kan stå i vägen för ett samordnat stöd för evidensbaserad praktik i vissa organisationer i socialtjänsten.

Studie II visade att lokalpolitiker var relativt obekanta med evidensbaserad praktik. Brist på kunskap, tveksamhet inför att fråga förvaltningen om arbetsmetoder, och ett behov av stöd föreföll hindra deras deltagande i införandet. Personligt intresse påverkade politikernas roll, där några var mer aktiva och andra inte involverade alls. Cheferna ville att politikerna skulle uppmuntra evidensbaserad praktik genom att lägga en budget och sätta mål som understödjer evidensbaserad praktik, samt att de skulle efterfråga uppföljning av socialtjänstens insatser. Medveten bland politikerna om att dessa handlingar påverkade införandet av evidensbaserad praktik var dock begränsad.

I studie III kunde de lokala politiska nämndernas handlingar för att stödja införandet av evidensbaserad praktik kategoriseras enligt tre olika grupper, baserat på ordförande och vice ordförandes rapportering: den passiva, neutrala och aktiva. Det fanns också ett positivt samband mellan rapporterade stödjande handlingar och upplevda förutsättningar för att agera. Upplevd förmåga, motivation och möjlighet för nämnden att agera var högst i den aktiva gruppen, och lägst i den passiva gruppen.

Studie IV visade att en intervention för att hjälpa lokala politiska nämnder att stödja införandet av evidensbaserad praktik, uppfattades som godtagbar och lämplig. Interventionen ansågs vara intressant och skapade nyfikenhet och kunskap om evidensbaserad praktik. Samarbetet mellan nämnden och socialförvaltningen är betydelsefullt och bör inte uteslutas från interventionen. För att öka genomförbarheten krävs dock en noggrann förankring i nämnd och förvaltning och lokal anpassning av interventionen innan start. Vidare kan praktisk träning läggas till i interventionen.

Slutsatser

Omständigheter som försvårade införandet av evidensbaserad praktik i socialtjänsten var relaterade till både förmåga, motivation såväl som möjligheter i organisationerna. Detta innebär att stödjande insatser bör vara mångsidiga och inte bara fokusera på en enskild aspekt, såsom att öka kunskap. Ett ömsesidigt beroende i det lokala ledarskapet inom politik och förvaltning uppmärksammades när det kommer till att stödja införandet av evidensbaserad praktik. Många chefer önskade att nämnderna tydligare skulle stödja införandet genom att på olika sätt visa att evidensbaserad praktik är en prioritet. Politikerna var i sin tur beroende av socialförvaltningen för att få tillgång till information om

evidensbaserad praktik och hur de som nämnd kan stötta införandet. Kunskapen om evidensbaserad praktik var dock begränsad bland politikerna, tolkningarna av vad evidensbaserad praktik är varierade mellan socialtjänstcheferna, och det fanns olika syn på vilken roll nämnderna borde ha i detta arbete. En medvetenhet om, och reflektion kring, dessa olika tolkningar och förväntningar kan vara viktigt för att skapa ett samordnat stöd för evidensbaserad praktik i socialtjänsten. Vissa nämnder var mer aktiva än andra, vilket för med sig att det lokala ledarskapet inom politik och förvaltning skulle kunna fungera som en förenande kraft i att stödja införandet av evidensbaserad praktik. En intervention som tar sikte på att öka förmåga, motivation och möjlighet för lokala politiska nämnder att stötta evidensbaserad praktik, kan vara en möjlig väg framåt. Interventionen mottogs positivt, men vidare utvärdering behövs.

9 FÖRFATTARENS TACK

Jag vill hjärtligt tacka alla som på olika sätt varit med på min resa under forskarutbildningen och skrivandet av denna avhandling.

Först av allt vill jag tacka alla respondenter som generöst delat med sig av sina tankar och erfarenheter, och därmed bidragit till ökad kunskap om förutsättningarna för att implementera EBP i socialtjänsten. Jag vill också tacka Socialstyrelsen för det samarbetet vi haft. Ett stort tack till Centrum för epidemiologi och samhällsmedicin CES, med verksamhetschef Cecilia Magnusson, som möjliggjort finansieringen av min doktorandtid.

Till mina handledare

Min huvudhandledare *Anne Richter*. Tack för att du tog dig an mig som doktorand och för att du gett mig ett så fint stöd under denna avhandling. Din knivskarpa analysförmåga, strategiska tänkande och fantastiska ordningssinne har varit guld värt under denna resa. Din positiva inställning och uppmuntran har betytt mycket, så också din omtanke om mitt mående.

Min bihandledare, *Henna Hasson*, chef på Enheten för implementering och utvärdering (CES) samt ledare för MMC. Du är fantastisk på att se människors utvecklingspotential, och främja möjligheter till att tillgodose dessa. Tack vare dig har jag kunnat balansera doktorandstudier med implementeringsarbete i praktiken, vilket varit så roligt och givande. Ditt arbete för att den forskning vi gör ska vara till hjälp för verksamheter är ett föredöme.

Min bihandledare *Anna Bergström*. Så tacksam för att du valde att kliva in som bihandledare, mitt i min forskarutbildning. Utöver att alltid finnas där för alla möjliga stora och små frågor, så har du en passion för att på riktigt göra världen till en bättre plats som inspirerar mig och ger så mycket arbetsglädje. Din (och Hennas) galet positiva inställning möjliggjorde interventionen.

Till medförfattare och mentorer

Ulrica von Thiele Schwarz. Att arbeta med dig har varit både roligt och mycket lärorikt. Du är en kompetent forskare, en kreativ medförfattare, och en välkomnande forskargruppsledare. Du och Henna utgör tillsammans en urkraft av spännande idéer, lösningar och mycket skratt.

Christian Ståhl. Tack för ditt bidrag och dina värdefulla kommentarer i min första artikel. Din hjälp i djungeln av olika modeller och teorier kring policyforskning var mycket uppskattad.

Petra Lindfors. Tack för trevliga fikastunder, möjligheten att diskutera min situation som doktorand med någon utomstående, och tack för uppmuntrande ord.

Elsmari Bergin. Tack för din fina introduktion i att analysera kvalitativa intervjuer.

Till vänner och kollegor

Rebecca Mosson, du var en livsviktig kollega, men är framför allt också en fantastisk vän. Att få stöta och blöta allt som har med doktorandstudier, men också livet i stort, med dig har varit så fint och betydelsefullt. Ser fram emot alla framtida träffar fyllda med prat, skratt och värme. *Hanna Augustsson*, tack för allt stöd, jag beundrar ditt mod i allt du företar dig. Du är en inspirerande forskargruppsledare, en klok kollega, och en omtänksam vän. Så hjärtligt glad att jag får ha dig både som vän och härlig arbetskollega, du har alltid har ett gott skratt på lut. *Sara Korlén*, min förnuftets röst i stormen det är att vara doktorand. Tack för alla viktiga diskussioner om att värna balans mellan doktorandlivet och det verkliga livet. Tack också för all fin hjälp du så generöst har delat med dig av, alla diskussioner om forskning och styrning av välfärden, och framför allt, en fin vänskap!

Alla fina medlemmar i min forskargrupp PROCOME, tack för alla skratt, intressanta diskussioner och en fin stödjande miljö för att bedriva doktorandstudier! Särskilt tack till PROCOME-kärnan med Hanna och den mycket kompetenta *Marta Roczniewska* i ledningen och kollegorna *Carolina Wannheden*, *Ami Bylund*, *Marie Dahlberg*, *Sara Ingvarsson* samt nykomlingarna *Ana Hagström*, *Veronica-Aurelia Costea*, *Sara Delilovic* och *Belén Casales Morici*. Tack också till före detta medlemmar som bidragit till en fin forskargrupp under min studietid; *Charlotte Klinga*, *Caroline Lornudd*, *Mia von Knorring*, *Kristina Palm*, *Margit Neher*, *Maria Reinius*, *Tess Söderhjälm*, *Håkan Uvhagen*, *Joel Freilich*, *David Ebbevi* med flera. Ett särskilt shout out till *Helena Strehlenert* som till min stora glädje ville vara min mock-opponent.

Tack före detta och nuvarande doktorandkollegor som varit med och skapat ett fint sammanhang som doktorand som jag inte redan nämnt såsom t.ex. mina LDN-polare *Mimmi Åhström*, *Cecilia Dahlgren* och *Fanny Goude*, min kurskompis *Emma Granström*, och många andra. Tack till alla kollegor på MMC och LIME för en stimulerande forskningsmiljö med intressanta seminarier och diskussioner. Tack också till den administrativa personalen som underlättar allas vår vardag.

Tack alla goa medarbetare på CES som förgyllt mina arbetsdagar. Särskilt tack till *Annabell Kantner* som genomförde intervjuer i min sista artikel samt metodstödsgänget som med stor arbetsglädje genomfört implementeringsutbildning tillsammans med mig under dessa år: *Mårten Åhström*, *Leif Eriksson* och *Andrea Friedl*.

Tack *Anna Gärdegård*, för ett gott samarbete under genomförandet av intervjuer, för att du varit ett mycket värdefullt bollplank och tack för alla spännande diskussioner om EBP i socialtjänsten och arbetet framåt.

Till min familj

Mina föräldrar, *Mats* och *Lena*, tack för all stöttning i hela denna process. Tack pappa för att du alltid tjatat öronen av mig om att jag kan göra precis vad jag vill om jag bara bestämmer mig för det, din tilltro till min förmåga har betytt mycket. Tack mamma för att du alltid finns

där för att lyssna när jag är stressad, ledsen eller jätteglad, och för att du alltid har mitt bästa i åtanke. Din omtanke är guld värd. Min syster *Maria*, tack det har varit en varm famn att komma hem till er med hela familjen, som gett viktig återhämtning under denna tid. Jag ser fram emot alla fortsatta spelkvällar. Mina svärföräldrar, *Ingrid* och *Torgny*, tack för hjälp med barnvaktning och alla samtal kring ert matsalsbord som gett många goda skratt.

Min man *Anders*, jag är så tacksam för att det alltid varit så självklart för dig att jag ska göra detta. Du är en livsviktig fyr i mitt liv. Du och våra underbara barn, *Atle* och *Edda*, har varit världsbäst på att påminna mig om att skratta, inte ta mig själv på så stort allvar, och att inse att livet är så mycket mer än att skriva en avhandling. Tack till er alla!

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