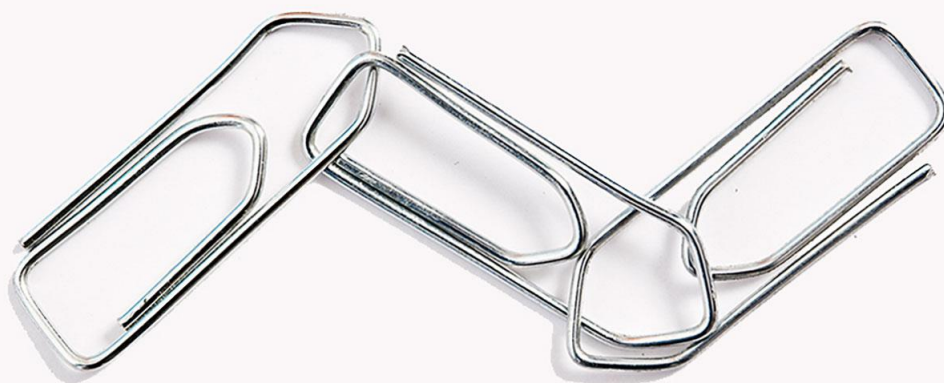


Development of interventions in the social field in the Nordic countries



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Preface

In the past several years, there has been a focus on developing effective interventions in the social field across the Nordic countries. However, there may be potential for more cooperation between the Nordic countries in this area.

As a step towards increased cooperation, in this report we present an overview of how the individual Nordic countries currently work with developing interventions in the social field. Furthermore, we analyze how state actors look at the needs, possibilities, and challenges for a future trans-Nordic platform for sharing knowledge about effective interventions in the social field.

The report is written by Chief Research Analyst Hans Skov Kloppenborg and Senior Research Analyst Maria Røgeskov.

The report has been read and commented on by two external reviewers as well as a reference group consisting of state actors from the Nordic countries. We thank them for good and constructive comments. We also thank all the interviewees from the different Nordic countries who have contributed to the study.

The report is commissioned by the Danish Ministry of Social Affairs, Housing and Senior Citizens and the Nordic Council of Ministers.

Ulrik Hvidman

Head of Research in VIVE Governance and Management



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Main results

For the past several years, all the Nordic countries have had a focus on developing effective interventions in the social field to ensure that the interventions used help society's most vulnerable citizens as much as possible and improve their lives. However, these development efforts have to a large degree been undertaken in and by the individual countries. Therefore there may be potential for more cooperation between the Nordic countries on developing interventions in the social field since "the Nordic countries have many similarities and shared values in social policy" as Árnason (2018) has put it.

As a step towards increased Nordic cooperation, this report sets out to contribute in two ways. Firstly, we give an overview of how state actors such as ministries and agencies in each of the individual Nordic countries – i.e., Denmark, Finland, Iceland, Norway, Sweden as well as the Faroe Islands and Greenland¹ – currently work with developing interventions in the social field². Secondly, we analyze how state actors look at the needs, possibilities, and challenges for a potential future trans-Nordic platform for sharing knowledge about effective interventions in the social field.

The report's primary target group is state actors in the Nordic countries working with development of interventions and international actors working with Nordic cooperation within the social field. It is our hope that the report will stimulate curiosity among these actors about how the countries can learn from each other and will inspire further Nordic cooperation on the development of interventions in the social field.

Potential for more trans-Nordic cooperation, but also challenges

Overall this study concludes that, on the one hand, there is potential for more cooperation between the Nordic countries about interventions in the social field. The interviewed state actors in the different Nordic countries generally express that overall there are important similarities in the structure of the social field across the Nordic countries and that it is very giving for them to get

¹ The autonomous region of Åland was also invited to participate in the study but declined.

² When we use the term 'the social field' in this study, we mean target groups with social problems or disabilities, for example (but not limited to), target groups such as children and adults with disabilities, adults in supported housing, children and young people in out-of-home care, at-risk families, children and youth, people with drug or alcohol abuse, people with psychiatric problems and homelessness.

input on interventions from the other Nordic countries. They also emphasize that knowledge and experiences from the Nordic countries are more valuable and easier to transfer than knowledge from other countries, because the Nordic countries are so relatively similar in the social field.

On the other hand, the study shows that making one or more new platforms for trans-Nordic knowledge sharing about interventions might be challenging. The findings show several attention points that are expected to be important for successfully implementing such a platform. First and foremost, it is important to ensure that a potential future trans-Nordic platform focuses on themes and aims that all of the involved countries agree are highly relevant to ensure commitment to the platform. This might seem quite basic, but it can be a challenging task because, while the social field in the Nordic countries might be similar on an overall level, important differences exist between the countries on a more detailed level. These include differences in the responsibility of state actors for developing interventions, the resources available for development, and specific national priorities concerning areas of interest, as well as different preferences regarding, for example, how knowledge about interventions is disseminated in the best way.

In the following, we dig deeper into the insights underlying this overall conclusion.

Important similarities and differences between the Nordic countries

The report contains a description of how state actors (e.g., ministries and agencies) in each of the Nordic countries work with the development of interventions in the social field. The purpose of the report is not to compare the Nordic countries' practices regarding the development of interventions. However, when we look across the descriptions of the countries, we see some immediate similarities and differences that stand out:

- **Similarities in the organization of development activities on an overall level.** Most of the Nordic countries have a structure where state actors take on an overall responsibility for gathering knowledge about effective interventions while local levels – e.g., municipalities and regions – have the primary responsibility for choosing which specific interventions to use. Although it differs between the countries to what extent state actors in general have the responsibility for developing specific new interventions, there are some overall similarities across most countries regarding the process of developing new interventions. Often a steering group is

set up by the relevant state actor (often a ministry or an agency under a ministry), and knowledge on the target group in question as well as possible effective intervention elements is gathered. Then a possible new intervention is tested in practice in collaboration with the practice field and is evaluated and adjusted before the intervention is in its final form. However, only Denmark has a formal written procedure at state level that describes the different development phases in detail.

- **Variations in the responsibility of state actors for the development of interventions.** In some countries state actors have a comprehensive role in developing and implementing new interventions as well as in gathering and disseminating knowledge about existing interventions. This is the case in, for example, Denmark where state actors are often responsible for developing new interventions. Also, in some countries such as Norway and Greenland, state actors are responsible for developing, implementing, and delivering selected interventions directly to specific target groups. In other countries state actors have a more withdrawn role regarding the development of new interventions. This is the case in for example Finland and Sweden because the responsibility for this task is often placed with other actors such as NGOs, universities, and municipalities.
- **Considerable differences in the resources available to state actors in the different Nordic countries for the development of interventions in the social field.** Due to their small population size, Greenland, the Faroe Islands and to some extent Iceland generally have less resources available (both financial and personnel) than the bigger countries. Likewise, due to differences in size, the organizational setup for the development of interventions in countries with a bigger population typically involves more organizations and people than in countries with a smaller population.
- **The criteria used for assessing interventions varies across countries and actors.** In all the Nordic countries state actors focus on scientific research when assessing specific interventions, but the specific criteria used varies. In addition, it is different how much emphasis is placed on other criteria, e.g., the latest experiences with interventions from the field of practice or the costs of interventions.

Knowledge sharing on interventions in the social field is important

The report also examines the needs, possibilities, and challenges state actors in the Nordic countries see for a potential future trans-Nordic platform for sharing knowledge about interventions in the social field. Such a platform could for instance be a trans-Nordic website or a new Nordic network.

The interviewed state actors in the Nordic countries are generally positive about a potential future platform for sharing knowledge on interventions in the Nordic countries. They express that it is important and very giving for them to get input from the other Nordic countries on interventions and their development. Also, state actors generally view knowledge and experiences from the Nordic countries as more valuable than knowledge from other countries, because the Nordic countries are so relatively similar in the social field. In general, the process of transferring an intervention from one country to another is easier across the Nordic countries than transferring, for example, an intervention from the U.S.

The box below presents possible focus areas that the interviewees have pointed to as potentially relevant for a platform.

Potential focus areas for a trans-Nordic platform for sharing knowledge about interventions

- Interventions focusing on specific issues in the social field that currently take up a lot of attention across several Nordic countries, for example, increasing dissatisfaction with their life circumstances among children and young people and an increasing number of children and young people with diagnoses, e.g., autism.
- The roles state actors play in assessing and recommending interventions for, for example, municipalities. How to best work with evaluation and implementation of interventions. How to best gather and present data on different interventions or target groups in the social field.

A potential new trans-Nordic platform has to overcome challenges

Several of the interviewed state actors stress that it is important that a potential future trans-Nordic platform focuses on themes and aims within the social field that each of the involved countries agree on as highly relevant to ensure commitment to the platform. Interviewees point out that the entire social field might very well be too broad to handle in one platform, and therefore there is a need for one or more platforms to focus on specific areas of the social field. However, due to the four attention points listed below, it might not be an easy task to make a platform that contains themes and aims that all the Nordic countries agree are highly relevant:

- **Countries with smaller populations generally have less resources** (both financial and personnel) for the development of interventions in the social field, and hence development as such is less comprehensive in the countries with a smaller population than in the countries with a bigger population. Several interviewees from the smaller countries tell that, because of this, on the one hand they often have a bigger need for getting inspiration from the other Nordic countries, while on the other hand they are aware that they themselves will have less inspiration to pass on to the bigger Nordic countries.
- **Differences in, for example, population density affect the needs the Nordic countries experience in the social field.** This concerns both the social challenges experienced in less populated regions and the solutions and interventions that can realistically be implemented to remedy the challenges. Among other things, this is due to regions with low population density often experiencing that it is hard to recruit enough highly trained professionals.
- **State actors in some countries play a more active role in developing interventions** than in others which in turn affects the needs the countries' state actors will seek to fulfil through a trans-Nordic platform for knowledge sharing. Furthermore, some interviewees point out that different local priorities in the individual Nordic countries might be a challenge for making cooperation that is sufficiently binding.
- **Avoid overlap with existing Nordic cooperation platforms in the social field.** Cooperation and knowledge sharing activities are already going on between the Nordic countries in the social field. Existing cooperation happens both in networks – for example, within the framework of The Nordic Welfare Centre – and in less formalized settings, for example, by one country reaching out to another to learn about experiences with a

particular intervention or target group. Furthermore, a lot of knowledge on interventions in the social field already exists, for example, on different national websites. As a consequence, when reflecting on what to consider when starting up a new platform for knowledge sharing, interviewees point out that it is important to be aware of the existing cooperation platforms as well as the national sources containing information on interventions to avoid overlap.

Similarities in interventions identified as recommendable across the Nordic countries

For each of the Nordic countries, the report contains an example of an intervention in the social field that state actors in the country view as recommendable to use. Table 1 gives an overview of the examples identified in each of the countries.

Table1 **Examples of interventions viewed as recommendable to use by state actors in the Nordic countries**

| Country | Examples of "recommendable" interventions |
|-------------------|---|
| Denmark | Housing First |
| Finland | Open Dialogue |
| Iceland | Multisystemic Therapy (MST) |
| Norway | Parent Management Training - Oregon (PMTO) |
| Sweden | The Incredible Years |
| The Faroe Islands | A good approach to families with children with autism |
| Greenland | Travel teams for citizens that have experienced sexual abuse in childhood |

When we look across these examples of interventions, some interesting attention points stand out. First, in many cases the specific examples of interventions that are identified in one country will also be viewed as effective and recommendable interventions in other Nordic countries. This is the case for interventions such as MST, Housing First and The Incredible Years, which are used in several of the Nordic countries.

Second, some of the interventions have been developed in the Nordic countries, but several of them were originally developed in the U.S. (Housing First,

MST, PMTO and The Incredible Years). The examples indicate that the implementation and transferring of these interventions to the context of the Nordic countries has been an important part of the development of interventions in the social field in the Nordic region.

Third, many of the interventions were originally developed a long time ago. When identifying examples of recommendable interventions, state actors in all countries give weight to scientific research regarding effects and, for many of the highlighted interventions, researchers or others have had several years to investigate and document the effects of these interventions. Therefore, state actors feel relatively safe in recommending these examples. However, the examples do not give much new insight into more recently developed interventions in the Nordic countries for which there is currently less solid knowledge on effects. Experiences with such newer interventions might be a relevant theme for a potential new platform for knowledge sharing across the Nordic countries.

Facts about the study

The study is based on analyses of

- Numerous websites and documents from state actors such as ministries and agencies in each of the Nordic countries who work with developing interventions in the social field. Examples of material included are strategies describing the development of interventions and websites containing information on specific interventions and criteria for assessing the effectiveness of interventions.
- Qualitative interviews with relevant state actors (e.g., ministries and agencies) in the different Nordic countries. In total, 27 interviews were conducted with a number of interviewees from state actors that are important to the development of interventions in the social field in the different Nordic countries. In addition, an interview was conducted with the Nordic Welfare Centre to include the center's extensive experiences with Nordic cooperation in the social field in the data material.

1 Introduction

1.1 Background

The structure of the social field in the Nordic countries is comparable in many ways. For example, Árnason (2018) writes that "the Nordic countries have many similarities and shared values in social policy", just as VIVE (Dalsgaard, Kloppenborg, Ibsen, Lemvigh, & Røgeskov, 2021) in a comparative study finds that the organization of the social field in Denmark, Norway, and Sweden broadly speaking is very similar in the three countries. This means there is basically a good foundation for close cooperation between the Nordic countries in the social field, including, for example, a potential for cooperation on the development and dissemination of effective social interventions.

In the past several years, the individual Nordic countries have had a focus on developing effective interventions in the social and disability fields and, as stated by Árnason (2018), "[t]he countries work highly systematically to secure the knowledge base for initiatives in the social field". There is already some cooperation between the Nordic countries about interventions in the social field. For example, The Nordic Welfare Centre hosts several trans-Nordic networks in the field. However, there might be a potential for more cooperation between the Nordic countries on the development of social interventions. A first step on the way to increased cooperation can be to create an overview of what the individual Nordic countries are currently doing to develop new effective interventions in the social field.

1.2 Purpose

On this background, the Danish Ministry of Social Affairs, Housing and Senior Citizens and the Nordic Council of Ministers have asked VIVE to carry out a study that focuses on answering the following three research questions:

1. How is the work with the development of interventions in the social field organized at state level in the Nordic countries, i.e., Denmark, Finland, Iceland, Norway, Sweden, and the Faroe Islands and Greenland³? Both in relation to development of new interventions as well as

³ The autonomous region of Åland was also invited to participate in the study but declined.

assessment and dissemination of knowledge about existing interventions.

2. Is it possible to identify and describe a few examples of interventions in the social field that state actors view as effective and recommendable to use for, e.g., municipalities? What criteria do state actors use when making assessments of interventions?
3. What needs, possibilities, and challenges do state actors experience for a future joint platform for sharing knowledge about effective interventions in the social field across the Nordic countries?

The examination of the first two research questions is primarily descriptive. It is thus not a comparative study where the development practices of the various countries are compared or held up against each other in relation to, for example, advantages and disadvantages. Such comparisons will require more extensive data collection and rigorous analysis than is possible within the framework of this study. In the data collection and analysis, we have focused on descriptions of how state actors in each of the Nordic countries themselves understand and communicate about the organization of and processes for developing interventions in the social field. However, some overall similarities and differences that characterize the developmental process clearly stand out when looking across the individual countries. These overall similarities and differences are presented briefly in the report.

The examination of the third research question adopts a common Nordic perspective on what needs and possibilities exist in relation to developing a platform for knowledge sharing across the countries – including descriptions of different possibilities for the content of the platform, as well as what resources these possibilities can be expected to require.

Table 1.1 provides a more in-depth description of the themes that are examined to answer the three research questions.

Table 1.1 Elaborating themes within the three research questions

| Research question | Elaborating themes |
|---|--|
| How is the work with the development of interventions in the social field organized at state level in the Nordic countries? Both in relation to development of new interventions as well as assessment and dissemination of knowledge about existing interventions. | <p>Which state actors participate in the development processes? What responsibility and what roles do state actors have in relation to developing interventions in the social field? What is the typical development process? Is there, for example, a fixed model that state actors work according to? What criteria do state actors put weight on when assessing the effectiveness and recommendability of interventions?</p> |

| Research question | Elaborating themes |
|---|--|
| Is it possible to identify and describe a few examples of interventions in the social field that state actors view as effective and recommendable to use for, for example, municipalities? | <p>Which specific examples of interventions in the social field do state actors point to as effective and recommendable to use for, for example, municipalities?</p> <p>What is the content of the interventions identified as good examples?</p> <p>What criteria do state actors give weight to when pointing to these examples?</p> |
| What needs, possibilities, and challenges do state actors experience for a future joint platform for sharing knowledge about effective interventions in the social field across the Nordic countries? | <p>What needs do state actors see for a joint platform for sharing knowledge about effective interventions in the social field across the Nordic countries?</p> <p>What forms could various possible platforms advantageously take? For example, a joint database on interventions or organized collaborations between the state actors in the countries?</p> <p>What possibilities and challenges do state actors see for different possible platforms?</p> <p>What are the expectations regarding the resources required for creating and running the various possible platform solutions?</p> |

The study focuses on the role of state actors in the development of interventions in the social field. The primary reason for this choice of focus is that we expect state actors to be the most important actors for building and enhancing international cooperation between the Nordic countries, which is an important part of the purpose of the study. However, it is important to note that, in all the Nordic countries, non-state actors such as municipalities, regions, universities, NGOs, and foundations play an important role in this regard, both by financing and by setting criteria for the development of interventions. Therefore, it could be highly relevant for future studies to examine more closely the similarities and differences across the Nordic countries regarding the roles of these non-state actors in the development of interventions in the social field.

Due to the scope of the report, focus is on giving an overall introduction to the organization and processes around the development of interventions in the social field in each of the Nordic countries. However, for readers interested in digging deeper, the report contains numerous references in which more detailed material on, for example, the processes and criteria used by specific state actors when assessing interventions can be found.

The report's primary target group is state actors in the Nordic countries working with development of interventions as well as international actors working with Nordic cooperation within the social field. Firstly, it is our hope that the report will contribute to increased knowledge and overview on the processes of developing interventions in the social field in the Nordic countries. Secondly, we hope the report will stimulate curiosity among state actors in the individual countries as well as among international actors such as the Nordic Council of Ministers on how the countries can learn from each other. Finally,

we hope the report will inspire further Nordic cooperation and dialogue on the development of interventions in the social field.

1.3 Delimitations

Before going into how state actors in the Nordic countries work with the development of interventions in the social field, some of the central concepts of the study must be defined more precisely. Consequently, in the present section we seek to delimit what the concepts of ‘the social field’, ‘interventions’, and ‘state actors’ refer to in this report.

The social field

The study focuses on ‘the social field’. However, there can be different understandings of, for example, which specific target groups are included in the social field in the different Nordic countries.

In this study, we use the term ‘the social field’ to refer to target groups with social problems or disabilities, for example, children and adults with disabilities, adults in supported housing, children and young people in out-of-home care, at-risk families, children and youth, people with drug or alcohol abuse, people with psychiatric problems, and homelessness.

Since the study covers interventions for many different target groups, we have decided not to include special education or the area of services for senior citizens.

Interventions

Regarding our understanding of the term ‘interventions’, we lean on a definition from the Danish National Board of Social Services and Housing that emphasizes the following characteristics for interventions (Socialstyrelsen, 2020). In this understanding, an intervention

- is aimed at one or more specific target groups or problems
- follows a firm methodology or known professional practice
- has an independent professional identity that distinguishes it from other interventions
- can be aimed at individual clients or be organizational in nature.

The aim of the interventions that are the focus of this study include, for example, improving mental and psychosocial functioning, well-being, or reducing

alcohol and drug abuse. Because the project focuses on social support, we do not include interventions consisting of medical services or assistive devices. Furthermore, special education and monetary benefits (e.g., pensions, social security, or loss of earnings) are not included in the study.

State actors

The study focuses on the development practices of 'state actors'. By state actors we first and foremost think of ministerial departments and agencies. However, other national organizations are also included in the study if the state level (ministries, agencies, or parliament) has some influence on the organization's work with developing interventions. This might, for example, be if a ministry gives directions to another national organization about what specific interventions the organization is to develop. As an example, in Norway some of the national competence centers are affiliated with universities. In general, universities are not included as state actors in this study, but since these competence centers to a fairly large extent get funding and/or specific instructions from the Norwegian ministries, they are included here anyway.

1.4 Data and method

Firstly, the study is based on analysis of a large number of websites and documents from various state actors in each of the seven Nordic countries. This includes all relevant ministries and agencies as well as other actors who are mandated by state actors to work with the development or dissemination of knowledge regarding interventions in the social field. Based on these websites and documents, we have mapped all state actors that work with the development and dissemination of knowledge concerning interventions in the social field in each of the seven Nordic countries.

The analysis focuses on information that could contribute to answering the research questions (see section 1.1) – first and foremost descriptions of how state actors organize and work with the development of interventions in the social field in each of the Nordic countries. Included material is, for example, strategies describing the development of interventions and websites containing information on specific interventions and criteria for assessing the effectiveness of interventions.

Secondly, the study is based on analysis of qualitative interviews with relevant state actors in the different Nordic countries, that is, state actors with a responsibility for developing interventions in the social field. The included state actors were identified through a combination of desk research and dialogue with the state actors in each country. In total, 27 different state actors were

interviewed across the seven Nordic countries. Interviewees included employees of state actors that play an important role in developing interventions in the social field at state level in the different Nordic countries. In addition, key staff from the Nordic Welfare Centre were interviewed to include their extensive experiences with Nordic cooperation in the social field in the data material. Furthermore, VIVE has had ongoing and more informal talks with the state actors about their role in the development of interventions.

The interviews focused on the questions shown in Table 1.1. Prior to the interviews, VIVE drafted brief descriptions of how state actors in each of the Nordic countries work with development of interventions in the social field. These drafts were based on a combination of the identified websites and documents as well as preliminary talks with state actors. The drafts were sent to the interviewees prior to the interview and were used as a starting point for more detailed descriptions by the interviewees of how development of interventions is carried out, how the responsibility for development is divided, and what needs the interviewees see for a potential future trans-Nordic platform for sharing knowledge about effective interventions in the social field (the complete interview guide can be seen in Appendix 1). Furthermore, the interviewees quality assured a first draft of the report's description of their specific organization and country.

Table 1.2 below gives an overview of the state actors that have been interviewed for the study.

Table 1.2 State actors interviewed for the study

| Country | State actors |
|---------|---|
| Denmark | The Ministry of Social Affairs, Housing and Senior Citizens The Danish Authority of Social Services and Housing |
| Finland | The Ministry of Social Affairs and Health THL – The Finnish Institute for Health and Welfare Itla Children's Foundation (<i>Kasvun tuki</i>) |
| Iceland | The Ministry of Education and Children The Ministry of Social Affairs and Labour The National Agency for Children and Families GEV – The Quality and Control Institute for Welfare |
| Norway | The Ministry of Children and Families The Ministry of Health and Care Services The Norwegian Directorate for Children, Youth and Family Affairs The Norwegian Directorate of Health NUBU – The Norwegian Center for Child Behavioral Development NAPHA - Norwegian Resource Center for Community Mental Health <i>Ungsinn</i> |

| Country | State actors |
|-------------------|--|
| Sweden | The Ministry of Health and Social Affairs The Swedish National Board of Health and Welfare SiS – The National Board of Institutional Care SBU - The Swedish Agency for Health Technology Assessment and Assessment of Social Services MFoF – The Family Law and Parental Support Authority |
| The Faroe Islands | The Ministry of Children and Education The Ministry of Social Affairs and Culture The Department of Social Services – <i>Almannaverkið</i> |
| Greenland | The Ministry of Social Affairs, Labour and Domestic Affairs The Ministry for Children, Youth and Families <i>Socialstyrelsen</i> |
| Trans-Nordic | The Nordic Welfare Centre |

1.5 Reading guide

The report is structured in three chapters. The first chapter contains this introduction to the study. The second chapter contains descriptions of how each of the Nordic countries work with the development of interventions in the social field at state level as well as examples of interventions that state actors view as effective and recommendable. Hence the second chapter seeks to answer the first and second research questions.

The third chapter examines what needs, possibilities, and challenges state actors experience regarding a potential future joint platform for sharing knowledge about effective interventions in the social field across the Nordic countries, as well as how many resources different platform solutions are expected to require. Thus, the third chapter seeks to answer the third research question.

2 How state actors work with development of interventions in the social field in the Nordic countries

In this chapter we describe how state actors in the different Nordic countries work with the development of interventions in the social field. We do so from two different angles: 1) the development of new interventions and 2) the gathering and dissemination of knowledge about already existing interventions.

For each country, a short introduction is provided outlining the distribution of responsibility for the development of interventions in the social field. Lastly, each country description is rounded off with a short presentation of an example of an intervention that one or more state actors in the given country has identified as an effective and recommendable intervention.

Overall similarities and differences across countries

Although the purpose of this study is not to compare the different Nordic countries with each other, there are some immediate similarities and differences that stand out when looking across the descriptions of how state actors work with the development of interventions in the social field. We begin this chapter by briefly outlining the most important similarities and differences.

Firstly, there are some important overall similarities between the Nordic countries in the social field. For example, most countries have a structure where state actors take on an overall responsibility for gathering knowledge about effective interventions, while local levels – municipalities and regions – have the primary responsibility for choosing which specific interventions to use. There are also some overall similarities across most countries regarding how state actors work with the development of new interventions, although there are considerable differences between the countries to what extent state actors actively develop interventions. Often a steering group is set up by the relevant state actor (often a ministry or an agency under a ministry) and knowledge on the specific target group and possible effective intervention-elements is gathered. Then a possible new intervention is tried out in practice in collaboration with the practice field, then the intervention is evaluated and adjusted before it reaches its final form. However, only Denmark has a formal

written procedure on state level that describes the different development phases in detail.

Secondly, the countries' framework conditions vary. There are considerable differences between the Nordic countries with regard to how many resources are available to state actors for the development of interventions in the social field. Because of their small population size, Greenland, Faroe Islands, and to some extent Iceland generally have less available resources than Denmark, Norway, Sweden, and Finland. Similarly, the organizational setup in the countries with a bigger population typically involves more organizations and people than in countries with a smaller population. This may give the countries different advantages. On the one hand, in the bigger countries, for example, government agencies typically have more staff who are more specialized than in the smaller countries. On the other hand, some interviewees point out that in the smaller countries all people working within a given area of the social field know each other by name, which makes cooperation and knowledge sharing easier.

Thirdly, the extent of state actors' responsibility for developing interventions in the social field varies across the Nordic countries. In some countries, such as Denmark, state actors have a comprehensive role in developing and implementing new interventions as well as in gathering and disseminating knowledge about existing interventions. And in some countries, such as Norway and Greenland, state actors are also responsible for developing and delivering selected interventions directly to specific target groups. In other countries, state actors have a more withdrawn role because, for example, the task of developing interventions is delegated to other actors such as NGOs, or because municipalities have a high degree of freedom with regard to choosing interventions and how to implement them. This is the case in Finland, for example.

Fourthly, the criteria used for assessing interventions varies across countries and actors. In all the Nordic countries, state actors focus on scientific research when assessing the effect of interventions, but the specific criteria used varies. In addition, it is different how much emphasis is placed on other criteria, for example, the latest experiences with interventions from the field of practice or the costs of interventions.

Interventions pointed out as recommendable

When we look across the specific interventions that state actors point out as examples of interventions that are recommendable to use, some interesting similarities across the Nordic countries stand out. Table 2.1 gives an overview of the examples pointed out in each of the country. The interventions are described in greater detail in the sections regarding each country.

Table 2.1 Examples of interventions viewed as recommendable to use by state actors in the Nordic countries

| Examples of “recommendable” interventions | |
|---|---|
| Denmark | Housing First |
| Finland | Open Dialogue |
| Iceland | Multisystemic Therapy (MST) |
| Norway | Parent Management Training - Oregon (PMTO) |
| Sweden | The Incredible Years |
| The Faroe Islands | A good approach to families with children with autism |
| Greenland | Travel teams for citizens that have experienced sexual abuse in childhood |

A first point of attention is that in many cases the specific examples of interventions that are pointed out in one country will also be viewed as effective and recommendable interventions in other Nordic countries. This is the case for interventions such as MST, Housing First, and The Incredible Years, all of which are used in several of the Nordic countries.

Secondly, some of the interventions were developed in the Nordic countries, but several interventions were originally developed in the U.S. (Housing First, MST, PMTO, and The Incredible Years). In many Nordic countries, the implementation and transfer of these interventions to the Nordic context has been an important part of development of interventions in the social field.

Thirdly, many of the interventions were originally developed a long time ago. State actors in all countries give weight to scientific criteria regarding effects when pointing to examples of recommendable interventions and for many of the highlighted interventions, researchers and others have had several years to investigate and document the effects of these interventions. Therefore, state actors feel relatively safe in recommending the examples. However, the examples do not bring much new insight to more recently developed interventions in the Nordic countries for which there is currently less solid knowledge on effects.

2.1 Denmark

2.1.1 Distribution of responsibility

In Denmark, the Ministry of Social Affairs, Housing and Senior Citizens (*Social-, Bolig- og Ældreministeriet*) has the overall responsibility for most of the target groups in the social field, including at-risk children, youth and families, socially excluded adults, and people with disabilities. In addition to its other tasks, the ministry is responsible for preparing legislation and preparing draft resolutions for politicians as well as overall policy development in the social field. Even though the ministry is not directly involved in developing the content of specific interventions, it plays a strategic role at an overall level.

The Danish Authority of Social Services and Housing (*Social- og Boligstyrelsen*) is an agency under the Ministry of Social Affairs, Housing and Senior Citizens. In the social field, the agency is responsible for promoting “new development and initiatives in social services while also supporting and counseling local authorities in implementing the political social initiatives to citizens such as disadvantaged children, young people and their families, people with disabilities and socially marginalized groups” (Social- og Boligstyrelsen, 2023). The agency’s responsibility concerns the same target groups as the Ministry of Social Affairs, Housing and Senior Citizens, that is, most of the social field.

Furthermore, the Danish parliament has established a foundation called *Den Sociale Investeringsfond* (the social investment fund), which makes investments in interventions in the social field. However, the fund only plays a smaller role in developing the actual content of new interventions, and therefore the fund is not described further in the following.

In relation to the development of interventions in the social field, a number of non-state actors in Denmark play an important role, including municipalities, regions, universities, university colleges, NGOs, and foundations, who all contribute to the development of interventions. For example, the Danish municipalities have a huge responsibility in the social field, including making decisions about which interventions are best suited to help individual citizens. The municipalities have great freedom in deciding which specific interventions to offer in the social field, but they receive guidance and counseling from the Danish Authority of Social Services and Housing. Because our focus is on state actors, the practices of these non-state actors are not examined in this study.

2.1.2 Development of new interventions

In Denmark, the Ministry of Social Affairs, Housing and Senior Citizens has drawn up a strategy for the development of social interventions (Social- og Ældreministeriet, 2022), which stipulates how the ministry and the responsible agency, the Danish Authority of Social Services and Housing, work with the development of interventions in the social field, both for interventions aimed at children and at adults. The strategy describes four phases that are used as a framework when the ministry and the agency develop new interventions, which they often do in collaboration with a number of municipalities. It is the intention that, for each phase, the extent of knowledge about the content, effects, and costs of the intervention is increased. The four phases in the development process are briefly described below.

1. The screening phase

The development of a new intervention begins with the screening phase. In this phase, existing knowledge is gathered about the specific target group and the challenges the target group faces as well as knowledge about potential key elements of a new effective intervention. On the basis of this knowledge, a new potential intervention is described.

The screening phase typically takes up to one year.

2. The maturation phase

In the maturation phase, typically a small number of municipalities or institutions work together with the Danish Authority of Social Services and Housing to gradually develop the intervention through continuous testing and adaptation. This phase results in a final version and description of the intervention. If the intervention appears to have promising results, it can proceed to the trial phase. Currently, interventions in the maturation phase are a major part of the work regarding developing new interventions done by the Danish Authority of Social Services and Housing.

The maturation phase typically takes for two to four years.

3. The trial phase

In the trial phase, a small number of (typically new) municipalities test how the developed intervention works in its final version: does the intervention have positive effects, can it be implemented in the municipalities, and is it cost-effective?

The trial phase typically takes between three and five years.

4. The dissemination phase

If the intervention shows good results in the trial phase, it can be extended to a larger number of – or to all - municipalities, for example,

through advice on implementation from the Danish Authority of Social Services and Housing. This is called the dissemination phase. So far, relatively few interventions have gone through the dissemination phase in Denmark, partly because the earlier phases in the development process take a long time.

The dissemination phase can vary in length but will typically take two years.

The strategy and the associated guide⁴ contain a number of criteria that must be met in order for a given intervention to move from one development phase to the next. In general, the criteria focus on developing interventions that are possible to implement, have positive effects, are cost-effective, have a realistic operational perspective, and are in demand from, for example, the municipalities. The Danish Authority of Social Services and Housing is responsible for assessing whether a particular intervention meets the criteria. The authority typically carries out the assessment itself or commissions evaluations on which to base its assessment.

As described in section 2.1.1, municipalities in Denmark have great freedom when choosing which specific interventions they offer to citizens. Some of the interviewees express that this freedom can be a challenge when several municipalities are involved in developing a new intervention. Then it becomes a balancing act between making room for local adjustments in the individual municipality and making sure that everyone is still working together toward developing one joint intervention.

Which interventions the state wants to finance the development of is prioritized at political level, primarily via the so-called 'development and investment programs'. There is a development and investment program for the children and youth area and one for the adult area. The programs allocate approx. DKK 60-70 million yearly to the adult area and the children and youth area, respectively, a large part of which goes to development and dissemination of effective interventions. Development within the programs is carried out through the four-phase framework described above.

More specifically, how the development and investment programs prioritize which interventions to focus on is decided at a political level based on recommendations from a steering group. The steering group consists of representatives from several actors, including municipalities, the regions, trade unions, and research organizations, and the Danish Authority of Social Services and Housing supports the steering group by providing advice from experts in the field. Based on the recommendation from the steering group, the Minister of

⁴ On the basis of the strategy, the Danish Authority of Social Services and Housing has made a guide that describes the content of the four phases in detail (Socialstyrelsen, 2022b).

Social Affairs and Housing, together with the political spokespersons for the area of social affairs and disability, decides on which interventions should be developed and further developed.

2.1.3 **Gathering and dissemination of knowledge about existing interventions**

Vidensportalen

The Danish Authority of Social Services and Housing operates a website called *Vidensportalen på det sociale område* (the knowledge portal in the social field – vidensportal.dk), which gathers knowledge in the social field. More concretely, the website conveys knowledge about vulnerable children and young people, vulnerable adults and people with disabilities.

The purpose of *Vidensportalen* (Social- og Boligstyrelsen, 2018) is to

- gather current best knowledge
- disseminate the currently best knowledge so that it can be used in practice
- support the practice field in choosing effective and professionally well-founded solutions.

Furthermore, *Vidensportalen* aims at building a bridge between research and practice by making research useful for practice and by communicating research and practice in a way that takes into account the premises of the practice field.

The task of *Vidensportalen* is to make it easier for municipalities to find current knowledge and use this knowledge in interventions and efforts in the social field. In this way, *Vidensportalen* seeks to help ensure that interventions and case processing in the social field to a greater extent are based on a sufficient basis of knowledge.

Vidensportalen is divided into different themes that contain the 'current best knowledge' and are updated about every three years (however, see below about a new website which is now on the way). The Danish Authority of Social Services and Housing writes on the *Vidensportalen* website that when they use the term 'current best knowledge', they mean "the best qualified knowledge that Vidensportalen's professionals currently have found about a topic or area ... The current best knowledge is therefore the knowledge we arrive at by reviewing the currently available knowledge within an area in a sys-

tematic, critical, transparent, and careful manner. This means that when selecting knowledge for Vidensportalen, we review it as openly and objectively as possible.” (The authors’ own translation)

Examples of the themes listed on *Vidensportalen* are young people and adults in homelessness, citizens with mental difficulties and complex support needs, adults with developmental disabilities, children with autism, and foster families. Knowledge about specific interventions within the individual themes is described in the following five dimensions:

1. Knowledge about the target group for the intervention
2. Knowledge about the method of the intervention
3. Knowledge about how to implement the intervention
4. Knowledge about the effects of the intervention
5. Knowledge about the financial circumstances for the intervention, i.e., economic evaluations of the intervention.

For each dimension, the intervention is given a score on a scale from A to D, where A indicates solid knowledge that is directly relevant in a Danish context and D indicates no or very little knowledge. The Danish Authority of Social Services and Housing has published a guideline for the scoring of an intervention on each dimension (Socialstyrelsen, 2017).

When asked about why these specific five dimensions were chosen for assessing interventions, interviewees from the Danish Authority of Social Services and Housing explain that it has been important for the agency to put weight on the knowledge about interventions that are important for municipalities, since they are the ones to implement the interventions. The five dimensions were chosen with this purpose in mind.

Besides the content on *Vidensportalen*, the Danish Authority of Social Services and Housing also disseminates knowledge about interventions through their general webpage and newsletter. This could, for example, be news about a recent evaluation of a specific intervention that has completed the maturation stage. Furthermore, the agency hosts conferences, webinars and similar where, for example, practitioners from the municipalities can learn more about interventions for specific target groups.

New upcoming website from the Danish Authority of Social Services and Housing

Interviewees tell that the Danish Authority of Social Services and Housing is currently working on a new website for the collection of knowledge in the social field called social.dk. This means that, at the time of the interviews, *Vidensportalen's* content was no longer being updated, but the decision to close *Vidensportalen* has not yet been made, nor has it been decided whether its content will be integrated into the concept of the new website. In comparison to *Vidensportalen*, the plan is that the new website will, among other things, have a greater focus on describing the interventions that are actually used in practice in the Danish municipalities as well as make it possible to follow central data on different target groups over time, for example, how great a percentage of young people with autism who complete the primary school leaving exam in the different municipalities.

Literature reviews on interventions are expected to take up less space on the new website than on *Vidensportalen*. This is because, among other things, when a new intervention is developed, a separate literature review is often made for the target group (see the description of the screening phase in the strategy for the development of social interventions, which is described in section 2.1.2). Lastly, one of the interviewees explains that the new website is to be seen in the light of the relatively new strategy for the Danish Authority of Social Services and Housing from 2021 (Social- og Boligstyrelsen, 2021b): the new strategy places greater emphasis on the agency making recommendations about interventions – this is also an ambition for the content of the new website.

2.1.4 Example of intervention considered recommendable

The box below gives a description of one of the interventions in Denmark that is supported actively by state actors – both the Ministry of Social Affairs, Housing and Senior Citizens and the Danish Authority of Social Services and Housing – and is viewed as recommendable to use for municipalities.

Box 2.1 Housing First⁵ – an example of an intervention that is considered effective and recommendable in Denmark

Description of Housing First

- Housing First is a systemic approach to homelessness in which the citizen is offered an independent home in non-supported housing and at the same time receives individually tailored support. The approach is based on eight principles focusing on, among other things, recovery, and empowerment.
- Central to the approach is that the homeless citizen is offered their own home and relevant social and practical support at the beginning of the intervention. The support is individual, flexible, and systemic and is based on the individual's needs and wishes.
- The target group for Housing First is young people and adults experiencing or at risk of homelessness. Since homeless citizens can have different degrees of complexity in their problems, three different specialized support methods – ACT, ICM, and CTI – are used as part of Housing First in Denmark. The support methods can be offered to the citizens after an individual assessment of the individual's support needs.
- ACT (Assertive Community Treatment) is aimed at those citizens who have the most intensive, long-term, and interdisciplinary support needs, and who are only able to use existing support interventions from the social system to a very limited extent or not at all.
- ICM (Intensive Case Management) is for the group of homeless citizens who need support for a longer period of time and who can make use of the existing support system to some extent.
- CTI (Critical Time Intervention) is aimed at those citizens who can use the existing support system to a significant extent, and who primarily need support during a shorter transition period, for example, to create a support network in the existing support system.

⁵ More information about Housing First in Denmark is available for example in Egede-Jensen (2021).

Basis for recommending the intervention

- Housing First is emphasized as an example of a recommendable intervention in Denmark partly because evaluations have shown good results of the ACT, ICM, and CTI methods (Social- og Boligstyrelsen, n.d.), and partly because, according to the interviewees, politicians have been positive about and supported the spread of Housing First as a good intervention to combat homelessness in Denmark.

2.2 Finland

2.2.1 Distribution of responsibility

In Finland, The Ministry of Social Affairs and Health (*Social- och hälsovårdsmministeriet*) determines the guidelines for developing the social and health services, prepares the legislation, and directs the implementation of reforms. In general, the ministry plays a relatively small role in developing or assessing specific interventions in the social field.

The administrative area of the ministry includes several independent offices and institutions. In relation to the development of interventions in the social field, the most important one is the Finnish Institute for Health and Welfare (THL).

The Institute for Health and Welfare is a state-owned expert and research institute that promotes the welfare, health, and safety of the population. THL is independent but solves many tasks for ministries, for example, the development of interventions in the social field. THL's overall duties are established in Finnish legislation (Act on the National Institute for Health and Welfare (668/2008), 2008), while the institute's performance targets are negotiated annually by the Ministry of Social Affairs and Health and THL. Among other things, THL is tasked with conducting research and expert work to

- study and monitor the welfare and health of the population, the factors affecting and problems related to the welfare and health of the population, the prevalence of these problems and opportunities for preventing them, and to develop and promote measures that further welfare and health and reduce welfare and health problems
- study, monitor, assess, develop, and guide social welfare and health-care activities, and to provide expert assistance for the implementation of policies, procedures, and practices that promote welfare and health
- engage in research and development work relevant to the field, and to promote innovation and put forward initiatives and proposals for developing social welfare and health-care activities and services and for promoting the health and welfare of the population.

Thus, THL is involved in both developing new interventions and gathering and disseminating knowledge about existing interventions in the social field.

As is the case in the other Nordic countries, a number of non-state actors also play an important role in the development of interventions in the social field.

One of the most important of these actors are the 21 new wellbeing services counties (The Ministry of Social Affairs and Health, 2023b) that were established in early 2023 and are responsible for arranging most services and interventions in the social field. Previously, the 309 Finnish municipalities had this responsibility. Both the municipalities and the wellbeing services counties have great independence regarding development and use of specific interventions. However, as one interviewee points out, regular negotiations between The Ministry of Social Affairs and Health and the wellbeing services counties are important instruments for the development of interventions.

Furthermore, there are 11 expert centers in the social sector that form a regional network of development and research activities (The Ministry of Social Affairs and Health, 2023a). Civil organizations also play an important role in developing interventions in the social field, and some of the interviewees tell that going through NGOs is a traditional way to promote social services in Finland. However, one of the interviewees says that development of and research about interventions in the social field is still not very strategic in Finland, because many interventions developed by NGOs are short term and only have little research behind them.

Finally, a number of foundations exist in Finland that are central to the development of interventions in the social field. Specifically, the national, public Itla Children's Foundation and its resource *Kasvun tuki* (early interventions). The purpose of the foundation is to promote and support the wellbeing, equality, and position of children and families with children living in Finland. The foundation has received substantial public funding since the Finnish parliament in 2017 donated a capital sum of 50 million euro to it in 2017. Income from the capital sum constitutes the main funding of the foundation (Itla Children's Foundation, n.d.-b). A delegation under Itla consisting of members from the parliament (Itla Children's Foundation, n.d.-a) is tasked with appointing Itla's board. Although the Finnish parliament has some overall influence on the management of Itla, and to a great extent has funded the foundation, according to interviewees, in practice Itla is a foundation with great independence, and hence Itla is on the verge of being a 'state actor' in line with the definition used in this study (cf. section 1.3). However, the foundation is an example of an alternative way for national politicians to affect the development of interventions in the social field, and therefore Itla and *Kasvun tuki* are included in the descriptions below.

2.2.2 Development of new interventions

In general, there are no formalized and well-described processes for how to develop new interventions in the social field at the state level in Finland. The Ministry of Social Affairs and Health is not directly involved in developing new

interventions in the social field. However, the ministry does to a great extent give grants to other actors who develop interventions, including NGOs and THL. The ministry sets some overall guidelines and targets for the grants but is generally not specific on which processes grant recipients are to follow when developing new interventions. However, in some cases the ministry may require that, for example, THL's Innovillage platform is used in the development process (see more about Innovillage below). Also, there will typically be requirements for making evaluations on the interventions and reporting results to the ministry.

The state actor called the Funding Centre for Social Welfare and Health Organisations (STEA) is responsible for the preparation, payment, monitoring, and impact evaluation of funds granted to social and health organizations. The center is an authority under The Ministry of Social Affairs and Health.

According to interviewees, the Ministry of Social Affairs and Health cooperates closely with THL. The Ministry of Social Affairs and Health makes strategies according to the policy and governmental programs, while THL is responsible for implementing the strategies. Often governmental programs include a plan regarding how a given challenge in the social field should be tackled on an overall level. As part of the program, the government will allocate funding for solving the problem and THL experts contribute by describing what the solution to the problem might be in terms of interventions. Then, for example, municipalities and NGOs can apply for funding for developing and implementing such interventions. The Ministry of Social Affairs and Health also gives THL tasks and grants focusing on the development of new interventions. Furthermore, THL helps municipalities and the new wellbeing services counties with applying for grants from the ministry.

There is no formal or fixed process for how THL develops interventions. However, interviewees report that typically the development process begins by gathering stakeholders in a group. Often THL will make a literature review to find out what is already known about the target group for the new intervention. Based on this, stakeholders then discuss and give THL input on what kind of intervention is needed to meet the challenges of the target group.

THL is one of the primary actors behind the platform called Innovillage (*Innokylä* in Finnish)⁶, which is an open development community and an online platform that supports cocreation between different relevant actors in the same field. The platform can bring practitioners from different areas together so that they can inspire each other and work together on developing, for ex-

⁶ More information about Innovillage is available at Innokyla (n.d.) as well as in Koivisto et al. (2015).

ample, new interventions in the social field. Staff from Innovillage provide development support, for example, by organizing workshops and offering training and courses to support development in municipalities.

As described earlier, many programs in Finland receive funding from the government via grants, and sometimes the Ministry of Social Affairs and Health sets requirements to use Innovillage in the development process. According to interviewees, Innovillage is increasingly used and, especially over the past two to three years, the ministry has often required that developers use the platform.

More specifically, Innovillage contains tools that can help in different stages of the development process. It also contains a forum for scaling models and interventions. Innovillage supports open development, makes the results of development activities visible by gathering them in one place, and offers a channel for disseminating interventions or models. The development process in Innovillage is based on a systemic public sector innovation model focusing on the following six steps:

1. Identify needs
2. Translate needs into goals
3. Develop solutions
4. Test and evaluate
5. Stabilize into a practice
6. Generalize a model

2.2.3 Gathering and dissemination of knowledge about existing interventions

In general, state actors play a relatively little role in gathering and disseminating knowledge about existing interventions in the social field in Finland. Interviewees tell that state actors do not, for example, make or present lists of effective interventions in the social field. State actors give general recommendations to use interventions that are scientifically tested but do not give recommendations on which specific interventions, for example, the wellbeing services counties should use⁷.

On THL website for Innovillage, you can read about different methods/programs that have been developed using the platform. This makes it possible to

⁷ However, one of the interviewees has pointed out that, since the interviews were conducted, a new Finnish government program has been presented. Among other things, this program places emphasis on making investments in strengthening national assessment competence, producing quality and effectiveness data, and developing recommendations regarding effective methods and best practices in healthcare and social welfare.

find inspiration from interventions that have already been developed. However, the information is uploaded by the developers themselves, and THL does not assess, for example, which interventions are most effective for specific target groups.

According to interviewees, one of the ideas behind Innovillage was to disseminate and share knowledge about new interventions because there was a lot of innovation going on between different actors and at different levels, and actors did not have much overview of what other innovation projects were already on the way. Interviewees also point out that one of the reasons why Innovillage does not include recommendations from THL is that the philosophy behind Innovillage somewhat differs from that behind evidence-based interventions, which often rely on randomized controlled trials. The perspective is that interventions or models developed in Innovillage are often the result of complex cocreation processes in a specific environment or context – and this makes it hard and undesirable to use common evaluation criteria for the assessment of interventions' general effectiveness.

Although THL does not as such make recommendations about specific interventions, every year specific models or interventions on Innovillage receive an award as part of a national conference in the social and health field called TerveSos, which is hosted by THL (TerveSos, 2023). The specific criteria for winning the award differ slightly from year to year. The award winner and finalists receive attention, and thus the award process can be seen as a way for THL to put focus on and recommend specific interventions.

While ministries and agencies do not make assessments or lists of the effectiveness of specific interventions, there is another public and national actor in Finland that does so in the area of at-risk children, youth and families. Specifically, the foundation Itla has made the early-interventions resource *Kasvun tuki*, which is a publicly available evidence-based resource and website that is designed to disseminate information and promote awareness of high-quality interventions to promote wellbeing of children, adolescents and families⁸.

Currently *Kasvun tuki* contains assessments of 32 interventions for at-risk children, youth, and families. The assessments are published as systematic reviews using a fixed set of criteria. According to interviewees, the criteria are to a large extent the same as those used by the Norwegian journal *Ungsinn*, since *Ungsinn* has been a big inspiration for *Kasvun tuki* (cf. section 2.4.3). Based on the assessments of their effects, interventions are divided into five groups. Additionally, there is a group for Negative effect (0A) and No effect (0B).

⁸ More information about *Kasvun tuki* and their assessments of specific interventions is available at *Kasvun tuki* (n.d.).

1. Well-described intervention
2. Theoretically based intervention
3. Intervention with some documented effect
4. Intervention with satisfactory documented effect
5. Intervention with strong documented effect

Besides assessing the effectiveness of interventions, *Kasvun tuki* also supports implementation of interventions in municipalities and Finland's new well-being services counties, for example, by giving courses on implementation of interventions to local leaders.

2.2.4 Example of intervention considered recommendable

As an example of a specific intervention in the social field that is recommended by state actors in Finland, THL points to the intervention Open Dialogue that is described below.

Box 2.2 Open Dialogue⁹ – an example of an intervention that is considered effective and recommendable in Finland

Description of Open Dialogue

- Open Dialogue is a network-oriented approach, where a citizen with mental health challenges can invite his private and professional network to participate in a dialogue. The intervention was developed in Finland. A key element in Open Dialogue is meetings with the citizen's network. Open Dialogue promotes a meaningful co-creation process between citizen, network, and practitioners. The idea behind the intervention is that changes and solutions will arise in the citizen's network through changed ways of talking together. In Open Dialogue, focus is on the citizen's resources instead of on, for example, their symptoms of mental health challenges.
- Open Dialogue is based on seven key principles:
 - The provision of immediate help. The clinics arrange the first meeting within 24 hours of the first contact. The aim of the immediate meeting is to integrate the outpatient treatment as soon as possible with the patient's everyday life.
 - A social network perspective. The patients, their families, and other key members of the patient's social network are always invited to the first meetings to mobilize support for the patient and the family.
 - Flexibility and mobility. These are guaranteed by adapting the therapeutic response to the specific and changing needs in each case, using the therapeutic methods that best suit each case. The meetings are often organized at the patient's home.
 - Responsibility. Whoever among the staff is first contacted becomes responsible for organizing the first multiprofessional family meeting, in which decisions about continuation and site of treatment are made.
 - Psychological continuity. The role of the team is not only to take care of the treatment as such but also to guarantee both the creation of new psychological meanings for symptoms and shared experience of this process. The team is responsible for the treatment for as long as it takes in both outpatient and inpatient settings.

⁹ More information about Open Dialogue can for example be found in Seikkula et al. (2006) and Social- og Boligstyrelsen (2021a). These are also the sources for the description below.

Members of the patient's social network are invited to participate in the meetings throughout the treatment process.

- Tolerance of uncertainty. Building a relationship in which all parties can feel safe enough in the joint process strengthens this.
- Dialogism. The focus is primarily on promoting dialogue and secondarily on promoting change in the patient or in the family. In dialogue patients and families increase their sense of agency in their own lives by discussing the patient's difficulties and problems.

Basis for recommending the intervention

- When THL points out Open Dialogue as a good example of an intervention that is seen as effective and recommendable by state actors in Finland they partly point to evaluations that have shown good effects from the intervention (e.g., Bergström et al., 2018) but they also emphasize it as a good example because dialogical methods in general are widely used in the social field in Finland.

2.3 Iceland

2.3.1 Distribution of responsibility

In Iceland, the Ministry of Education and Children (*Mennta- og barnamála-ráðuneytið*) is responsible for the development of the overall policy concerning target groups such as children with psychosocial problems and children and young people in out-of-home care¹⁰. Among its other tasks, the ministry is responsible for preparing legislation and implementing policies in the social field (Ministry of Education and Children, n.d.).

The Ministry of Education and Children is not directly involved in the development of interventions but can propose implementation of specific interventions in the strategies and action plans. Also, an interviewee from the ministry tells that the ministry provides funding for international evidence-based interventions such as MST, PMTO, and The Incredible Years.

The Ministry of Social Affairs and Labour (*Félags- og vinnumarkaðsráðuneytið*) has the overall responsibility for target groups such as children and adults with disabilities, social problems, families at risk, and social services targeting people in homelessness¹¹. The ministry is responsible for developing the overall policy and preparing legislation in relation to these target groups and for implementing this legislation but is not directly involved in developing new interventions. The ministry develops policy plans that include services towards specific target groups, for example, adults with disabilities (Ministry of Social Affairs and Labour, 2022). Policy plans include general aims and areas of interest regarding services in the social field. According to an interviewee from the Ministry of Social Affairs and Labour, no state actor directly promotes the development of interventions in the social field aimed at adults with disabilities or social problems. The Ministry of Health is responsible for the overall policy concerning adults with drug or alcohol addiction.

In Iceland, NGOs play a central role in the development of new interventions aimed at adults with disabilities or social problems. Interviewees from the Ministry of Social Affairs and Labour tell that NGOs undertake the development of new interventions through a mandate by the ministry.

¹⁰ However, the Ministry of Education and Children is responsible for developing the overall policy regarding children with multiple problems and disabilities who need services outside their home. These services include counselling of the child and the family and placement outside the family home (Ministry of Education and Children, 2018): <https://www.althingi.is/lagas/nuna/2018038.html>

¹¹ According to interviewees from the Ministry of Social Affairs and Labour, housing support for people in homelessness is not part of the ministry's responsibility.

The Counselling and Diagnostic Center is a national institution under the Ministry of Education and Children. The center is responsible for providing services in, for example, the social field, aimed at children and youth until the age of 18 years and their families. Also, the center provides training in behavioral interventions for children with developmental disabilities. The training is aimed at practitioners in the social field and parents of this group of children and youth (The Counselling and Diagnostic Centre, n.d.).

The National Agency for Children and Families (*Barna- og fjölskyldustofa*) is an agency under the Ministry of Education and Children. The agency is responsible for supporting the municipalities implement new policies and specific interventions such as MST and *Barnahus*. Through a mandate by the Ministry of Education and Children, the agency offers training of practitioners as well as other resources to assist municipalities in the implementation of these interventions (Barna- og fjölskyldustofa, n.d.-c).

The municipalities in Iceland have a key responsibility in the social field. Regarding social services aimed at target groups such as adults with disabilities and social problems, people with drug and alcohol addiction, families at risk, and people in homelessness, the municipalities have a large degree of freedom in the organization of services and interventions. In terms of children and youth in out-of-home care, the municipalities also have a lot of freedom in choosing which specific interventions to apply.

2.3.2 Development of new interventions

There is no fixed model for the development of new interventions in the social field at state level in Iceland. According to interviewees from the Ministry of Education and Children, Iceland seldom develops its own new interventions because this is such a costly process. Instead, the Ministry of Education and Children mainly implements interventions developed in other countries.

As described in section 2.3.1, the Ministry of Education and Children proposes which specific interventions should be implemented in the social field. Interviewees from the ministry tell that the decision to implement MST and PMTO specifically was based on scientific evidence, the social problems that needed to be addressed, and on the positive experience of implementing the interventions in other countries, particularly in Norway.

According to interviewees from the Ministry of Education and Children, the government has recently decided to discontinue the support to implement

PMTO¹², and instead the ministry is discussing the possibility of implementing other international interventions in the social field. In this regard, because interventions are so costly, the ministry is looking for interventions aimed at broad target groups so as many target groups as possible can benefit from interventions. According to interviewees from the ministry, such proposals are based on discussions with The National Agency for Children and Families and the practice field concerning the need for interventions in different areas and target groups. When deciding on areas of interest, the ministry typically sets up a steering group with specialists in regard to the target group in question, including representatives from The National Agency for Children and Families. Based on recommendations from the steering group, the ministry decides on areas, target groups, or specific interventions of interest. Recommendations can also come from other channels, such as individual researchers or representatives from the practice field. According to interviewees from the ministry, because Iceland is rather small in population size, the ministry is close to the practice field and knows which individuals to contact in specific matters.

In terms of the target groups that the Ministry of Social Affairs and Labour is responsible for, the development of new interventions is primarily undertaken by NGOs through a mandate by the ministry. The Ministry of Social Affairs and Labour offers annual grants to support the development of new interventions in the social field. The ministry announces a grant call that NGOs can apply for. The call contains specific themes and target groups based on, for example, a specific need for development that the minister has identified. Based on the recommendations of the Ministry of Social Affairs and Labour, the minister decides which projects should receive a grant. When the project is over, the NGO has to prepare a final report that includes the results of the project.

2.3.3 Gathering and dissemination of knowledge about existing interventions

In Iceland, a couple of state actors are responsible for gathering and disseminating knowledge about existing interventions in the social field. These actors are:

- The Ministry of Education and Children
- The National Agency for Children and Families
- The Ministry of Social Affairs and Labour

The Ministry of Education and Children is to a lesser extent directly involved in the gathering and dissemination of knowledge about existing interventions.

¹² According to interview persons from the ministry, the municipalities can still work with PMTO, but the state no longer supports its implementation.

The ministry publishes reports regarding the social field on its website, but this task is mainly the responsibility of other actors, in particular the National Agency for Children and Families.

According to interviewees from the National Agency for Children and Families, the agency has several roles in the gathering and disseminating of knowledge about existing interventions. As described, the agency supports implementation of interventions by training practitioners in working with the interventions. The agency operates a website where practitioners can find implementation guides for each intervention (Barna- og fjölskyldustofa, n.d.-b). The National Agency for Children and Families also conducts MST therapy for families. Furthermore, the agency is responsible for training internal therapists to support the municipalities in the implementation of international interventions in the social field. This includes training in interventions like Signs of Safety, FFT – Functional Family Therapy, and ESTER (*Evidensbaserad Strukturerad Bedömning av Risk och Skyddsfaktoren*).

The Ministry of Social Affairs and Labour only plays a small role in gathering and disseminating knowledge about existing interventions. The ministry has published a handbook on Personal Assistance (PA) but does not otherwise share information about interventions etc. on their website.

As per request by the government, the Ministry of Social Affairs and Labour established the Welfare Watch in 2009. The Welfare Watch is a board that consists of representatives from ministries, municipalities, stakeholders from the labor market, and NGOs. The board is tasked with, among other things, monitoring the social and financial development of vulnerable groups such as people with disabilities, children, and families living in poverty. The Welfare Watch meets regularly and prepares reports and proposals concerning, for example, people living in poverty and how to improve living conditions for people with drug addiction (Ministry of Social Affairs and Labour, n.d.). According to interviewees from the ministry, the board is a forum for state actors, local authorities, and stakeholders to meet and share knowledge with one another.

2.3.4 Example of intervention considered recommendable

The box below describes of one of the interventions in Iceland that is viewed as effective and recommendable to use by state actors.

Box 2.3 Multisystemic Therapy (MST)¹³ – An example of an intervention that is considered effective and recommendable in Iceland

Description of Multisystemic Therapy (MST)

- Multi-Systemic Therapy (MST) is a manual-based intervention aimed at families with youth with behavioral challenges and drug addiction who are at risk of being placed in out-of-home care.
- MST was developed in the U.S. In Iceland, MST is offered to families with youth aged 12-18, and the intervention is used as an alternative to out-of-home care.
- MST focuses on the youth's 'whole world', including school, friends, and family. MST is an intensive home-based treatment intervention that lasts three to five months. The treatment program is customized to the needs of the family and the youth and contains elements such as working with the parents to develop strategies to support positive behavior, increasing the youth's participation in leisure activities, and strengthening the family's collaboration with school.
- The aim of MST is, among other things, to promote family relationships, strengthen the parents' strategies to deal with behavioral challenges, and increase the well-being of the young person.

Basis for recommending the intervention

- According to interviewees from The Ministry of Education and Children, MST was primarily implemented in Iceland based on its scientific evidence and on a wish to strengthen the quality of support for families and youth with behavioral challenges.

¹³ More information about MST is available in for example (Barna- og fjölskyldustofa, n.d.-a)

2.4 Norway

2.4.1 Distribution of responsibility

In Norway, the Ministry of Children and Families (*Barne- og Familiedepartementet*) has the overall responsibility for target groups such as children and young people in out-of-home care, at-risk families, and children and youth with social and behavioral challenges. The ministry is, among other things, responsible for the overall policy development and preparation of legislation. Even though the ministry is not directly involved in the development of new interventions, it makes decisions concerning the implementation of evidence-based interventions in the social field.

The Ministry of Health and Care Services (*Helse- og Omsorgsdepartementet*) has the overall responsibility for health and care services for children and adults with psychosocial challenges and disabilities, for health and care services for adults in supported housing, and homelessness. The ministry is responsible for the overall policy development and preparation of legislation concerning these target groups. The Ministry of Health and Care Services is not directly involved in the development of new interventions but has an overall strategic role in setting a framework for this development.

The Norwegian Directorate for Children, Youth and Family Affairs (*Bufdir*) is an agency under the Ministry of Children and Families. The directorate has a general responsibility for the management and development of services for children and young people in out-of-home care, at-risk families, and children and youth with social and behavioral challenges (Bufdir, n.d.-a). This responsibility includes counseling municipalities in implementing the political initiatives in the social field and taking the initiative to develop new interventions in collaboration with national partners. According to interviewees from the directorate, the directorate is also responsible for the administration concerning the implementation of evidence-based interventions. This includes providing a structure for training and maintaining the competences of the treatment teams, including supervision.

The Norwegian Directorate of Health (*Helsedirektoratet*) is an agency under the Ministry of Health and Care Services. The directorate is, among other things, responsible for developing care services aimed at habilitation among children and adults with disabilities, children and adults with psychosocial problems, and adults with alcohol or drug addiction. The directorate is also responsible for medical services that are not included in this report. In general, the Norwegian Directorate of Health is tasked with monitoring the development of services, administering legislation, and executing care policy in the

social field, as defined in this report (Helsedirektoratet, 2022a, 2023b). The directorate supports the implementation of ACT (Assertive Community Treatment) and FACT (Flexible Assertive Community Treatment). The directorate's responsibility regards services as habilitation and rehabilitation, including the social parts of these services, for children and adults with disabilities or mental health problems, and adults and youth with drug or alcohol abuse (Helsedirektoratet, 2015, 2020).

The two Norwegian directorates, the Directorate of Health and the Directorate for Children, Youth and Family Affairs, comprise several national competence centers and centers for development¹⁴. Among these centers, the Norwegian Center for Child Behavioral Development (NUBU, *Nasjonalt utviklingscenter for barn og unge*) and the Norwegian Resource Center for Community Mental Health (NAPHA, *Nasjonalt kompetansesenter for psykisk helsearbeid*) play a central role in the development of new interventions and in the national implementation of evidence-based interventions. NAPHA supports the implementation of ACT and FACT, and NUBU and the Office for Children, Youth and Family Affairs (*Bufetat*) share the responsibility for supporting the implementation of the three interventions MST FFT, and TFCO (NAPHA, 2023; NUBU, 2019, 2022b).

The Office for Children, Youth and Family Affairs is a part of the Norwegian Directorate for Children, Youth and Family Affairs and is divided into five regional centers. These centers are responsible for state-funded child welfare and family counselling services, including regional MST teams. The five regional centers report to the Directorate for Children, Youth and Family Affairs (Bufdir, n.d.-a).

In regard to children and adults with disabilities and adults with psychosocial problems, the regional health centers are responsible for those parts of the social rehabilitation and habilitation that the municipalities cannot be expected to undertake because specialized competences are needed (Dalsgaard et al., 2021).

In Norway, the municipalities are responsible for delivering a number of services in the social field. The municipalities have great freedom in deciding how to organize services and which services to offer in the social field (Helse- og omsorgsdepartementet, 2022). Other non-state actors, in particular universities, also play an important role in developing interventions in the social field.

¹⁴ Examples of other national competence centers under the Norwegian Directorate of Health are the National Center for Violence and Traumatic Stress (NKVTS) and National Center for Suicide Prevention (NSSF).

2.4.2 Development of new interventions

In Norway, there is no fixed model for developing new interventions in the social field at state level. However, Norway has an 'instruction for investigation' (Finansdepartementet, 2016), with which all initiatives at the state level in the social field and other fields must comply. The purpose of the instruction is to provide a sufficient foundation for decision-making. The instruction contains the following six questions which must be answered:

- What is the problem and what do we want to achieve?
- Which initiative is relevant?
- What principal questions does the initiative raise?
- What are the positive and negative effects of the initiative, how lasting are they, and who is affected?
- Which initiative is recommended, and why?
- What are the prerequisites for a successful implementation?

Regarding children and adults with disabilities or mental health problems, adults and youth with drug or alcohol abuse, the Norwegian Directorate of Health establishes national competence centers for specific areas. The majority of these centers work with the health field, and some work with the social field (e.g., NAPHA). Competence centers contribute to the development of new interventions and the implementation of international evidence-based interventions (e.g., ACT and FACT) based on a framework defined by the directorate.

When NAPHA develops new interventions, the first part of the process typically involves setting up an internal group that, in collaboration with relevant parties (e.g., other competence centers), prepares a report on what problems need to be addressed and possible solutions. Often NAPHA collaborates with local authorities to develop a trial intervention to gain insights into how the intervention will work in practice. NAPHA prepares a report on the content of the intervention to the Norwegian Directorate of Health that then decides whether the intervention should be recognized at national level. NAPHA is also responsible for supporting the implementation of ACT and FACT in the municipalities by providing practitioners in the municipalities with training.

Since 1999, the Ministry of Children and Families has taken the initiative to implement evidence-based interventions such as MST, PMTO¹⁵, and FFT¹⁶. The

¹⁵ According to state actors, PMTO is no longer the responsibility of the state but has been turned over to the municipalities. However, *Bufetat* and NUBU are still responsible supporting the intervention in the municipalities. This responsibility involves providing training and guidance of practitioners in the municipalities.

¹⁶ The Ministry of Children and Families has recently phased out its collaboration with the developers of FFT and now work with Relation Focused Family Therapy. That is an intervention adapted to the Norwegian context.

ministry supports the implementation of MST and FFT in the municipalities and, by mandate from the ministry, NUBU in cooperation with *Bufetat* are responsible for implementing these interventions. This means that NUBU and *Bufetat* work together to provide support to municipalities that decide to implement these interventions and offer them to families in the municipality¹⁷. According to state actors, NUBU and *Bufetat* are responsible for offering MST and FFT, because the municipalities cannot be expected to offer these interventions on their own due to the size of the municipalities, the cost of running the interventions, and the need for highly skilled practitioners. In cooperation with NUBU, *Bufetat* is responsible for training the practitioners who are part of the treatment team in how to work with MST and FFT (Barne- og likestillingsdepartementet, 2017).

Based on the license agreement, implementation of evidence-based interventions (e.g., MST and FFT) follows a process of translating the content and the systemic set up into the Norwegian context. The intervention is first tested in a smaller number of municipalities and subsequently evaluated to test the feasibility of the intervention and to identify promising elements. The next step is to conduct an RCT, based on which the Ministry of Children and Families, in collaboration with the Norwegian Directorate for Children, Youth and Family Affairs, decides whether to extend the intervention to all municipalities. Besides the criteria of the effectiveness of the intervention, the decision is also based on cost effectiveness and an assessment of the municipalities' ability to finance the intervention.

The Norwegian Directorate for Children, Youth and Family Affairs typically develops new interventions in collaboration with other state agencies and national and regional competence centers (e.g., NUBU). In the process of developing an intervention, a steering group with representatives from relevant directorates is often set up, and so is a working group with relevant competence centers and other relevant parties. The role of the working group is to be more directly involved in developing the specific intervention. New interventions are typically tested in a small number of municipalities. They are subject to ongoing evaluation during the test phase and adjusted accordingly. The final model is evaluated by external parties, for example, research institutes (Proba, 2022).

When NUBU is involved in developing new interventions, the process primarily follows principles for developing and testing evidence-based interventions such as Blueprints for Healthy Youth Development¹⁸. The intervention and the

¹⁷ The municipality in which the families live can apply for MST or FFT treatment from *Bufetat*.

¹⁸ The principles of Blueprints for Healthy Youth Development contain (i) Intervention specificity: the intervention is specifically described, including the content and target group, (ii) Evaluation quality: the intervention is evaluated using RCT or two quasi-experimental designs (QED), (iii) intervention impact: consistent statistical positive impact, (iv) dissemination readiness (Blueprints for Healthy Youth Development, n.d.).

target group are defined, existing research is examined, the intervention is designed and a manual is prepared. Next the intervention is tested, evaluated, and adjusted, and finally an RCT is conducted. However, in some cases the existing research is limited; in such cases, the process cannot be followed strictly. Like NAPHA, NUBU also has a responsibility to support the implementation of evidence-based interventions (MST and FFT) by providing training for frontline practitioners and has a responsibility to make knowledge of interventions in the social field available for municipalities.

As a consequence of Norway's general economic prosperity, state actors point out that the ministries in Norway generally have a good foundation for financing research and development in the social field as well as in other areas compared to other Nordic countries. Examples of the kinds of projects they finance include financing parts of the implementation of international evidence-based interventions, for example the training of treatment teams in MST, TFCO, ACT, and FACT (Helsedirektoratet, 2023a).

2.4.3 Gathering and dissemination of knowledge about existing interventions

In Norway, a range of various state actors undertake the gathering and dissemination of knowledge about existing interventions in the social field. The most central actors are

- The Norwegian Directorate for Children, Youth and Family Affairs
- The Norwegian Directorate of Health
- National competence centers
- *Ungsinn*

The Norwegian Directorate for Children, Youth and Family Affairs (*Bufdir*)

In regard to children and youth in out-of-home care, at-risk families, and children and youth with social and behavioral challenges, the Norwegian Directorate for Children, Youth and Family Affairs (*Bufdir*) has a central role in gathering and disseminating knowledge on existing interventions in the social field.

The directorate gathers and disseminates knowledge about specific interventions on their website (Bufdir, n.d.-b). This knowledge is aimed at the municipalities as well as other actors and provides a brief description of the interventions: the target group, the content, and the implementation. An example of such an intervention is an intervention for parental support (*foreldrestøtte*) (Bufdir, n.d.-c). The directorate also provides more broad guidelines aimed at the practice field. There are guidelines for specific target groups and themes,

for example, families in poverty (Bufdir, 2023). Guidelines can include background information on the target group in question, interventions, and advice in relation to how the municipalities organize their services. When developing guidelines, the directorate has adopted the same methodology as the one used by the Norwegian Directorate of Health in their guidelines. This methodology is described later in this section.

The directorate also operates a web-based library called *nettbiblioteket* (online library). The library includes reports published by *Bufdir* and other Norwegian and international state actors, research centers, and stakeholders. Among other subjects, the library contains knowledge about interventions developed in Norway and in the other Nordic countries, as well as other Western countries (primarily the U.K.). The library is divided into themes such as 'mental health', 'disability', and 'foster home'. Besides knowledge on interventions, the library also includes information on legislation and links to relevant state actors and stakeholders.

The Norwegian Directorate of Health (*Helsedirektoratet*)

The Norwegian Directorate of Health has an important role in terms of gathering and disseminating knowledge on existing interventions aimed at habilitation among children and adults with disabilities, children and adults with psychosocial problems, and adults with alcohol or drug addiction.

The directorate is responsible for a range of products that focus on the social and the medical field. In terms of products that contain a focus on interventions in the social field, the most important ones are *Nasjonal faglig retningslinje* and *Nasjonale faglige råd*.

Nasjonal faglig retningslinje (the national guidelines for the practice field) contains recommendations on services, including interventions and general background knowledge about the target group in question. The guidelines cover both the social and medical fields. Some guidelines primarily focus on one of these fields, while other guidelines focus on both fields. The guidelines are published in areas in which there is general disagreement between experts in the field or variation in the way practitioners work (Helsedirektoratet, 2022c). According to state actors, it can be difficult to make guidelines in some areas because the scientific knowledge is limited; that is, evidence of the effectiveness of interventions is less firm. Guidelines in the social field focus, for instance, on people with drug and alcohol addiction or psychosocial challenges such as ADHD and cooperation between authorities regarding children and youth with complex need for services (Arbeids- og velferdsdirektoratet, Utdanningsdirektoratet, Barne- ungdoms- og familiedirektoratet, & Helsedirektoratet, 2023; Helsedirektoratet, 2022b). The process of making the

national guidelines is identical to the process used by the directorate when making other products, see *Nasjonale faglige råd*.

Nasjonale faglige råd (national advice for the practice field) are also recommendations for services in the social field, but the majority of these recommendations are aimed at the medical field. *Nasjonale faglige råd* are prepared for areas in which there is less disagreement between experts, but where the directorate assesses the practice field still need some guidance. The advice can provide recommendations for interventions and other aspects of working with a specific target group, such as collaboration between authorities. Examples of *Nasjonale faglige råd* in the social field are prevention of violence among people with mental health problems and prevention of self-harm and suicide (Helsedirektoratet, 2021).

The process of making *Nasjonal faglig retningslinje* and *Nasjonale faglige råd* follows the 10 steps listed below (Helsedirektoratet, 2012):

1. Apply the methodology of national guidelines
2. Assess and describe the need for a guideline for the practice field
3. Identify existing guidelines
4. Set up a working group to handle impartiality and conflicts of interest
5. Describe the aim, target group, and indicators of quality
6. Assess the scientific knowledge and documentation
7. Formulate recommendations
8. Planning and implementation
9. Planning evaluation and adjustments
10. Conduct evaluation and adjustments

National competence centers

The national competence and development centers such as NUBU and NAPHA operate websites that gather and disseminate knowledge in the social field. This knowledge includes in particular research about the centers' respective target groups as well as knowledge about interventions, including evidence-based interventions (e.g., MST, FFT, and PMTO), as well as interventions developed by the specific center. Research includes peer-reviewed and so called 'grey' literature that focuses on the specific target group or on interventions that the center works with.

Regarding the dissemination of knowledge about interventions, NUBU's and NAPHA's webpages contain resources for municipalities and frontline practitioners to implement such interventions. These resources include information

on the training of practitioners in the treatment team, the content and activities of the intervention, and existing research on the effects of the intervention. Moreover, handbooks in Norwegian for the two interventions ACT and FACT can be found on NAPHA's website.

Ungsinn

Ungsinn (Young mind)¹⁹ is an electronic peer-reviewed journal operated by the Regional Centre for Child and Youth Mental Health, North (RKBU North) at UiT, the Arctic University of Norway, based on a mandate by the Norwegian Directorate of Health and the Norwegian Directorate for Children, Youth and Family Affairs. The journal is approved as a scientific journal in Norway and contains systematic reviews of mental health interventions for children and young people. The reviews are conducted by researchers who are organizationally affiliated with various research institutes in Norway.

The aim of *Ungsinn* is three-fold: (i) "To make knowledge about the quality and effectiveness of various interventions available, (ii) To stimulate further research on the effects of interventions, (iii) To contribute to an overview of areas that lack interventions documented as effective" (Eng, 2018). According to interviewees from *Ungsinn*, *Ungsinn* is independent from its directorates in deciding which interventions should be evaluated in the journal. This decision is made by the editors based on literature reviews.

Interventions are assessed by two researchers, who examine the following four dimensions (Martinussen et al., 2019):

- Description of the intervention
- Theoretical foundation of the intervention
- Evaluations of the intervention
- Implementation quality

Based on this assessment, interventions are ranked according to a 6-level scale of evidence (Martinussen et al., 2019):

- Level 0: Ineffective interventions
- Level 1: Well-described interventions
- Level 2: Theoretically based interventions
- Level 3: Interventions with some documentation of effect

¹⁹ In Norway, there are a number of databases that disseminate information about interventions in the social field and in the health field. These databases are operated by a mandate by the Norwegian Directorate of Health. Among such databases are IN SUM (insum.no) and *Tiltakshandboka* (The Intervention Handbook, tiltakshandboka.no). IN SUM is a database containing international systematic reviews of the effects of child and adolescent mental health and welfare interventions. *Tiltakshandboka* presents reviews of systematic reviews on diagnostic areas and interventions. Systematic reviews are evaluated using Cochrane methodology.

- Level 4: Interventions with satisfactory documentation of effect
- Level 5: Interventions with strong documentation of effect

Ungsinn's website includes the published articles and the assessments of the interventions are also shared here in the form of summaries aimed at the practice field. The main target groups for *Ungsinn* are decision-makers in municipalities and services targeting mental health for children and young people.

2.4.4 Example of intervention considered recommendable

The box below gives a description of one of the interventions in Norway that is viewed as effective and recommendable to use by state actors.

Box 2.4 PMTO²⁰ – an example of an intervention that is considered effective and recommendable in Norway

Description of Parent Management Training – Oregon (PMTO)

- PMTO is a manual-based intervention aimed at families with children with behavioral problems, and specifically families where the relations between the parents and the child have been challenging for at least six months.
- PMTO was developed in Oregon, U.S. In Norway, PMTO is offered to families with children aged 3-12. Based on positive effects of implementing MST in Norway in 1999, PMTO was implemented in 2001 (Barne- og familiedepartementet, 2001).
- In Norway, a PMTO treatment program consists of weekly meetings between the PMTO therapist and the parents. These meetings focus on enhancing the parents' ability to manage relations with the child. Typically, a treatment program consists of 15-30 one-hour meetings. The child is included in the meetings if this is assessed to be beneficial for the treatment.
- The aim of PMTO is to reduce the child's behavioral problems by restoring positive relations between the parents and the child.

Basis for recommending the intervention

- According to interviewees from the Norwegian Directorate for Children, Youth and Family Affairs, PMTO was primarily implemented in Norway based on its scientific evidence. Moreover it was implemented to strengthen the quality of support for families with children who exhibit behavioral problems (Barne- og familiedepartementet, 2001).

²⁰ More information about Parent Management Training – Oregon (PMTO) can be found in NUBU (2022a).

2.5 Sweden

2.5.1 Distribution of responsibility

At central government level, the Ministry of Health and Social Affairs (*Socialdepartementet*) has the overall responsibility for social policy in Sweden. The ministry drafts legislation and assists the government in setting the overall framework for the field but is rarely directly involved in developing interventions. However, every year, the ministry presents its agencies with an instruction (called *regleringsbrev*) for the areas that the agency is to focus on and also commissions specific tasks. In some cases, these decisions can be quite specific – for instance, that the state actor SBU is to review interventions for a specific target group – while in other cases they are described as quite broad – for example, setting overall goals for some of the work done by the National Board of Institutional Care.

Besides the ministry, several other state actors in Sweden play a role in the development of interventions in the social field. First and foremost is the Swedish National Board of Health and Welfare (*Socialstyrelsen*), which is a government agency under the Ministry of Health and Social Affairs. The agency especially plays an important role in gathering and disseminating knowledge about existing interventions but also to a smaller degree in developing new interventions in the social field (Socialdepartementet, 2023).

SiS – The National Board of Institutional Care (*Statens Institutionsstyrelse*) delivers compulsory care for young people with psychosocial problems and for adults with substance abuse (Statens institutionsstyrelse, 2016). The agency plays an important role in the development of interventions for these specific target groups.

SBU - The Swedish Agency for Health Technology Assessment and Assessment of Social Services (*Statens Beredning för medicinsk och social Utvärdering*) is an independent national authority tasked by the government with assessing health-care and social service interventions from a broad perspective, covering medical, economic, ethical, and social aspects. The agency plays an important role in gathering and disseminating knowledge about existing interventions in the social field.

MFoF – The Family Law and Parental Support Authority (*Myndigheten för familjerätt och föräldraskapsstöd*) is a state knowledge authority within the area of parental support as well as other areas (MFoF, n.d.-a). Within the area of parental support, the authority plays a role in gathering and disseminating

knowledge about existing interventions. The authority falls under the auspices of the Ministry of Health and Social Affairs.

As in the other Nordic countries, Sweden also has several non-state actors that play important roles in developing interventions in the social field. First and foremost, the Swedish municipalities have the main responsibility for delivering services in the social field. This responsibility includes providing good quality services, which, in practice, implies a need for developing interventions. State actors guide the municipalities, but the municipalities still have great freedom to choose which specific interventions they want to offer to different target groups. The Swedish regions also have a big responsibility for the treatment of citizens with mental health problems or drug addiction, including responsibility for developing interventions for these target groups (Dalsgaard et al., 2021, p. 44). Furthermore, according to interviewees, universities, Research & Development Units (*FoU-enheter*), civil society NGOs and the 21 county administrative boards (*länsstyrelserna*) contribute to the development of interventions in Sweden.

2.5.2 Development of new interventions

Overall, no formalized and well-described processes for how to develop new interventions in the social field exist at the state level in Sweden. Instead, development processes are determined ad hoc and adapted to the given target group. The ministry and agencies generally have relatively small roles in developing new interventions in the social field – the responsibility for this lies primarily with the universities, regions, and municipalities.

However, interviewees tell that in some cases the Ministry of Health and Social Affairs will commission a government agency (for instance the National Board of Health and Welfare) to develop a new intervention, typically by conducting an international review of existing interventions for the target group in question, then importing and translating the intervention, and finally adopting and testing it in a Swedish context. Sometimes the ministry commissions different agencies to conduct different parts of this process.

The National Board of Health and Welfare has been involved in developing different new interventions, for example, by importing and further developing interventions from other countries to fit a Swedish setting and by ordering the development of an intervention from a university. However, an interviewee tells the National Board of Health and Welfare is not often tasked with developing new interventions. Hence there is no formal procedure for how the agency works with the development of interventions. In general, the main task

of the National Board of Health and Welfare regarding the development of interventions is to gather knowledge on existing interventions in the social field. This is described in more detail in section 2.5.3.

The National Board of Institutional Care – SiS plays an important role in developing interventions for the relatively specialized and small target groups for whom the agency is responsible for delivering treatment to, that is, young people with psychosocial problems and adults with substance abuse who are in need of compulsory care. Thus the SiS website states that “an important task for SiS is to carry out method development and to support research with the aim of increasing knowledge about and improving SiS care and treatment” (Statens institutionsstyrelse, 2022a). It is important, however, to note that when SiS develops or disseminates existing interventions, these interventions are primarily used in SiS’s own institutions that are geographically spread across Sweden. Hence, SiS’s role differs from that of other state actors who develop or disseminate knowledge about interventions that are to be used by other actors – primarily municipalities and regions.

SiS has written internal procedures describing the process for developing and importing interventions that are to be used in SiS institutions (Statens institutionsstyrelse, 2022b). The introduction of new interventions in SiS-care takes place in stages and includes: analysis of treatment needs in relation to the state of knowledge, pilot tests and evaluation, and implementation through central standardization and support for training, materials, and follow-up. The agency works with six levels of quality assurance that interventions used in SiS institutions must observe (Statens institutionsstyrelse, 2020):

1. Program development. Program development at SiS must take place in collaboration with internal and external experts.
2. Scientific and methodological review. The SiS treatment program must undergo a scientific and methodological review.
3. Review of manual. The manuals for the treatment programs at SiS must be reviewed in terms of theoretical and practical application.
4. Standardization. SiS treatment programs must be standardized for operation within SiS treatment operations.
5. Evidence in the SiS treatment environment. A scientifically and methodologically reviewed program, which is standardized, should be tested for evidence within SiS's operations.
6. Ongoing follow-up and quality assurance. A treatment program that SiS provides must be continuously followed up and reviewed scientifically.

Interviewees from SiS point out that particularly steps 5 and 6 are time-consuming and rely on cooperation with the Swedish research community. To strengthen the ongoing development of SiS's work, including the development of interventions, every year SiS grants around 5 million SEK to research about the work done in SiS's institutions.

2.5.3 Gathering and dissemination of knowledge about existing interventions

In Sweden, a number of different state actors and channels contribute to gathering and disseminating knowledge about existing interventions in the social field. The most important ones are

- The Ministry of Health and Social Affairs
- The National Board of Health and Welfare
- The Swedish Agency for Health Technology Assessment and Assessment of Social Services - SBU
- The Family Law and Parental Support Authority – MFoF

The Ministry of Health and Social Affairs (*Socialdepartementet*)

Interviewees tell that even though the Ministry of Health and Social Affairs is not directly involved in gathering and disseminating knowledge about existing interventions, it can play a role in this regard because it sometimes commissions government agencies (for example the National Board of Health and Welfare) to follow up, evaluate and disseminate knowledge. Moreover, the ministry sometimes enters into agreements at local level about interventions for specific target groups.

Interviewees from the ministry also tell that overall a lot of information about interventions exist in Sweden, but the main challenge is to implement the available knowledge at the local level and to ensure that the local authorities have the conditions and framework for implementation. There is ongoing dialogue between the ministry and the National Board of Health and Welfare concerning knowledge-based practice – what this means and how it can be promoted by state actors. The ministry is currently preparing a reform of the social services to make services more based on evidence-based practice, but the experience is that this is complicated and takes a long time.

The National Board of Health and Welfare (*Socialstyrelsen*)

The National Board of Health and Welfare is a key player when it comes to gathering and disseminating knowledge about existing interventions in the social field in Sweden. The National Board of Health and Welfare contributes to this effort in several ways.

Firstly, the National Board of Health and Welfare is responsible for *Metodguiden* (the method guide), a website that gathers information about different interventions (assessment methods and interventions) that are currently used in social work in Sweden. The aim of the guide is to provide objective and transparent information about which target groups interventions are intended for and how the interventions are to be implemented, as well as the quality and effects of the interventions. The fact that a particular method is included in the guide does not mean that the National Board of Health and Welfare recommends that method over others. The purpose of the guide is to provide objective and transparent information for practitioners who want to conduct an evidence-based practice. The website does not contain assessments of the scientific basis for the effects of interventions, but provides links to systematic reviews made or identified by SBU and the National Board of Health and Welfare's own *Nationella riktlinjer* or *kunskapsstöd* (see more below) if they are available.

Secondly, in addition to *Metodguiden*, the National Board of Health and Welfare makes *Nationella riktlinjer* (national guidelines). These guidelines contain recommendations for interventions if there is a sufficiently good knowledge base about their effects. The guidelines are mostly used in medical areas but also to some extent for interventions targeted at people with psychosocial challenges (for example ADHD, autism, depression, and anxiety). The National Board of Health and Welfare makes the recommendations for all the national guidelines in accordance with the same basic model (Socialstyrelsen, 2019). Making a guideline is a comprehensive task and, according to one of the interviewees, typically takes years to complete. More concretely, recommendations, including prioritization of interventions, are based on a national model for open priorities in health care that consists of eight steps²¹:

1. Defining purpose and area of prioritization
2. Identification of what should be ranked (so-called prioritization object)
3. Assessment of severity
4. Assessment of patient benefit
5. Assessment of costs in relation to patient benefit

²¹ A comprehensive description and guideline for each step can be found in *Prioriteringscentrum* (2017).

6. Assessment of the quality in the basis for assessment
7. Weighing and ranking: Ranking is on a scale of 1 to 10, where 1 represents the highest priority and 10 the lowest. The logic of the model is based on the fact that lesser severity and little patient benefit cannot give rise to high prioritization.
8. Presentation of ranking and its basis

Thirdly, the National Board of Health and Welfare also prepares *Nationella kunskapsstöd* (national knowledge-based guidance) that gathers knowledge about specific target groups, including information about which interventions can be recommended to support the target group. For example, the National Board of Health and Welfare has prepared guidance about interventions to counteract continued norm-breaking behavior and recidivism in crime for young people (Socialstyrelsen, 2021). Guidance materiel is prepared following the National Board of Health and Welfare's internal process for knowledge-based guidance²². The process for preparing national knowledge-based guidance with recommendations consists of three overall phases:

- A pre-study. The pre-study consists of four parts:
 1. Specification of the problem area and the state of knowledge
 2. Specification of needs (practitioners, users, clients, patients)
 3. Formulation of questions before literature search
 4. Initial literature search.
- Gathering of existing knowledge. This phase also consists of four parts:
 1. Identify the best available scientific evidence. Preferably through a systematic review done by SBU (SBU is described in more detail below).
 2. If necessary, supplement the scientific basis with facts and expertise.
 3. If necessary, supplement scientific basis with structured acquisition of experience-based knowledge (proven experience) about effects/consequences of measures or interventions.
 4. If recommendations are to be included: Formulate proposals for recommendations that can be further addressed in the recommendation group.
- Making recommendations: The National Board of Health and Welfare establishes a recommendation group consisting of at least five external experts. The recommendation group as a whole should include representatives from all relevant professions. The recommendation group is tasked

²² For more details, see, for example, *Socialstyrelsen* (Socialstyrelsen, 2021, Bilaga 3 – Metodebeskrivning).

with taking a position on the recommendation proposals that the project group from the National Board of Health and Welfare has made (cf. the description of the second phase above).

Finally, as an effort to gather and disseminate knowledge about existing interventions in the social field, the National Board of Health and Welfare runs *Kunskapsguiden* (n.d.), a website that gathers knowledge-supporting products from the National Board of Health and Welfare as well as other authorities and actors in the social and health fields in Sweden. The content of *Kunskapsguiden* is based on the best available knowledge from these different actors.

Kunskapsguiden aims to contribute to the development of knowledge within social services and municipal health care by collecting knowledge at national level and make it easier for practitioners to use the best available knowledge from the National Board of Health and Welfare, other authorities and actors. The National Board of Health and Welfare runs the platform with input from other actors. Materials are gathered from a number of Swedish actors, for example, SBU, IVO (*Inspektionen för vård- och omsorg*) and MFoF. Because *Kunskapsguiden* is broader in its scope than *Metodguiden*, it does not only deal with specific interventions but also with broader information about different target groups.

The Swedish Agency for Health Technology Assessment and Assessment of Social Services – SBU

The Swedish Agency for Health Technology Assessment and Assessment of Social Services – SBU is an independent national authority tasked by the government with assessing health care and social service interventions from a broad perspective, covering medical, economic, ethical, and social aspects. Similar to other governmental agencies, SBU has a general instruction for its tasks (Socialdepartementet, 2007). However, the agency also receives yearly instructions from the government about specific areas in the social field it is to investigate²³. According to an interviewee, there is ongoing dialogue between SBU and the Ministry of Health and Social Affairs about which areas SBU should focus its efforts on. Likewise, SBU has ongoing discussions with the National Board of Health and Welfare, MFoF and SiS about which interventions SBU should assess. As mentioned earlier, the National Board of Health and Welfare commissions systematic reviews on interventions for specific target groups from SBU as part of the preparation for the *nationella kunskapsstöd*.

SBU assessments are based on systematic literature reviews of published research. SBU carries out independent evaluations of methods and interventions, primarily in health and medical care but also in the social field and the

²³ As an example, the yearly instructions for 2023 can be seen in Socialdepartementet (2022).

functional impairment/disability area (e.g., interventions to prevent mental illness or promote wellbeing among children). The review method developed and used by SBU is based on Cochrane methodology and is in SBU's own words "thorough and rigorous"²⁴. Overall, the reviews prepared by SBU consist of the following steps:

- Delimitations for the review
- Literature search
- Assessment of relevance
- Assessment of risk of bias
- Extraction of data
- Weighing of results
- Assessment of reliability of weighed results
- Combined conclusions

When the steps above are supplemented with assessments of the economic and ethical aspects of the intervention, the requirements for a full Health Technology Assessment (HTA) is fulfilled.

Besides assessing the effectiveness of interventions, SBU also has an important role in identifying knowledge gaps. According to an interviewee, this role is especially important for the social field since there are generally fewer effect studies done in this field than in the health field. Hence the interviewee tells that, when assessing interventions in the social field, SBU often concludes that not enough research has been done. SBU keeps a database on scientific knowledge gaps so that future research might more easily be directed towards these (Statens beredning för medicinsk och social utvärdering, n.d.).

After a review is done, SBU publishes it on its website and mentions the new publication in its newsletter. According to an interviewee, SBU does not do much else to disseminate knowledge about the reviewed interventions since this is primarily a task and responsibility for the National Board of Health and Welfare.

Family Law and Parental Support Authority – MFoF

The Family Law and Parental Support Authority – MFoF is a state knowledge authority under the Ministry of Health and Social Affairs that works within the areas of parental support, adoption, and family counseling. Part of MFoF's

²⁴ The review method is described in full in *Statens beredning för medicinsk och social utvärdering* (2020).

mission is to gather knowledge and make it available to practitioners and decision-makers who work with parental support.

MFoF has made an overview of different parent support programs with the purpose of giving local and regional actors a good basis for choosing which methods are suitable for their target groups and organization (MFoF, n.d.-b). The overview focuses on parent support programs (or methods), defined as interventions that have a clear program theory and standardized, manual-based content, and are based on theoretical starting points (such as attachment theory or social learning theory) as well as on a therapeutic basis (such as cognitive behavioral therapy).

In the overview, different parent support programs are classified into three groups based on an assessment of their effects:

- Proven positive effect (at least two well-designed RCT studies by two independent researchers/research groups)
- Some demonstrated effect (at least one well-conducted study or several by the same research group)
- Insufficiently demonstrated effect (evaluation missing, ongoing or planned)

The parent support programs included in the MFoF overview were chosen based on a national survey conducted by the National Board of Health and Welfare in 2020 that examined which interventions were used in the Swedish municipalities in the social field. The chosen programs were among the most widely used in the area of parental support. Currently MFoF does not plan to include more parent support programs in the overview. An interviewee tells that they would like to do so in the future, but for now they do not have the resources.

MFoF disseminates knowledge about effective interventions in the area of parental support through conferences, webinars, their website, and in their general dialogue with practitioners and authorities in the municipalities.

Interviewees tell that there is to some extent an overlap between MFoF's overview of parental support programs and the information in *Metodguiden* that is operated by the National Board of Health and Welfare. There is dialogue between the two state actors about how to best handle this overlap. According to an interviewee, in practice there is a division of responsibility in which MFoF focuses on preventive interventions, whereas the National Board of Health and Welfare focuses more on treatment interventions.

2.5.4 Example of intervention considered recommendable

As an example of a specific intervention in the social field that is seen as effective and recommendable by state actors in Sweden, the intervention The Incredible Years is described in the box below.

Box 2.5 The Incredible Years²⁵ – an example of an intervention that is considered effective and recommendable in Sweden

Description of The Incredible Years

- The Incredible Years is a manual-based program for supporting parents of children with behavioral or emotional problems.
- The program was originally developed in the U.S. for parents of children aged 3–8 who were being treated for severe behavioral problems in child psychiatry. In Sweden, it is also used for children with early signs of problems.
- The Incredible Years is based on social learning theory, behavioral therapy principles, and attachment theory. The meetings with parents are group-based and structured in accordance with a manual. The intervention involves education and training with weekly group meetings for at least twelve sessions. Each session lasts 2.5 hours. Between 10 and 16 parents can participate in the groups.
- The short-term aim of The Incredible Years is to strengthen the relationship between parents and children and to reduce acting out and defiant behavior in the children. In this way the intention is to reduce the risk of more serious behavioral problems in the longer term.

Basis for recommending the intervention

- There are two primary reasons for pointing to The Incredible Years as an example of an intervention that is recommended by state actors in Sweden. Firstly, several evaluations show good effects of The Incredible Years. This is why the National Board of Health and Welfare recommends that the Swedish municipalities offer behavior-based parenting support programs and mentions The Incredible Years as an example (Socialstyrelsen, 2021, p. 48). Moreover, The Incredible Years is on MFoF's list of interventions with proven positive effects (MFoF, n.d.-b). Secondly, interviewees point out that in Sweden there has in general been great focus on parenting programs such as The Incredible Years.

2.6 The Faroe Islands

2.6.1 Distribution of responsibility

In the Faroe Islands, the Ministry of Social Affairs and Culture and the Ministry of Children and Education are the two central state actors within the social field.

The Ministry of Children and Education has the overall responsibility for children and youth in out-of-home care. The ministry is responsible for children and youth under the age of 18 – in some cases also up to the age of 23 – who are placed in out-of-home care primarily due to social challenges, for example, behavioral problems. The ministry is also responsible for preparing legislation and for taking the leading role in developing services for this group of children.

The Ministry of Social Affairs and Culture has the overall responsibility for adults with disabilities and vulnerable adults as well as for families and children, except children in out-of-home care. The ministry is responsible for legislation, services in the social field for these target groups, and for developing new interventions.

The Department of Social Services (*Almannaverkið*) (Almannaverkið, n.d.) is an office/national actor under the two ministries, the Ministry of Social Affairs and Culture and the Ministry of Children and Education. In regard to the target groups of the Ministry of Social Affairs and Culture, the Department of Social Services (and not the municipalities) is responsible for delivering services in the social field. In regard to the target groups of the Ministry of Children and Education, the Department of Social Services is responsible for children and youth in out-of-home care in public institutions. The Child Protection Agency in the Faroes (*Barnaverndarstovan*), which is a municipal actor, is responsible for foster homes for children and youth in out-of-home care. The municipalities are responsible for providing services other than foster care and care in public institutions for children and youth in out-of-home care.

As such, the distribution of responsibility in the social field in the Faroe Islands is different from that of many other Nordic countries. In many of the other Nordic countries, municipalities and regions play a more comprehensive role in providing services in the field. According to interviewees from the Ministry of Social Affairs and Culture, the distribution of responsibility in the social field in the Faroe Islands must be seen in the light of the country being relatively small in population and, accordingly, the target groups are also limited in size.

2.6.2 Development of new interventions

In the Faroe Islands, there is no fixed model for the development of interventions in the social field at state level. The Ministry of Social Affairs and Culture and the Ministry of Children and Education each have the responsibility for the development of new interventions concerning their respective target groups. The first step in the development of new interventions is usually when the minister decides to focus on specific challenges in the social field and new interventions are needed to reduce these challenges. Yet, ideas can also come from the Department of Social Services, the municipalities, *Kommunufelagið* (the association of the municipalities in the Faroe Islands), NGOs, citizens, or other actors. The minister responsible for the specific target group decides whether the relevant ministry (either the Ministry of Children and Education or the Ministry of Social Affairs and Culture) should examine the needs and prerequisites for a new intervention. The ministry prepares a report on the needs, content, and financial costs of a new intervention. In this process, the ministry can invite relevant actors to contribute with their knowledge about the target group. Such actors can be the Department of Social Services, the association of the municipalities in the Faroe Islands, and NGOs²⁶. The ministries also look to the other Nordic countries for inspiration about which interventions they have used to solve similar challenges. The ministry is responsible for the process of making the report.

According to interviewees from the Ministry of Children and Education and the Ministry of Social Affairs and Culture, these ministries have developed a number of interventions in the social field. However, compared to other Nordic countries, the Faroe Islands are small in size and so have less resources to develop new interventions.

The Department of Social Services contributes to some extent to the development of new interventions. However, the department does not have a formal responsibility in this regard; instead its role is to contribute with knowledge about the existing interventions in the social field and the challenges that need to be solved. This knowledge is based on contact with the different target groups that receive support from the department.

According to interviewees, the Faroe Islands often do not have the resources to evaluate the effectiveness of new interventions due to a shortage of employees. Another challenge in relation to conducting such evaluations is that the target groups are often relatively small in size. However, interviewees tell that because the Faroe Islands is relatively small in population size and geographically, the politicians, the respective minister, and the ministry will often

²⁶ An example of an intervention developed in the Faroe Islands with involvement of an NGO can be seen in section 2.6.4.

receive direct albeit less formalized information from stakeholders and other actors if an intervention is unsuccessful and needs adjustment.

2.6.3 Gathering and dissemination of knowledge about existing interventions

Since the Faroe Islands is rather small in size, interviewees from the Ministry of Social Affairs and Culture point out that conditions differ from those of the other Nordic countries in regard to having a fixed national structure for gathering and disseminating knowledge about existing interventions. Interviewees also point out that when new interventions are developed, the municipalities are often involved to some extent in the process and in that way, they get knowledge about the intervention, or they know where to find this knowledge.

According to interviewees from the Ministry of Social Affairs and Culture, the Faroe Islands do not have a national website where knowledge about existing interventions in the social field is gathered. However, reports on interventions can be found on the ministries' websites. The Department of Social Services provides information on their website about the services available. Moreover, the Ministry of Children and Education and the Ministry of Social Affairs and Culture can disseminate knowledge about existing interventions to the association of the municipalities in the Faroe Islands, who in turn inform the municipalities.

Since a state actor – the Department of Social Services – is responsible for delivering a lot of the services in the social field in the Faroe Islands, the need for a fixed national structure for gathering and disseminating knowledge to other actors about existing interventions aimed at the target groups of the Department of Social Services is probably smaller than in other Nordic countries.

2.6.4 Example of intervention considered recommendable

The box below gives a description of one of the interventions in the Faroe Islands that is supported actively by the state and is viewed as recommendable to use.

Box 2.6 A good approach to families with children with autism – an example of an intervention that is considered effective and commendable in the Faroe Islands²⁷

Description of A good approach to families with children with autism

- Based on the experiences of families with children with autism, the national autism association in the Faroe Islands (*Autismufelagið*) raised a debate about the service system for this target group. The families experienced a fragmented system in which they encountered many different parts of the social support system. From the perspective of the families, the social interventions were fragmented rather than integrated.
- On this basis, a new model was developed called “A good approach to families with children with autism”. The purpose of this model is to coordinate all activities and interventions for each child. The model consists of an individual treatment plan for each child which contains all services and interventions and joint network meetings in which all actors involved in the treatment of the child, meet and share information.

Basis for recommending the intervention

- According to interviewees from the Ministry of Social Affairs and Culture, “A good approach to families with children with autism” is currently being evaluated. From the perspective of these interviewees, the intervention has been a success, and based on the results from the evaluation, the intervention might be applied in relation to other target groups.

²⁷ The description of the intervention is based on the interviews with state actors in the Faroe Islands.

2.7 Greenland

2.7.1 Distribution of responsibility

In Greenland, the Ministry of Social Affairs, Labour and Domestic Affairs (*Departementet for Sociale Anliggender, Arbejdsmarked og Indenrigsanliggender*) has the overall responsibility for vulnerable adults, including people living in homelessness, for example, for preparing strategies in the area. Responsibility for adults (as well as children) with disabilities is handled by the Ministry for Children, Youth and Families.

The Ministry for Children, Youth and Families (*Departementet for Børn, Unge og Familier*) has the overall responsibility for statements, strategies, prevention, and treatment interventions regarding children, young people and families. The department is also responsible for interventions for people with disabilities – both children and adults.

Socialstyrelsen is an agency under the Ministry for Children, Youth and Families. *Socialstyrelsen* supports and develops nationwide social interventions for at-risk children and families, as well as interventions in the field of disabilities, and implements political decisions in the social field. In cooperation with the municipalities, *Socialstyrelsen* is responsible for developing and implementing interventions that are locally rooted and adapted to local conditions based on knowledge and data in the social field. *Socialstyrelsen* also develops and runs a number of citizen-oriented services, including a number of residential institutions and interventions aimed at children and young people who are victims of abuse (Socialstyrelsen & Naalakkersuisut, 2022).

Greenland has a close collaboration with Denmark to strengthen the children's area in Greenland – a collaboration which has been particularly bolstered in the period 2020-2023, by an allocation by the Danish government of a total of DKK 80 million to strengthen efforts for at-risk children and young people in Greenland (Socialstyrelsen, 2023). Concretely, 16 initiatives are being worked on, several of which relate to the development of interventions/methods, including strengthening the quality of the Greenlandic 'family centers', dissemination of teaching material (MANU), and strengthening of treatment services for children and young people who are victims of sexual abuse.

2.7.2 Development of new interventions

In Greenland, there is no general, fixed model for how interventions in the social field are developed at state level. However, according to interviewees, the

development of new interventions in the social field often starts by politicians focusing on some specific social challenges that need to be remedied – often because citizens, NGOs, municipalities, MIO²⁸, Tilioq²⁹, or practitioners draw the politicians’ attention to the challenge. Based on this, the ministry responsible for the target group in question (i.e., either the Ministry for Children, Youth and Families or The Ministry of Social Affairs, Labour and Domestic Affairs) is typically asked to prepare a proposal for a strategy or an action plan that contains measures that can contribute to solving the challenge. Typically, the ministry will set up a group of relevant actors with knowledge about the target group, who will work together on a proposal for a strategy or action plan, which is then presented to the government for their final decision. The ministry is often the leader of the group. Other actors in the group will often be, for example, municipalities, the Greenlandic *Socialstyrelsen*, and various stakeholders in the area in question.

The development of specific interventions will typically be described and anchored in these strategies and action plans for specific target groups in the social field. For example, *Naalakkersuisut*’s (the Government of Greenland) proposal for a homeless strategy from 2023 contains a description of specific interventions where, for example, an adjusted version of the intervention Housing First that is adapted to a Greenlandic context is to be developed and tested (Departementet for Sociale Anliggender Arbejdsmarked og Indenrigsanliggender, 2023).

In the areas of at-risk children and families and people with disabilities the Greenlandic *Socialstyrelsen* will often play a key role in developing and implementing interventions described in strategies and action plans. The strategies and action plans set up the overall frame, but *Socialstyrelsen* makes the more specific project descriptions, time schedules etc. Often *Socialstyrelsen* will employ a project manager, and sometimes a working group is appointed to quality assure the work with the given strategy and its interventions. The Ministry for Children, Youth and Families is informed about the work with interventions in a given strategy and approves, for example, project descriptions. An interviewee tells that *Socialstyrelsen* can be seen as the link in making a strategy meaningful for municipalities and relevant for the ministry. In addition, *Socialstyrelsen* often plays a central role in providing skill development programs to employees in municipalities in relation to both concrete interventions and more general support for the development of practitioners’ work in the municipalities.

As a relatively new trend in Greenland, state actors have in recent years begun involving the users more directly in the development of interventions, for

²⁸ MIO is a National Advocacy Center working for Children’s Rights in Greenland (MIO, n.d.).

²⁹ Tilioq is the spokesperson for people with disabilities in Greenland (Tilioq, n.d.).

example, through seminars or workshops, where individuals from relevant target groups are invited to express their views on what it would take for interventions to be most helpful. As an example, an interviewee mentions the work with a new suicide prevention strategy (Socialstyrelsen, Paarisa, & Naalakkersuisut, 2023).

State actors express that the social field in Greenland is characterized by the large areas with low population density, a shortage of resources, and a lack of staff with the relevant training. Moreover, employee turnover is in general high and this challenges continuity. Even if it were possible to obtain funding for, for example, more psychologists in all of Greenland, it would be difficult to find enough trained psychologists to fill the positions. As a consequence, interviewees say that the interventions that are developed in Greenland typically focus on a more general and basic level than some of the more specialized interventions that are used in some of the bigger Nordic countries. Some of the state actors express that often the goals that are set and the politicians' expectations are more ambitious than what is realistic to achieve given the structural conditions in Greenland.

As mentioned above, in the past few years Greenland has had an extra close collaboration with Denmark regarding support for at-risk children and young people in Greenland. Interviewees tell that the development and implementation of interventions in this collaboration has been more comprehensive and firm than what is typically the case in Greenland. Interviewees voice that this has both been good and bad. On the one hand, it is good with a firm structure so that all involved actors have a clear framework for their work, for example, clear project descriptions and time schedules. On the other hand, this strict process and structure entails a lot of documentation and less room implementing adjustments along the way.

2.7.3 Gathering and dissemination of knowledge about existing interventions

In Greenland state actors do not make actual overviews of different interventions in the social field with assessments of their effects. One of the interviewees expresses that gathering and disseminating knowledge about interventions is something that has been talked about at state level for a long time, but a proper systematic approach has still not been implemented. However, at an overall level, a digitalized approach to child case processing has recently been implemented across the Greenlandic municipalities as part of the Greenlandic-Danish collaboration. The Ministry for Children, Youth and Families expects that this will be a good source for information about at-risk children in different interventions in the future. Evaluations of interventions are sometimes

conducted, but the experience of some state actors is that the evaluations often have a retrospective focus.

The Greenlandic *Socialstyrelsen* plays an important role in gathering knowledge about interventions, as well as more general knowledge about different target groups, and in disseminating this knowledge to the municipalities. However, how this knowledge sharing is carried out differs from division to division in *Socialstyrelsen*, and there are no specific procedures for it.

Socialstyrelsen has a knowledge bank, which is available on the agency's website (Socialstyrelsen, n.d.-a). The knowledge bank contains general knowledge about the agency's areas of responsibility (at-risk children and families and people with disabilities) and to some degree also information about specific interventions, not least in the area of sexual assault, which is a particular challenge in Greenland. In addition to Greenlandic publications, the knowledge bank also contains a number of publications from, for example, the Danish Authority of Social Services and Housing.

In general, the Greenlandic municipalities have great freedom in deciding which interventions they offer in the social field. One of the interviewees tells that it is a big task to support knowledge sharing internally in Greenland, especially since the municipalities' association *KANUKOKA* was shut down in 2018. Consequently, the working groups set up by the ministries or *Socialstyrelsen* (cf. section 2.7.2) play a role in supporting knowledge sharing in the social field in Greenland.

Although the municipalities have great freedom, state actors support and encourage municipalities to use some specific interventions contained in the different strategies and action plans in the field, for example, by funding or training professionals. When making decisions about which interventions to support, interviewees tell that they first and foremost look at what beneficial effects the intervention can be expected to have. There is not a fixed set of scientific criteria used for assessing the effectiveness of an interventions, but weight is given to, for example, the municipalities' assessment of the effectiveness of a specific intervention. Another important criterion for selecting interventions is whether it is realistic to implement a given intervention in the Greenlandic municipalities given the structural conditions with a lack of resources and skilled professionals in the social field and a wide spread of the population.

2.7.4 Example of intervention considered recommendable

The box below gives a description of one of the interventions in Greenland that state actors view as effective and recommendable to use.

Box 2.7 Travel teams³⁰ – an example of an intervention that is considered effective and recommendable in Greenland

Description of the travel teams for citizens that have experienced sexual abuse in childhood

- Studies have shown that a high proportion of Greenlanders have experienced sexual abuse in childhood. For many, the abuse results in psychosocial difficulties that call for specialized treatment. Since a big part of the Greenlandic population lives in sparsely populated areas, it is challenging to offer specialized trauma care locally.
- On this background two travel teams have been established in Greenland to deliver the treatment. The travel teams are a part of *Socialstyrelsen*. One travel team provides treatment to adults who are experiencing long-term side effects from sexual abuse in their childhood, and another travel team assesses, examines, and treats children that have recently experienced sexual abuse or have exhibited self-harming or sexually disturbing/offensive behavior. Treatment may consist of individual therapy, group therapy, and counseling as well as training of competences for relevant professionals working in the local community. One of the interviewed state actors emphasizes that, as an added bonus of the training of local professionals provided by the travel teams, the local communities gradually become more capable of delivering treatment for abuse and other psychosocial problems on their own.
- The municipalities request the services of the travel teams if they are faced with more citizens who need treatment than the municipality can handle on their own. The travel teams' efforts in a town or settlement generally last up to one year with a combination of activities carried out locally and activities carried out from Nuuk.

Basis for recommending the intervention

- When interviewees point to the travel teams as a recommendable intervention in Greenland, they focus partly on the severe social challenge that the intervention helps to remedy – that is, the effect of the intervention – and partly on the intervention's fit to the special conditions in a country as big as Greenland where it is challenging to provide specialized treatment in the vast sparsely populated areas of the country.

³⁰ More information about the Greenlandic travel teams is available at *Socialstyrelsen* (n.d.-b).

3 Potentials for future trans-Nordic cooperation for sharing knowledge about effective interventions in the social field

In this chapter we look into the study's third research question regarding what needs, possibilities and challenges state actors in the Nordic countries see for one or more potential future trans-Nordic platforms for sharing knowledge about interventions in the social field (section 3.1). Possible platforms could, for example, be new networks or a trans-Nordic website with information about different interventions in the social field. Moreover, we look deeper into potential possibilities and challenges for these two types of platforms in section 3.2. The chapter also provides input on the resources different potential platform solutions might require (section 3.3).

3.1 What needs, possibilities and challenges do state actors see for a trans-Nordic platform for knowledge sharing?

The interviewed state actors in the Nordic countries generally express that it is important and very giving to get input from the other Nordic countries on interventions in the social field and how they work with development of the field. Often it is a big help for state actors in the individual countries to get inspiration from the other Nordic countries on effective interventions instead of having to start the development of a new intervention from scratch. Also handling of implementation challenges and the emergence of new or growing target groups are pointed to as issues where it is valuable to get inspiration from the other Nordic countries.

More specifically, interviewees identify the following as examples of topics where it could be of value to increase cooperation and inspiration across the Nordic countries with regard to, for example, effective interventions³¹:

- Interventions focusing on specific issues in the social field that currently take up a lot of attention across several Nordic countries, for example, increasing dissatisfaction with life among children and young people and an increasing number of children and young people with diagnoses (e.g., autism).
- The roles state actors play in assessing and recommending interventions for, for example, municipalities. How to best work with evaluation and implementation of interventions. How to best gather and present data on different interventions or target groups in the social field.

A more general point made by some interviewees is that a platform should not be too overall in its focus. According to these interviewees, the entire social field might very well be too broad to handle in one platform, and therefore one or more platforms should focus on more specific areas of the social field.

Several interviewees point out that generally knowledge and experiences from the Nordic countries are more valuable than knowledge and experience from other countries. This is because the Nordic countries are so relatively similar in the social field. If, for example, an intervention seems to work well in one of the Nordic countries, there is a good chance that it will also work well in the other Nordic countries. Interviewees tell that it is often necessary to adjust the intervention or the implementation process according to the conditions in the individual country but, in general, the 'translation process' is easier across the Nordic countries than when importing an intervention from, for example, the U.S.

No matter the specific design of a potential future platform, several interviewees point out that it will be very rewarding if the platform can make it easy for persons in one country working within a given area of the social field to find specific persons or offices in the other Nordic countries working with the same area. This is because state actors often need to ask detailed questions when looking into, for example, a specific intervention or target group. Therefore, it will be helpful if the platform can make it easier to establish relevant contact.

Although the interviewed state actors in general are positive about the potentials for a new platform for sharing knowledge about interventions in the social field, they also identify some attention points that should be given weight

³¹ Further inspiration for specific topics in the social field with importance for the Nordic countries in general can be found in for example Árnason (2018).

when considering the more specific details about the design of such a platform. In the following these attention points are described in two categories:

1. Differences across countries affect cooperation possibilities
2. Existing platforms for cooperation

Differences across countries affect cooperation possibilities

Although there are some overall similarities in the way that the social field is organized and in the framework conditions across the Nordic countries, interviewees also point out that there are some differences between the Nordic countries that can be a challenge when making a trans-Nordic platform for sharing knowledge in the social field.

Firstly, the countries with the smallest populations, in particular the Faroe Islands and Greenland, but also to some extent Iceland, have other framework conditions for the development of interventions in the social field than the bigger countries. First and foremost, the smaller countries generally have fewer resources and therefore also less opportunity to do research on or develop new interventions than the bigger countries. Accordingly, interviewees express that intervention development as such is less comprehensive in the smaller countries than in the bigger ones. Several interviewees from the smaller countries tell that, as a consequence of this, on the one hand they often have a bigger need for getting inspiration from the other Nordic countries, while on the other hand they are aware that they themselves will have less inspiration to pass on to the bigger Nordic countries.

Secondly, differences in population density affect the needs that the Nordic countries experience in the social field. This is because, among other reasons, regions with low population density often experience that it is hard to recruit sufficient highly trained professionals in the social field. This is the case in parts of, for example, Greenland and Norway where population density is much lower than in, for example, Denmark. These factors have an impact on both the social challenges experienced in the regions and the solutions and interventions that can realistically be implemented to remedy the challenges. Hence, the needs that state actors in the different countries experience for the development of interventions can vary accordingly.

Thirdly, as is apparent from the descriptions in chapter 2, state actors in the different Nordic countries have different responsibilities and roles regarding the development of interventions in the social field. State actors in some countries play a more active role than in others, which in turn affects the needs the countries' state actors will seek to fulfil through a trans-Nordic platform for knowledge sharing. Also, it varies across countries how big and im-

portant a role different non-state actors (for example NGOs) play in the development of interventions. Interviewees mention, for example, that if only some of the participants in a Nordic network are responsible for making recommendations on interventions, it will be hard to have “recommendations” as a theme for that network.

Furthermore, some interviewees point out that different local priorities in the individual Nordic countries might be a challenge for establishing cooperation that is sufficiently binding. Therefore, there might be a need for a supranational organization to manage and support the platform, for example, the Nordic Council of Ministers or the Nordic Welfare Centre. On the other hand, other interviewees point out that the differences across countries, including the different roles of state actors, do not have to be a problem for cooperation as long as focus is on inspiring each other across the countries. The argument is that actors from different countries know that they work under different framework conditions and are used to having to make adjustments to the local context when importing, for example, interventions from other countries.

As a consequence of the above, it is important that a potential future trans-Nordic platform for knowledge sharing in the social field ensures that the specific topics and aims for the platform are relevant for all countries as well as ensures agreement about who is the target group for the platform. Several interviewees stress the importance of the platform focusing on themes that each of the involved countries agree on as highly relevant to ensure commitment to the platform. In relation to this, some interviewees point out that the same terms can have different meanings or content in the different countries, which is important when describing the aims and topics of a platform. As an example of this, an interviewee mentions the term ‘evidence based’ which is interpreted and understood differently in the Nordic countries. In some countries the term is very closely tied to RCT studies confirming the effectiveness of an intervention, while in other countries the term is used more broadly.

Existing platforms for cooperation

Another attention point regards the considerable cooperation that already exists across countries in the social field. Several of the interviewees tell that they know of and regularly use relevant websites in the other Nordic countries to get inspiration and knowledge about interventions or target groups in the social field. In some cases, these websites are examined systematically – for example, as part of a review on interventions for a specific target group – while in other cases, they are used as a part of a less systematic desk research process. Some interviewees point out that a lot of knowledge exists in the social field, and consequently it is important to prioritize what specific topics a future platform is to focus on. It is VIVE’s impression that, in the social

field, there is generally more knowledge on interventions in the area of children, youth and families than on interventions aimed at adults.

Cooperation between the Nordic countries in the social field happens in both existing networks – for example within the framework of the Nordic Welfare Centre³² – and in a less formalized manner, for example, by one country reaching out to another to learn about experiences with a particular intervention or target group. Regarding the less formalized cooperation, the impression from the interviews is that state actors in the Nordic countries in general are positive and helpful when receiving requests for knowledge sharing from other countries. In addition, interviewees point out that there is also international cooperation on other levels than the Nordic, for example, European networks and websites³³. As a consequence, in connection with considerations about starting up a new platform for knowledge sharing, interviewees point out that it is important to be aware of the existing cooperation platforms as well as the national sources with information on interventions to avoid overlap.

An example of an existing platform for Nordic cooperation in the social field is the network NordicDataPrev, which was established in 2014³⁴. NordicDataPrev consists of participants from Denmark (*Vidensportalen*), Finland (*Kasvun tuki*), Norway (*Ungsinn*), and Sweden (*Metodguiden*). The network brings together participants who work with gathering and disseminating knowledge about interventions within child and family services. However, there are also important differences between the participants. For example, some have close ties to actual research and publish results in a scientific journal, whereas others are more closely tied to the work of state agencies and aim at communicating more directly to practitioners in, for example, municipalities. For this study we have interviewed persons from all the organizations participating in the network. The interviewees tell that although all organizations work with the same overall goal, the differences across the organizations also imply different needs and understandings of key issues, for example, what is valid knowledge and which specific evaluation criteria are to be used when assessing interventions.

Concerning NordicDataPrev, it is also worth noting that Iceland, the Faroe Islands and Greenland (as well as Åland) are not involved in the network. One of the interviewees tells that one of the reasons for this is that these countries only have limited capacity for doing their own research in the social field and, since the network focuses a lot on how to assess and present knowledge about

³² The Nordic Welfare Centre runs a number of Nordic networks, including networks on alcohol and narcotics issues, different disabilities and dementia: <https://nordicwelfare.org/en/>

³³ For example, a European network about the “Barnahus”-model (PROMISE, n.d.) and a European website (European Platform for Investing in Children – EPIC) with information on evidence-based practices in the area of children and families (EPIC, n.d.)

³⁴ Publicly available information about NordicDataPrev is very sparse but a short description of the network can be found at Kasvun tuki (n.d.).

interventions, the network is less relevant for the smaller countries. As such the NordicDataPrev network can be seen as an example of why it can be hard to formulate topics and aims for a trans-Nordic platform for knowledge sharing that is meaningful for *all* the Nordic countries.

3.2 The specific design of a platform

In addition to the attention points mentioned above, there are some attention points related to the specific design of a potential platform for sharing knowledge about interventions in the social field. Such a platform could potentially take on different forms and, in the interviews, especially two overall models have been discussed. The first is to make one or more new networks where relevant actors from the Nordic countries can meet to share knowledge with each other about, for example, new interventions being developed and implemented in each country. The second model is a trans-Nordic website that gathers information from the individual Nordic countries. It could, for instance, be a shared database with information about specific interventions used in the social field across the countries.

Overall, many of the interviewees are positive about the possibilities for increased network activity about interventions in the social field across the Nordic countries, while some interviewees – but not as many – are positive about the idea about a shared website. In addition, some interviewees are positive about creating both networks and a shared website. In the following, we dig deeper into attention points concerning these two specific types of platforms for knowledge sharing.

Networks

As mentioned, many of the interviewees are positive about increased network activity about interventions or intervention development in the social field across the Nordic countries. Networks are generally viewed as a good way of getting information and inspiration from other countries. Furthermore, interviewees point out that networks give good opportunities for talking about and understanding the local context for a given intervention in the separate countries; this can be hard to obtain through written material alone.

As already mentioned, several interviewees emphasize that it is very important to consider carefully what specific aims and topics a future network is to focus on and to ensure that all participants in the new network are committed and have a natural interest in contributing to the network. Some interviewees have experienced in existing Nordic networks that representatives from

some countries drop out because they no longer see the relevance in participating. In continuation of this, an interviewee emphasizes that it is important for all involved to be aware that it takes both time and commitment to establish and develop a network.

Several interviewees point out that it is important to ensure that it is easy to participate in a potential new network. They especially stress that it is important to make good use of online meetings so that participants in some cases can join the network without using a lot of time on travelling. However, interviewees also express that it is good to meet in real life from time to time. Therefore, a possible model for a network could, for example, be one or two online meetings and one in-person meeting or conference annually.

Interviewees also express that it is important to make sure that the participants in a network come from the organizations and organizational levels that best fit the topics and aims of the network. Interviewees mention, for example, that if focus is on specific target groups and interventions, employees from state agencies might be the most relevant participants, but if focus is on development of interventions on a more strategic level, employees from ministries might also be highly relevant participants in the network.

In the interviews, two different ways of organizing networks have been brought up. One is that the involved countries take turns hosting the network, for example, for a year or a meeting at a time. The other is to appoint a fixed actor, for example, the Nordic Welfare Centre, to be responsible for coordinating activities. Both solutions might have some advantages. One interviewee says that the first solution might help create more ownership to the network, since you have to take responsibility for planning activities. However, it might be challenging for the smaller countries in the Nordic region to allocate the necessary resources for hosting a network. Other interviewees point out that an advantage with the second solution is that a permanent structure and continuous progress can better be supported if one supranational actor is responsible for hosting the network.

Website

Some of the interviewees express that they would find it valuable if there was a shared website with presentations on interventions used in the social field across the Nordic countries. They anticipate that such a website would be helpful when seeking inspiration for new possible interventions for different target groups and see a website as a good way to give a trans-Nordic overview. However, several interviewees are more skeptical about the potential for a trans-Nordic website on interventions in the social field.

Those interviewees who are skeptical about the usability of a shared website express three main concerns. Firstly, some interviewees, including interviewees with experiences from the network NordicDataPrev (mentioned above), express that it is very hard to agree on issues, for example, what criteria are to be used when assessing interventions and how interventions could best be presented on a website. Although the Nordic countries in many ways are similar, and even though state actors in all countries to some extent rely on scientific research when assessing interventions, there are still a number of specific national priorities and differences that makes interviewees anticipate that it will be hard to agree on and support a shared website and hence make sure that it is actually used.

Secondly, interviewees point out that there are already a number of websites – primarily national but also international – containing information about interventions in the social field, and in their experience, it is hard to get, for example, municipalities and practitioners to use the existing national websites. Therefore, they find it likely that it will be even more difficult to ensure the use of a trans-Nordic website. However, since much knowledge already exists, a few interviewees suggest that it might be helpful with guidance for different actors on where to find knowledge about interventions for different target groups. Hopefully, the descriptions of the different relevant state actors in chapter 2 of this report can be helpful as a starting point for delivering some of this guidance.

Thirdly, several interviewees point out that it is important to be aware that a joint website or database requires continuous maintenance and updating and that this must be expected to require considerable resources. Furthermore, language issues can be a challenge, because ensuring that written material for a trans-Nordic website is available in English and possibly several of the Nordic languages is a big task.

As a way of handling the first two of the challenges mentioned above, an interviewee from the Nordic Welfare Centre suggests that instead of making a website where all interventions are to be assessed or described within a joint framework, it might be more helpful with a website that produces popular science articles about recent research findings on interventions in the social field in the Nordic countries. In this way, the website might be a gateway for actors – not just on state level but more generally – in the Nordic countries to keep up with what is going on in the field but without all countries having to agree on, for example, a fixed set of evaluation criteria. The interviewee tells that the Nordic Welfare Centre has promising experiences with producing such popular science articles in the area of alcohol and drugs³⁵.

³⁵ More specifically, the Nordic Welfare Centre runs a website called *popnad* that produces popular research articles about research in the area of alcohol and drugs (PopNAD, n.d.).

Because of the expected challenges in making a successful shared website, one interviewee suggests that a new platform could with advantage begin with network activities and then over time further develop a shared website if the need is there.

3.3 Expected resources for different potential options for a trans-Nordic platform

In this section we look at how many resources are expected to be required to create and run the different possible platforms for sharing knowledge about interventions in the social field across the Nordic countries. It is very difficult to make a precise calculation of this because of the many details concerning the specific design of a platform that affect the resources required for implementation and operation of the platform, for example:

- The overall design of the platform: Network, shared website, or other?
- Which and how many actors are to participate and contribute to the platform? If a network, how often are participants to meet in the network?
- Aim of the platform: For example, agreeing on shared trans-Nordic evaluation criteria for interventions will require significantly more resources than meeting for non-binding discussions about local experiences with interventions for a given target group.

In the following, we give input to the expected resources needed for the different possible platforms by presenting information on how many resources are used for operating chosen existing platforms for knowledge sharing today. It is important to stress that the results are not to be seen as exact calculations of the needed resources but more as crude estimates that can give a sense of how many resources a new platform might realistically require. More solid calculations or business cases require concrete decisions on the design, scope, and aim of the platform to be meaningful.

Specifically, we present information about costs for the operation of three existing websites, namely *Metodguiden* from Sweden, *Nettbiblioteket* from Norway and *Vidensportalen* from Denmark. Furthermore, we present estimates on the costs of operating different networks under the Nordic Welfare Centre. The platforms differ considerably in size and ambitions, and hence the costs also vary considerably. For the websites, for example, there are big differences in how much work is put into collecting and processing existing knowledge and writing new content for the website.

Information on the costs has been provided by the above-mentioned actors themselves, and several of these actors stress that the information is to be viewed as crude estimates rather than precise calculations. In some cases, information was gathered as part of an interview, while in other cases the information was sent by email to VIVE.

Metodguiden

The Swedish National Board of Health and Welfare runs the website *Metodguiden* which is described in more detail in section 2.5.3. The National Board of Health and Welfare does not have a precise estimate of the total costs of *Metodguiden*. However, they estimate, that it takes about 40 hours to make a description of a method (interventions or assessment methods) in *Metodguiden*. In 2022, 23 new descriptions of methods were made for *Metodguiden*.

In addition to these working hours, there are also costs for the technical development and operation of the website as well as costs for literature reviews on interventions. The latter is done by SBU without any cost for the National Board of Health and Welfare.

Nettbiblioteket

Bufdir in Norway operates the website *Nettbiblioteket*. The content of the website is described in section 2.4.3. *Bufdir* informs that the costs for *Nettbiblioteket* have varied over time. When the website was first established in 2007, extra resources were needed to develop the content for the website. Therefore, in the beginning there were two full time employees working on developing, operating, and updating the website.

In addition to this, external developers worked on building the website. *Bufdir* has not been able to inform VIVE on the exact costs for building the website, but they roughly estimate it to be a few million NOK spread over several years. Today the work on *Nettbiblioteket* is not as highly prioritized as earlier, and *Bufdir* informs that now barely half a man-year goes into the operation and updating of the website.

Vidensportalen

The Danish Authority of Social Services and Housing runs the website *Vidensportalen*. The content of the website is described in section 2.1.3. The Authority of Social Services and Housing informs that the costs of operating *Vidensportalen* is roughly DKK 6 million per year. The costs cover

- Program management (roughly 3,400 working hours)

- Literature search (roughly 2,600 working hours)
- Preparing and writing content on themes for the website (roughly 5,500 working hours)
- Operating costs (roughly 220,000 DKK)
- Student work (roughly 540 working hours)

A theme on *Vidensportalen* typically consists of two to four articles about specific interventions and about five background articles with for example information about the theme's target group. Preparing a theme typically takes about 500 working hours plus some hours for literature search.

Networks under the Nordic Welfare Centre

The Nordic Welfare Centre runs a number of Nordic networks including networks on alcohol and narcotics issues and different disabilities (Nordic Welfare Center, n.d.-a). The Nordic Welfare Centre informs that it is very different how much it costs to operate the networks. Some networks are quite comprehensive and therefore also more costly than others. One of the most extensive cooperation platforms is the Council of Nordic Cooperation on Disability³⁶ that has 16 experts who represent all the Nordic countries and are responsible for comprehensive work in the field of disabilities. In 2023, the Nordic Welfare Centre received roughly DKK 1.2 million from the Nordic Council of Ministers for operation of the secretarial function of the council. In addition, the Nordic Welfare Centre received DKK 300,000 for the establishment of a disability network. Furthermore, the Nordic Welfare Centre can from year to year be granted additional funding for specific activities, for example, seminars and network meetings.

Other networks have fewer representatives and meetings. In these cases, the Nordic Welfare Centre only has limited costs associated with coordinating the network's activities, while the individual countries still carry the costs of employees' working hours and accommodation in connection with meeting³⁷. Therefore, the Nordic Welfare Centre points out that the expected costs of a potential new network for sharing knowledge about interventions in the social field to a high degree depends on specific choices about, for example, the number of participants in the network, the number of annual meetings in the network, and the scope of the network's tasks.

³⁶ More information on the Council of Nordic Cooperation on Disability can be found at Nordic Welfare Center (n.d.-b).

³⁷ As specific examples of this type of networks, the Nordic Welfare Centre receives in total DKK 800,000 per year from the Nordic Council of Ministers for the administration and facilitation of three Nordic networks, namely the Nordic network about the child's first 1000 days, the Nordic network on physical activity and the Nordic network on structuring and coordinating social services of high complexity.

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Appendix 1 Interview guide

The guide used for the interviews with the state actors in the different Nordic countries can be seen in full below. As described in 1.4, prior to the interviews VIVE drafted a brief description of how state actors in each of the Nordic countries work with development of interventions in the social field. These drafts were sent to the interviewees prior to the interview and, during the interview, they were used as a starting point for the interviewees' further descriptions.

Appendix table 1.1 Interview guide for interviews with state actors

| Theme | Questions |
|--------------|---|
| Introduction | <p>Presentation of participants – both VIVE and respondents</p> <p>The project's purpose and background The study aims to shed light on how the Nordic countries work with the development of interventions in the social field at state level. The focus of the study is solely the role of the state/governmental actors (for example departments and agencies) in the development of these interventions.</p> <p>We use the term 'interventions in the social field' to refer to interventions for people with social problems or disabilities, for example, target groups such as children and adults with disabilities, adults in supported housing, children and young people in out-of-home care, at-risk families, children and youth, people with drug or alcohol abuse, people with psychiatric problems, and homelessness. The aims of the interventions include, e.g., improving mental and psychosocial functioning or reducing alcohol and drug abuse. Because the project focuses on social support, we do not include interventions consisting of medical services or assistive devices. Furthermore, special education is not included in the study.</p> <p>Overall, the aim of the study is to answer three questions: How is the work with the development of interventions in the social field organized at state level in the Nordic countries? Both in relation to development of new interventions as well as assessment and dissemination of knowledge about existing interventions Can we identify and describe a few examples of interventions in the social field that state actors view as effective and recommendable to use for, e.g., municipalities?</p> |

| Theme | Questions |
|---|---|
| | <p>What needs, possibilities and challenges do state actors experience for a future joint platform for sharing knowledge about effective interventions in the social field across the Nordic countries?</p> <p>It is important to point out that the study primarily focuses on organization and processes around the development of effective interventions in the social field as well as what criteria are used for assessing the effectiveness of interventions – the actual content of the interventions/methods does not take up much space in the project.</p> |
| <p>Research question 1 – part 1</p> <p>Distribution of responsibilities, organization, and processes in relation to the development of new interventions in the social field</p> | <p>Distribution of responsibilities</p> <p>As far as we have understood ... [Our understanding of [X organization]'s role and responsibility in relation to the development of new interventions in the social field]</p> <p>Is our description of [X organization's] role and responsibility correct?</p> <p>Is our description of the responsibilities of other actors – e.g. municipalities – correct?</p> <p>Which other state actors are significant in relation to the development of new interventions in the social field?</p> <p>Process</p> <p>As far as we have understood ... [Our understanding of [X organization]'s process in relation to the development of new interventions in the social field]</p> <p>Is our description of [X organization]'s process in relation to developing new interventions in the social field correct? What do you do in practice?</p> <p>Is the process for developing new interventions the same or different across different interventions or target groups?</p> |
| <p>Research question 1 – part 2</p> <p>Distribution of responsibilities, organization, and processes in relation to the gathering and dissemination of knowledge about existing effective interventions in the social field as well as criteria for assessing the effectiveness of these interventions</p> | <p>Distribution of responsibilities</p> <p>As far as we have understood ... [Our understanding of [X organization]'s role/responsibility in relation to the gathering and dissemination of knowledge about existing effective interventions in the social field]</p> <p>Is our description of [X organization's] role and responsibilities correct?</p> <p>Which other governmental actors are significant in relation to the gathering and spread of knowledge about existing effective interventions in the social field?</p> <p>Process and assessment criteria</p> <p>As far as we have understood ... [Our understanding of [X organization]'s process and assessment criteria in relation to assessing and disseminating knowledge about existing interventions in the social field]</p> <p>Is our description of [X organization]'s process and criteria correct?</p> <p>Do you make recommendations to, for example, municipalities about which interventions should be used for different target groups or problems?</p> |

| Theme | Questions |
|---|---|
| | <p>If yes, what assessment criteria do you use as a basis when you select interventions that you recommend that, for example, municipalities use in the social field?</p> <p>Are there, for example, special requirements for evidence or the like?</p> <p>Are there differences in which criteria are used to assess interventions in the social field across different target groups?</p> |
| <p>Research question 2 Specific examples of interventions in the social field that state actors assess as effective and worthy of recommendation</p> | <p>Can you give one or two examples of interventions in the social field that you from [X organization] assess as effective and recommend the municipalities to use?</p> <p>What criteria are the basis for this assessment? How are the criteria determined? Why are the different criteria important?</p> <p>Are there evaluations or other written sources that describe these interventions so that we can read more about them?</p> |
| <p>Research question 3 Possible platforms for sharing knowledge about effective interventions in the social field across the Nordic countries</p> | <p>Introduction: It is our impression that today there is not that much cooperation across the Nordic countries regarding effective interventions in the social field - neither in relation to developing new interventions nor in relation to the assessment and dissemination of knowledge about existing interventions. Therefore, we would like to talk to you about the need for one or more platforms for sharing knowledge about effective interventions across the Nordic countries, for example a joint website with information about interventions or one or more networks where different actors can meet.</p> <p>What needs do you see for a joint platform for sharing knowledge about effective interventions across the Nordic countries?</p> <p>What form and content could such platforms have to be useful? For example, databases of interventions or organized networks between the state actors in the different countries?</p> <p>What possibilities and challenges do you see for such possible platforms?</p> <p>Do you have experience of using knowledge platforms in the other Nordic countries? Which platforms? What experiences?</p> <p>If networks, how best to organize such networks? For example, through the Nordic Welfare Centre or should the countries lead the network in turn?</p> <p>What/how many resources will it take to create and run different possible platforms? We know that this can be very difficult to answer, but we would still like to hear your best assessment of this.</p> <p>Perhaps you can refer us to others who can give us good input for assessing the necessary resources associated with different platform solutions?</p> |
| <p>Rounding off</p> | <p>The plan for the remaining part of our study and contact with the interviewee/organization in the future</p> <p>When we have written a draft for our report, we would like to send it to you, so that you can quality-assure whether our description of [X organization] is correct. Is that okay with you?</p> <p>Thank you very much for your help and participation</p> |

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