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Petra Höglund

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Producing knowledge through reflection - the case of individual-based systematic follow-up in social services

Petra Höglund

Department of social work, Linnaeus University, Växjö, Sweden

ABSTRACT

Ways of producing local systematic knowledge in social services have gained attention. In Sweden, individual-based systematic follow-up (ISF) has emerged as a way to follow-up on interventions and produce local knowledge. Practitioners are responsible for collecting and compiling as well as interpreting and taking action based on ISF results. This article aims to understand how knowledge is produced within the ISF practice by looking at when and how practitioners reflect on ISF results. The research was conducted within social service units providing non-institutional interventions for children and families in two Swedish municipalities, with experience from working with the models LOKE (Local Evidence) and FIT (Feedback-Informed Treatment). The material consists of 8 observations, 45 documents, and 21 interviews with family therapists, heads of units and departments, executive directors, and development officers. The findings show how individual and collective reflections are central in producing knowledge from ISF results and why conditions for reflection need to be organizationally facilitated. It is oriented towards sense making within the context of practitioners' daily work in relation to their knowledge and experience. Collective reflection on ISF results, undertaken with colleagues or service users, suggests a co-production of knowledge. However, depending on the ISF model, certain perspectives become more or less prominent, for example the degree of service user involvement. This is important to take into account when choosing an ISF model to implement in practice.

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Systematic follow-up; knowledge production; reflection; social services

Introduction

Knowledge production in social work is a debated topic. It encourages researchers as well as practitioners and policymakers of different perspectives to make claims about what knowledge is, how it should be produced, and how it should influence practice. An example is found in arguments for including service user perspectives in developing the knowledge base (Beresford 2000; Trevithick 2008). Another example is the importance of research-based knowledge, which is central to the concept of evidence-based practice (EBP) (Fraser and Davies 2019).

Despite extensive efforts, EBP has proven difficult to implement. There are several possible explanations. EBP builds on the idea of rational decision-making, which does not match the actual circumstances in practice (Björk 2016). One challenge arises from the discrepancy in expertise between researchers who establish the evidence base and practitioners who deliver services (Ghate and Hood 2019). Instead of focusing solely on research-based knowledge, a situated understanding

CONTACT Petra Höglund petra.hoglund@lnu.se

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of EBP has been suggested as a way forward (Björk 2019), where practice-based knowledge (Petersén and Olsson 2015) along with local systematic knowledge play a decisive role (Martin and Williams 2019). Complementary to research-based knowledge, knowledge emerging from local contexts as well as professional and service users' experiences is argued to contribute with relevant perspectives for practice (Petersén and Olsson 2015; Wade and Neuman 2007). This is in line with the EBP model, which advocates integration of professional and service user perspectives (Haynes 2002).

In Sweden, one example of local knowledge production is individual-based systematic follow-up (ISF) of interventions in social services. There are several models for ISF, but in principle, ISF is conducted by collecting and compiling data on, for example, service users' problems, needs, interventions and results. It is aimed at producing local systematic knowledge for following up on interventions and identifying needs for practice development (NBHW 2022). The Swedish National Board of Health and Welfare (NBHW 2020) has stated that ISF should be considered part of EBP and, together with the Swedish Association of Local Authorities and Regions, they advocate increased implementation of ISF in social services (NBHW 2022; SALAR 2022).

The high hopes placed on ISF for producing useful local knowledge pose certain challenges. For one, implementing ISF might be difficult because sufficient resources must be allocated for practitioners to be able to carry out the activities, since they are responsible for data collection as well as compilation (Alexanderson 2006; Björk 2019; Engström and Armelius 2005).

A second challenge arises with the practitioners themselves being given the key role in interpreting and taking action based on ISF results. Compared to scientifically produced knowledge, we know next to nothing of how knowledge is produced by practitioners when carrying out ISF. When transforming information into knowledge, reflection is important for relating new information to previous knowledge and experience. The incorporation of new knowledge can be described as a transforming process, where actual use of new knowledge in everyday work is essential (Daley 2001). Therefore, when making use of ISF results in practice, it could be assumed that practitioners first have to transform them into meaningful knowledge (cf. Höglund, Forkby, and Johansson 2023). If ISF should be considered part of EBP, we need to know more about this process in practice.

This article aims to analyse and understand these transformation processes to produce meaningful knowledge from ISF results by looking at settings for reflection within ISF practices. By answering the following questions, the article contributes to a better understanding of the role of reflection in ISF as a knowledge-producing practice.

- When and how does reflection on ISF results take place in social service practice?
- Which types of reflection do practitioners use in these processes, and how can they be understood as examples of knowledge-producing practices?

Background

Knowledge in EBP

EBP in social work according to the critical appraisal (CA) model is achieved when decisions are based on integration of different sources of knowledge: best available evidence, client's experience and preference, client's situation and contextual circumstances, and professional expertise (Haynes 2002; NBHW 2020). Although the original EBP concept encompasses knowledge diversity and integration, EBP has often been regarded as a framework for incorporating research-based knowledge into practice (Howard, McMillen, and Pollio 2003). As a result, a hierarchy of what counts as evidence has emerged, where research aimed at measuring the effects of interventions to gain knowledge about 'what works' is promoted (Fraser and Davies 2019). These studies are often based

on quantitative data, but greater interest in mixed methods and integrating qualitative data can be seen in recent years (e.g. Noyes et al. 2022).

The research-focused understanding of EBP has proven difficult to implement. For example, practitioners generally do not seem to use research-based knowledge in an instrumental way when making decisions in everyday work, but rather rely on practice-based knowledge such as experience, colleagues, legal sources and information from clients (Avby, Nilsen, and Ellström 2017; Finne, Ekeland, and Malmberg-Heimonen 2020).

Where research-based knowledge has been perceived as lacking in relevance for practice (cf. Nutley, Walter, and Davies 2007; Teater 2017), local knowledge, such as from ISF, has gained attention. In comparison to knowledge produced by scientific methods, it offers a more situated understanding of EBP (Björk 2016) and a possible way to systematize practice-based knowledge (Martin and Williams 2019; Petersén and Olsson 2015; Wade and Neuman 2007). However, rather than replacing research-based knowledge, local systematic knowledge is a complementary source that needs to be integrated to achieve EBP.

Professional expertise in EBP

To understand the processes of knowledge integration we need to delve deeper into the concept of professional expertise. Professional expertise is a contextual competence and a set of cognitive tools for critical thinking that are the result of practitioners' accumulated knowledge and experience (Avby 2018; Gilgun 2005; McCracken and Marsh 2008) and can be used to make sense of knowledge in practice (Avby 2018).

Gilgun (2005) argues that research-based knowledge is neither sufficient nor can it replace professional expertise in EBP. The CA-model promotes an active role of the individual practitioner, who is given responsibility for following a five-step process: 1) define question, 2) gather, and 3) critically appraise evidence, 4) integrate evidence with service user's preferences and professional expertise, 5) evaluate outcomes of intervention. They assume practitioners who possess a high degree of professional autonomy to influence practice, training in appraising evidence and access to research (Björk 2016; Nutley, Walter, and Davies 2007). The meaning of professional expertise in EBP becomes visible since practitioners need to bring their professional expertise to bear when engaging in all of the steps, by using their clinical, technical and organizational skills and knowledge (McCracken and Marsh 2008).

Overall, professional expertise encompasses accumulated knowledge, experience and learned skills to appraise, make sense of and integrate sources of knowledge and experience in order to take action in practice. Therefore, professional expertise is necessary in the ISF knowledge producing process. However, professional expertise also requires reflection to interpret and integrate knowledge (McCracken and Marsh 2008).

Reflection as theoretical framework

Reflection is the central concept in this article for analysing and understanding practitioners' attempts to produce meaningful knowledge from ISF results. Previous research on reflection in professional practice is immense. From a broad perspective, reflection uses experience as a starting point and analyses it in light of various sources of knowledge, integrating new and old knowledge within a person's conceptual framework (Avby 2018; Filstad 2012). Reflection differs from 'thinking'. It is an individual as well as a collective process used to grapple with experiences, ideas, understandings and knowledge (Moon 2004). Often prompted by uncertainty, problem, or complexity, reflection is an effort to make sense of what arises in a constructive way (Gursansky, Quinn, and Le Sueur 2010).

In complex practices such as social work reflection can be helpful (Gambrill 2011; Ingram et al. 2014; Ryding, Sorbring, and Wernersson 2018). It can be applied to make decisions, solve problems or initiate development (Roessger 2014). Therefore, reflection also relates to 'doing'. For example, Schön's (1983) understanding of reflective practices underpins how actions both affect and are affected by practitioners' reflections in connection to situations in their work.

On knowledge processes in practice, Sheppard (1995) has suggested it is focused on cognitive processes of understanding, but also likely developed less systematically than knowledge from research. For knowledge to become meaningful in practice, it needs to be connected to actual work. Understanding reflection as an active and transformative process of connecting information to knowledge and experience underscores the necessity of reflection when integrating new information with previous knowledge and experience in order to create meaningful new knowledge (Daley 2001).

Reflection as part of the knowledge producing process resonates with the integration of different sources of knowledge within EBP (cf. Haynes 2002). With reference to the link between professional expertise and reflection, Avby (2018) argues that reflection makes connections between forms and sources of knowledge to develop and strengthen professional expertise. Therefore, reflection is central to the process in which systematic knowledge, such as from ISF results, is interpreted and linked to professional expertise. It is also central to EBP being carried out in practice.

To explore practitioners' role in interpreting ISF results, by using reflection when transforming the information into meaningful knowledge, theoretical concepts that are able to capture nuances in their reflections are needed. In the analysis, the four types of reflection below are used to identify when reflection takes place within ISF practises. They are also applied to understand how reflection is used to make sense of the ISF results, as part of a knowledge producing process. The four types are based on Høyrup's (2004, 78–84) generic types of reflection at the individual, collective and organizational level. Høyrup describes reflection as necessary in the process where practitioners grapple with experience in order to make changes in practice (organizational learning). How ISF results can be used to develop practice is examined elsewhere (see Höglund, Forkby, and Johansson 2023). This article focuses on the earlier stage of the process, where reflection becomes a tool for practitioners to interpret ISF results and relate them to experience as well as other sources of knowledge, such as knowledge about service user's situation and from education.

Types of reflection	
Distancing	Reflection to establish distance from experiences and knowledge in order to learn from them, through defining problems and problem-solving processes.
Integrating	Reflection to establish connections and integration between different types of experiences and knowledge, including contradictions.
Validating	Reflection to validate experiences and knowledge, including questioning knowledge and perception of experiences.
Contextualising	Reflection to examine premises (e.g. how the organisational context affects experience, knowledge and what is taken for granted).

Høyrup (2004) also considers *reflection as organisational practice* as a type of reflection, when it is collective and a valued part of work. However, I would rather consider it a consequence of aspects of the ISF practice within the given organizational context together with factors of the particular model in use.

Methods

The study was conducted within three social service units for non-institutional interventions for children and families within two Swedish municipalities, referred to as 'Violetville' (one unit for all ages) and 'Hazelburg' (two units for ages 0–12 and 13–20). Social services in both municipalities are organized in units working with assessments or interventions. After assessment by a caseworker,

service users are referred to the units to take part in interventions led by family therapists. The interventions are carried out on a voluntary basis, while the service user still lives at home and typically involves support and treatment based on certain methods or traditional family therapy.

Violetville and Hazelburg were strategically chosen because they had about 10 years of current experience in using different, but common, models for ISF. The model used in Violetville is called LOKE (Local Evidence) and in Hazelburg FIT (Feedback-Informed Treatment). It should be noted that it is the unit's perception that the models constitute methods to systematically follow up their interventions which has been central. In this article, the LOKE and FIT practices in Violetville and Hazelburg are considered as examples of how ISF is practiced in social services.

To elucidate different dimensions of the ISF practices, interviews, observations, and documents were conducted and collected (Yin 2014) from September 2020 to March 2021. Of the 21 interviews presented in the table below, six interviews took place on site and 15 through video link due to the COVID-19 pandemic. They lasted 45–60 minutes and followed a semi-structured guide with questions concerning background, implementation, data, results, use, change and development.

Interviews		
	Violetville	Hazelburg
Family therapists	6	6 (3 per unit)
Unit managers	1	2 (1 per unit)
Department managers	1	1
Executive directors	1	1
Development officers	1	1

Furthermore, eight observation sessions (six on site, two through video link) were carried out and are presented below. Since ISF is practiced differently in Violetville and Hazelburg, the observed situations differ between the sites.

Observations	
Violetville	Hazelburg
1 analysis day. Compiled results were presented and discussed by family therapists, unit manager and development officer.	3 supervision sessions (2 with external supervisor, 1 with internal supervisor). Family therapists, supervisor and unit manager discussed individual level results from ongoing interventions.
1 department meeting. Personnel and managers within the department discussed working with LOKE.	2 unit meetings. Compiled results were presented and discussed by family therapists, unit manager and development officer.
	1 working group meeting. Unit managers within the department discussed working with FIT.

Lastly, 45 documents were collected (12 from Violetville, 33 from Hazelburg) consisting of implementation plans, operational reports, routine and policy documents, notes from meetings, result compilations and presentation materials.

In this article, the focus of the analysis is derived from observations and interviews with family therapists, and thus their perspectives on how ISF is practiced. The other materials are not analysed in detail here, but serve as a background to understand the contexts of the interviews and observations.

Materials from Violetville and Hazelburg were analysed separately and together, in order to identify similarities and differences (cf. Yin 2014) as well as to reach a broader understanding of how knowledge is produced in ISF practises. The materials were transcribed, coded, and analysed thematically in accordance with aim and research questions. Firstly, themes concerning *when* (settings) the family therapists talked about and said they talked about ISF-results were identified in the observation and interview materials. Secondly, themes concerning *how* they talked about ISF-

results in relation to these settings were distinguished (e.g. collectively or individually, confirming or questioning) and thereafter analysed by applying theoretical concepts. The four types of reflection have guided the analysis in identifying settings within the ISF practices where reflection on ISF results takes place. They have also been helpful in distinguishing and illustrating how different types of reflection are part of the knowledge producing process. The findings show that the identified settings represent central situations for when reflection takes place within the ISF practices. The examples of reflection show common ways of how the family therapists reflect on ISF results.

The analytical approach was abductive. It started with an understanding of how ISF is performed and what characterizes the path from ISF data to result-based actions in practice. The analysis concentrated on examples from the material in which ISF results were in focus – for example, observations of activities where results were being managed in some way or when interpretation of results came up during interviews. As the material was analysed, the meaning of reflection as central in handling and interpreting the ISF results emerged. By then identifying and describing when and how reflection took place, codes were identified and connected to distinguish themes (cf. Bazeley 2009). The themes were then developed further. Findings emerged by testing different theoretical frameworks for understanding what ISF means in practice in terms of knowledge production from a practitioner's perspective.

During three dialogue seminars in November and December 2021 in which preliminary research results were presented and discussed within the units, the participants also had the opportunity to discuss if and how working with ISF had affected their practice. Topics brought up were in line with previous reasoning during interviews, which strengthens the analysis.

The study has followed the ethical guidelines developed by the Swedish Research Council (2017). It has not been deemed to require an ethical review as sensitive personal data were not handled.

Context of the cases

The LOKE model in Violetville

The unit in Violetville started implementing LOKE in 2011. According to LOKE, ISF should be structured around: description of practice and working processes; target groups; interventions; results; and analysis – including relevant follow-up variables for measuring (cf. Hjelte 2017). Neither variables nor methods are predetermined. Instead, the family therapists and unit manager decide what and how to follow up. A development officer, who is responsible for LOKE at organizational level, supports them in these decisions. When the study was conducted, the chosen variables concerned service user's background and reason for contact, type of intervention, total time and number of sessions, and intervention goal fulfilment.

When starting and ending an intervention, the family therapists are expected to enter data into a digital system. Because the service users do not need to be present, they often wait until they have data from a couple of interventions to enter. Therefore, they only 'work' actively with LOKE on a handful of occasions a year.

In consultation with the unit manager, the development officer compiles and presents the unit's group-level results annually during 'analysing days'. After discussing the results within the unit, the results are intended to be used to decide on development activities for the coming year.

The FIT model in Hazelburg

Since 2013, the ISF practice in Hazelburg has entailed working with FIT. FIT is primarily a tool for feedback on treatment progression and therapeutic alliance at the individual (service user) level. The self-rating scales Outcome Rating Scale (ORS) and Session Rating Scale (SRS) are used at the beginning and end of each session for continuous feedback (Bargmann and Robinson 2014).

Ratings are completed digitally, and individual-level results from the self-rating scales (scores) are compiled in real time and displayed in graphs showing change over time. Both the parents and the child rate the child's life functioning (ORS) and their perceptions of the session (SRS). For

group-level results, the units had chosen to also follow-up variables concerning service user's background, reason for contact, type of intervention, total time and number of sessions, and if the intervention was interrupted.

In addition to the ongoing compilations of individual-level results, group-level results are presented by the manager together with a development officer annually during a regular unit meeting.

Findings

Findings of the settings for when reflection took place together with how and which types of reflection the family therapists engaged in are presented separately for Violetville and Hazelburg. To provide a more comprehensive understanding, several examples of reflections are given. These are not to be construed as a full picture of every occasion of reflection, but as examples that have been derived from the analysis.

Reflections on LOKE results

The annual presentation called 'analysing days' are a central setting for reflections on LOKE results. The analysing days usually take place over two full days when units within the department gather. However, due to COVID-19 restrictions the observed analysing days took place during one day in which the unit managed on their own with support from the development officer. Compiled LOKE results were presented in tables and charts in accordance with what the unit manager wished to focus on that year, with a couple of hours afterwards set aside for discussion. In the following observation excerpt, the family therapists had sat down together for such a discussion.

> The group begins by looking at a chart with bars that show the lengths of last year's interventions. The y-axis represents the number of months, while the x-axis represents individual interventions (one bar per intervention). The number of months per intervention increases from left to right, from 0 to 58. The mean value is 12 months. They discuss what they think is a reasonable length for an intervention, but mainly why the lengths seem to differ so much. A couple of them suggest it may be due to the type and extent of the problem, another that the number of sessions varies depending on the treatment method. They agree to take a closer look at interventions that stand out as unusually short or long. The development officer helps them identify the specific cases. They go through each intervention separately and reason about what affected the length – sometimes it took time to get started, in other cases the length was extended during the intervention. Several of the shorter interventions seem to have been interrupted on the family's or case worker's initiative. The intervention that, according to the chart, had been going on for 58 months turns out to have ended earlier, but that the family therapist had forgotten to enter it into the system.

In this example, when the family therapists reflect on intervention length, group-level LOKE results are only one of the several sources of information they use for sense making. The most obvious is how they 'zoom back' in on individual cases for additional information. Connecting the rather impersonal statistics to 'my families', as one put it, can be understood as a process in which group-level information is re-embodied by adding individual-level information. Perceived gaps are filled with knowledge from experience, such as how length can differ depending on the type of problem (e.g. family conflicts or abuse) and its extent (e.g. when it started). This type of reflection is characterized by information from different sources and levels being *integrated*, with family therapists making comparisons and establishing connections between results and other information in order to make sense of the results.

The family therapists' integrating reflections overlap with reflections that are *contextualizing*. During their interviews, several pointed out that long interventions sometimes could be explained by caseworkers insisting on carrying on with the intervention – even when, from their point of view, it did not appear to improve the service user's situation. This type of reflection puts the results into the organizational context and highlights how premises of the work are taken into account when

making sense of results – for example, who decides which intervention the service user is granted and whether an intervention should continue or not.

Moreover, reflecting on the LOKE results seems to create a space where ongoing interventions and individual-level information can sometimes be put aside to introduce other perspectives. Some years earlier, results concerning the number of children receiving the intended intervention after referral because of violence in the family were under discussion. Reflecting on the results, and by 'problematizing how we work and which children we reach' (family therapist), was described as the starting point for later changes in how they work with that target group (cf. Höglund, Forkby, and Johansson 2023). This exemplifies *distancing* reflection, allowing perspectives other than the 'here and now' to come into focus, where problems can be defined and possible solutions identified.

One last example concerns the compilation of group-level results. During their interviews, two family therapists talked about the risk of misleading results. They questioned the reliability of using the mean value of intervention length, arguing that a few very long or short interventions strongly affected the value, such as the wrongly entered 58-month-long intervention. This example illustrates *validating* reflection, in this case by questioning the data and its compilation. The LOKE results are challenged by the family therapists' understanding of statistical compilations, which affects how they make sense of the results. This example also highlights the importance of statistical competence when working with ISF.

Reflections on FIT results

Two central settings in which family therapists reflect on FIT results have been identified: during FIT supervision and during/in between intervention sessions.

It is common for social workers to participate in supervision on a regular basis to discuss interventions. Additionally, family therapists in Hazelburg take part in FIT supervision. The sessions take place once a month and are led by a supervisor with further training in FIT. Both family therapists and unit managers participate, and the family therapists are invited to discuss ongoing interventions. The following observation excerpt describes one such occasion.

> One family therapist begins by introducing the case. S/he then shows the group a diagram with two curves illustrating how the parents have rated their child's functioning over time according to ORS. The mother's curve is in the upper half and goes straight up. The father's curve is in the bottom half and goes up and down. S/he is unsure about how to continue working with the family since the curves differ so much, and asks the group what they think. Together they discuss what the differences might indicate. One colleague suggests the parents could be in conflict. Another asks if the parents agree on the need for intervention. The supervisor raises the idea that s/he might need to work more on the alliance to reach both parents. A third colleague shares how s/he has found it helpful in similar situations to offer individual sessions to parents. After a while, the discussion ends and the family therapist offers thanks for the advice on how to move forward with the parents and says s/he will discuss it further with them.

Supervision as a setting for reflection seems to offer an opportunity for creating some distance with respect to ongoing cases. Group reflections can contribute ideas on how to move forward with interventions as well as work in general. One family therapist reported that 'you get ideas and motivation to try something new./ . . . /It makes you eager to continue to develop as a therapist'. *Distancing* reflections also occur during supervision when the family therapists try to put their own perspective in parenthesis by focusing on the service user's, concentrating, for example, on what family members have expressed rather than relying on their own assumptions. During observed sessions, they often remind each other of this by asking clarifying questions such as 'but what do the parents think about this, is it their words or the caseworker's?' (supervisor). This can also be viewed as *validating* reflection in which an effort is made to contrast the professional perspective with that of the service user. In the excerpt above the family therapist's saying s/he will discuss it further with the parents suggests that their perspective will be compared to the suggestions made by colleagues.

Furthermore, the excerpt illustrates how, when making sense of aggregated scores over a period of time, additional information is needed. In this case, contradicting scores made the family therapist take notice. In trying to make sense of them, they reflect together by sharing and *integrating* different sources of information and experience and make connections between them by comparison with previous experiences and information from FIT training.

During and in between intervention sessions is a setting for similar reflections. As it is common for the family therapists to work in pairs, they often reflect on scores together when preparing for sessions: 'we talk to each other about the FIT scores and try to figure out how we should interpret these things' (family therapist). Another therapist highlights the value of working in pairs with this remark: 'Sometimes when we wonder what it really is, well, what we should do or why it is the way it is/ . . . /It is good to be two, because then you can have this discussion and dialogue around FIT together'. Similar to the supervision sessions, integrating the service user's perspective seems to be important for making sense of the scores. This point was emphasized by a family therapist when s/he talked about interpreting negative scores during a session: 'You cannot just look at the scales [scores] and interpret them, you need to have a conversation [with the family] to make them useful'.

In comparison with the supervision sessions, reflections related to scores during intervention sessions take place in connection to when service users' are filling out the scales. The family therapists decide if and how to deal with the scores during the current session. Several pointed out that although it can be useful to talk about positive changes reflected in the scores, it is especially important to take notice of a negative or absence of change over time. As expressed by one family therapist: 'If I see a graph that goes up and you kind of see that there is a [positive] change, then there is really not much to talk about. We mostly look at the graphs when things are not going well, in order to think about what we can do instead'. Here, it seems that *validating* reflection can be used for either confirmation or questioning. A positive change is interpreted as meaning the intervention is sound and well, whereas negative or inconsistent scores are interpreted as a need for something in the intervention to change.

Similar to the supervision sessions, making sense of scores during/in between intervention sessions often entails *integrating* other knowledge and experience to fill in the gaps. For example, the graphs can be used as a visual aid when discussing progress with the service user, enabling new ideas on how to move forward. In this, experience from earlier interventions is integrated, such as how change seldom occurs in a straight line of continuous improvements, how individual events can affect ratings, or how scores can vary depending on the type of problem (e.g. care deficiency, violence or family conflicts).

A final example concerns *contextualizing* reflections, where scores are interpreted within the social service context. Although in the formal sense interventions are voluntary, several family therapists point out that service users can perceive them as mandatory because they worry about what could happen if they declined (cf. Härnbro, Dahlstedt, and Herz 2021). In the quote below, one suggests this perception can be seen in scores that are very high at the beginning of an intervention.

> Many times, they [the parents] rate the child's well-being as much higher than it actually might be. 'Yes, everything is fine here, it's fine, just fine!' Because they want to come to the end [of the intervention]. 'I want to be discharged from you, I don't really want to be here'. Then, it can be difficult to draw conclusions [from the scores]. Although I think you usually feel it in the room.

Reflecting on scores by putting them in relation to a certain context seems to guide the family therapist in their sense making process.

Discussion

The aim of this article is to analyse the transformative processes through which meaningful knowledge is produced from ISF results. Based on the findings, practitioners' reflections on ISF

results are an important part of this process. This article focuses on identifying settings for when and describing how reflection takes place as well as analysing the types of reflections practitioners engage in and how they can be understood as knowledge-producing practices.

Based on how the social service units in Violetville and Hazelburg work in accordance with LOKE and FIT, it is possible to distinguish three main settings for when reflection takes place. Reflections based on LOKE results seem to mainly take place during the annual 'analysing days', whereas reflections based on FIT results primarily occur during or in between intervention sessions and during FIT supervision. Although the settings differ and appear to favour different aspects, such as whether reflections are mainly on individual or group level results, both ISF practices contain supporting conditions for reflection.

Similarities in reflection and knowledge-producing processes

Both similarities and differences appear when comparing the settings in Violetville and Hazelburg. All types of reflections (*integrating*, *validating*, *distancing*, *contextualizing*) according to my interpretation of Høyrup's (2004) types of reflection have been identified in how the family therapists reflect on ISF results. The findings also illustrate how different types are often interconnected, for example, reflections that both integrate various sources of knowledge and experience are at the same time validating by being either confirmative or questioning.

Reflections within all settings are oriented towards making sense of results within the context of the family therapists' daily work and in relation to their previous knowledge and experience. ISF results need to be interpreted not in isolation from other knowledge sources and to be understood in context, which could also be viewed in light of how social service interventions are carried out within complex contexts, where statistics alone are probably not enough and risk simplifying the greater picture (cf. Hjärpe 2020). This suggests ISF results are a source of information that can be used to reflect on one's own practice and what the results mean in relation to it. By interweaving the results with other information and experiences, meaningful knowledge is created.

Furthermore, in both cases reflections take place as an individual and a collective activity; with emphasis on the latter, with colleagues reflecting together and integrating their different knowledge and experiences in the process (cf. Ryding, Sorbring, and Wernersson 2018). Within FIT, it also appears common to reflect together with service users. That reflection can benefit from being a collective activity has previously been pointed out by several researchers (e.g. Høyrup 2004; Ohlsson 2013; Raelin 2001).

Collective reflection, undertaken together with colleagues or service users, suggests a co-production of knowledge from ISF results. Since the ISF results are not viewed as absolute truths, but rather a kind of information in need of processing and interpretation within the given context and through individuals' knowledge and experiences (cf. Gabbay et al. 2003), ISF knowledge is produced when the family therapists reflect on results and draw conclusions either individually or collectively. In this process, sense making appears central in order to transform ISF results into knowledge that are meaningful for and within practice.

Differences affecting service user involvement

Although both LOKE and FIT can be considered as models for ISF, differences between them result in somewhat different knowledge. The most prominent differences are related to how data are gathered and compiled, as it affects what the ISF results are based on as well as when reflection takes place. In Violetville, LOKE data are entered by family therapists, based on their perspective, and compiled annually on group level. This way of 'doing' ISF might have its explanation in how LOKE aims to contribute with information about practice, for example if the reached target group for an intervention matches the intended (cf. Hjelte 2017). Therefore, reflections based on ISF results in

Violetville are at more of a strategic level, especially since the main setting for reflection is the 'analysing days' and not in connection to ongoing interventions.

In comparison, FIT data in Hazelburg are entered by both service users and family therapists. Results are compiled primarily at the individual level within the course of interventions, but also annually at the group level. 'Doing' ISF this way can be explained by how FIT specifically aims to provide with information on individual service user progression (cf. Miller and Bertolino 2014). Although Hazelburg also collects and compiles more strategic practice-related data, reflections based on ISF results are, however, more at an operational level and mainly take place during settings related to ongoing interventions.

The model differences in orientation also highlight the question of whose perspective the data, and therefore the results, are based upon. At the time of the study, LOKE follow-up variables in Violetville were not based on information *from* the service users, but rather *about* them as interpreted by the family therapists. For example, the family therapist's perspective on intervention goal fulfilment, not the service user's. Although nothing in the LOKE model explicitly inhibits service user involvement, it does not appear to be a required component. In contrast, service user's ORS and SRS ratings are principal components in FIT. The FIT practice therefore promotes a higher degree of service user involvement, which is a possibility that has been suggested in earlier research of FIT by Mackrill and Steensbæk (2021). Service users' involvement also becomes visible when they take part in reflections together with the family therapists during intervention sessions. The benefit of service user involvement in reflection during interventions has also been underlined by Ryding et al. (2018) in an article about reflection in general in social work.

It is important to note the degree of service user involvement in ISF practices. Knowledge from ISF results can create frameworks for what is considered correct and normal, and what has to change. In both Violetville and Hazelburg, actions taken after reflecting on ISF results have had an impact on practice, whether more directly in interventions or at a general level of practice (Höglund, Forkby, and Johansson 2023). Therefore, whose perspective the results are based on, as well as who participates in interpreting them, are aspects of power. Since the service users' perspective is based on their own experience from being at the receiving end of interventions, it should be considered critical in ISF as a knowledge-producing practice. Excluding service users' experience of interventions within the ISF practice risks reinforcing rather than addressing existing power imbalances and preconceptions. Hence, it misses out on the opportunity to gain valuable information and insight on practice (cf. Beresford 2000), which also is in line with the integration of sources of knowledge in EBP (Haynes 2002).

ISF and EBP

Overall, reflection appears to be an important and valued part of the organized ISF practices according to LOKE in Violetville and FIT in Hazelburg (cf. Høyrup 2004). Similar to the process of the CA-model, reflections on ISF results seem to be triggered by questions, such as how to continue with an intervention or how to work with a specific target group (cf. Gursansky, Quinn, and Le Sueur 2010). Furthermore, ISF based on both models includes gathering, appraising and integrating information, knowledge and experience to answer these kinds of practice relevant questions (cf. Haynes 2002). However, compared to the steps in the CA-model, when it comes to reflecting on and producing knowledge from ISF results, the process appears intuitive and highly associative where conclusions are drawn gradually (cf. Björk 2019). Even though parts of the ISF practices are systematically performed, for example, data collection and compilation, the parts involving the practitioners' role in interpreting and taking action based on the ISF results and thereby transforming them into knowledge seem to be somewhat less systematic. The differences between LOKE and FIT concerning orientation towards individual or group-level results are also worth mentioning here, as they affect what the knowledge is about and therefore what it can

contribute to in practice. At the same time, the family therapists' use of professional expertise is apparent in how they combine their accumulated clinical knowledge and experience with knowledge about the role of the organizational context in order to make sense of the ISF results (cf. McCracken and Marsh 2008).

Moreover, other systematic knowledge such as research-based knowledge does not seem to be a major part in the process, at least not explicitly. Instead, personal, collegial and service user experiences dominate as sources (cf. Avby, Nilsen, and Ellström 2017; Finne, Ekeland, and Malmberg-Heimonen 2020). It would probably be a mistake to conclude that research-based knowledge is completely absent since all of the family therapists have university degrees and regularly participate in further training concerning their area of work, where they are likely to come into contact with research findings. Thereto, FIT has been considered a tool for translating research on the importance of service users' experience of therapeutic alliance into practice, and why the model might be said to be based on research (Tilsen and McNamee 2015). Simultaneously, the lack of explicit integration of research-based knowledge in the process of producing knowledge from ISF results, whether according to LOKE or FIT, emphasizes that ISF should not replace more extensive EBP approaches. Instead, efforts to integrate research-based knowledge into the process where practitioners reflect on ISF results could possibly be one way to further develop the practice in line with the ambitions of EBP. By doing so, it could also strengthen the basis of the local systematic knowledge ISF is supposed to contribute with.

Implications for practice

Understanding how knowledge is produced through ISF in social services will facilitate better use of ISF results in practice. This is especially important in Sweden given the recent government inquiry suggesting that systematic follow-up should be required by law (SOU, 2020).

Considering the centrality of individual and collective reflections of practitioners, making time and creating settings for reflection ought to be a matter of organizational facilitation. Even though it can take place spontaneously, systematic and critical reflection is advantageous. Otherwise, there is a risk that it may not provide sufficient distance from everyday practice, limiting reflections to certain questions and types of impact that are within established frameworks of everyday practice rather than encouraging critical questioning and practice improvements. Thereto, differences between ISF models are important to take into account when choosing which model to implement as the choice will have consequences in terms of, for example, expectations, organization and resources.

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