LUND UNIVERSITY

Reimagining social work: letting go of futures past

Carlsson Stylianides, Kristina; Johanson, Suzanne; Bejerholm, Ulrika; Knutagård, Marcus; Denvall, Verner

Reimagining social work: letting go of futures past

Kristina Carlsson Stylianides, Suzanne Johanson, Ulrika Bejerholm, Marcus Knutagård & Verner Denvall

Published online: 05 May 2025.

Submit your article to this journal ↗

Article views: 88

View related articles ↗

View Crossmark data ↗

Routledge
Taylor & Francis Group

Reimagining social work: letting go of futures past

Kristina Carlsson Stylianides [iD][a], Suzanne Johanson[b], Ulrika Bejerholm[c], Marcus Knutagård[d] and Verner Denvall [iD][a]

[a]School of Social Work, Lund University, Lund; [b]Department of Health and Rehabilitation, Gothenburg University, Gothenburg; [c]Health Sciences, Mental Health, Activity and Participation, Lund University, Lund; [d]Department of Urban Studies, Malmö University, Malmö

ABSTRACT

Imminent crises and the much-needed transition to a sustainable society bring knowledge about de-implementation to the fore. Using case studies with inspiration from process tracing, and with tools from Charles Tilly's theory on Durable inequality, we identify mechanisms that generate inequality and counteract the implementation of recovery – and strength-based practices. Our case studies of social work with homelessness in Swedish municipalities, the prospective implementation of Housing First (HF) and the early implementation of Individual Placement and Support (IPS), show that there are recurring similarities in implementation barriers, despite differences in focus of methods and context. They generate knowledge of importance to an emerging critical framework for de-implementation. Such de-implementation knowledge has a strong potential as a practical tool in transforming social and mental health work.

Introduction

Societies of the world are encountering significant barriers in their progress towards sustainability. This article focuses on the structural conditions and mechanisms at work in welfare contexts that affect the implementation of two sustainable social and mental health work interventions in Sweden: Bostad Först (Housing First, HF) and Individanpassat Stöd till Arbete (Individual Placement and Support, IPS).

There is an abundance of evidence proving the effectiveness of HF and IPS: housing retention rates after five years of HF are 80–90 per cent (Benjaminsen and Knutagård 2016; Knutagård and Kristiansen 2019), while among IPS participants in Sweden, 46 per cent find waged work, compared to 11 per cent of those in standard interventions (Bejerholm et al. 2015). In the transition to sustainability, there is a need to cut out low-value interventions, which have limited effects, cause more harm than good, or are not cost-effective. The expected future will place heavy demands on social services as environmental and related crises force ever-larger groups of people into vulnerable life circumstances. Meeting the need to reduce ineffective or harmful interventions, safeguard service users, and prepare for more sustainable social services in times of transition and limited resources will require knowledge of the relevant factors in de-implementation.

In this article, we make the case for de-implementation as a critical perspective in social and mental health research. Our research questions are as follows: (1) What inequality-preserving structures may explain difficulties in implementing HF and IPS? (2) How might these inequality-preserving structures be de-implemented?

We focus on the major problem of homelessness, addressed by HF, and acquiring work despite living with mental health problems, addressed by IPS. Those combating homelessness and finding work while having mental health problems rely on the best efforts at the policy, organizational, and professional levels. The theory of durable inequality is applied to identify whether inequality-preserving structures can explain the challenges to the implementation of sustainable solutions. It should be noted that we do not compare the actual implementation of the two methods in the present article.

First, we present the literature on implementation and de-implementation, including practical interventions and the barriers and drivers in a de-implementation process. Second, we will present two cases of the prospective or active implementation of HF and IPS, identifying mechanisms that generate and reproduce inequality and so hinder the implementation and realization of HF and IPS. Third, we will discuss mechanisms that generate and reproduce inequality as key elements in an emerging critical framework for de-implementation in social and mental health work.

From implementation to de-implementation

Implementing new evidence-based interventions (EBIs) in the fields of healthcare and social work has been the subject of extensive study and research for decades (Brownson, Colditz, and Proctor 2023). Recent studies explain implementation challenges in terms of a fidelity – adaptation dilemma: a choice between interventions that either support fidelity or modification of the evidence-based intervention to adapt it to the local context. Changes of the local context may be required for interventions to be effective, but evidenced-based interventions may require adaptions to work at all (Hasson et al. 2023; Pettersson et al. 2024). In a coming article (Johanson et al.) we have identified how adaptations compromise IPS integrity and affect the evidence at work. It thus seems essential to research instances where model adaptations to context affects evidence in practice, including researching how to deal with these situations.

De-implementation has received limited attention compared to implementation. Greater energy goes into introducing new interventions than dismantling old ones, although old interventions are known to hinder the implementation and realization of new ones. This highlights the importance of de-implementation as a new critical perspective on established practices (Augustsson et al. 2022).

De-implementation spans several intertwined levels, from individual professionals and work groups to organizations and society. Traces from previous ways of working can be found in organizational structures, the behaviour of professionals, political decisions, and the involvement of users and patients, and impact the implementation of evidence-based interventions, such as HF and IPS. Its multifaceted nature makes de-implementation challenging and complex – yet essential if we want to contribute to the best quality of social work for the people who want it.

De-implementation in healthcare and social work

The recent surge in interest in de-implementation can be attributed to the significant rise in healthcare costs and challenges associated with implementing new treatments and interventions (Augustsson et al. 2021; Ingvarsson et al. 2020; Nilsen et al. 2020; Raudasoja et al. 2022; Sypes et al. 2020). Substandard treatment or 'low-value care' is often a focus in this research. C. Helfrich et al. (2019) show how inequality in care causes vulnerable/underprivileged groups (as defined as discrimination on the grounds of ethnicity, race, or socio-economic status) to be overexposed to low-value care and substandard treatment. As these groups are also at risk of not having access to the best available treatment, their situation leads to a 'double jeopardy'. In at least 20 countries the Choosing Wisely educational campaign about unnecessary healthcare is ongoing. The aim is to identify substandard, unnecessary treatments, but progress is slow; it is 'swimming against the tide' (Steinman et al. 2021).

There are a handful of examples of the active dismantling of old working methods in social work, far fewer than in healthcare. For more than ten years, the Swedish national guidelines have recommended that HF and IPS be implemented (Socialstyrelsen, (The National Board of Health and Welfare) 2011, 2018, 2023), to replace step-by-step interventions where service users are trained to live independently or are rehabilitated to qualify for work or a flat. Current training methods are often based on control and involve operative categorisations based on individual deficiencies rather than strengths. In the international literature, these methods have been found to be ineffective compared to HF and IPS. Further, service users perceive HF and IPS to be more humane (Bejerholm and Roe 2019; Benjaminsen and Knutagård 2016). Despite recommendations from the authorities and researchers, those working methods are still used across Sweden and the implementation of HF and IPS is slow (Carlsson Stylianides et al. 2022). .

Much of Sweden's social work adheres to tradition-based practices that lack scientific support (SBU 2020), so it is particularly challenging to implement new methods based on strong scientific knowledge (Denvall and Skillmark 2021). A scoping review that examines the existence of studies about de-implementation in social work (Denvall et al. 2022) has found no relevant studies, except about HIV. Pinto and Park (2019) show that contextual conditions determine implementation versus de-implementation, for while the determinacy of context makes general statements difficult and knowledge is limited, they conclude the existing research has neglected the political, institutional, organizational, and cultural factors that drive the phasing out of old interventions, whether in HIV prevention or other practice areas.

The literature points to remarkable challenges in implementing new evidence-based interventions and the gaps in our knowledge about de-implementing tradition-based interventions.

De-implementation's barriers and drivers

Augustsson et al. (2022) have interviewed officials at a dozen national authorities in Sweden on de-implementation. Officials saw de-implementation as a difficult task because the evidence of unnecessary working methods was often uncertain. Similarly, international literature problematizes the inability of central authorities to design acceptable guidelines (Elshaug et al. 2012; Verkerk et al. 2018), but also recognizes the challenges in identifying interventions that are unambiguously problematic. There are major problems in identifying low-value care. Elshaug et al. (2012) have reviewed 5,209 research articles looking for problematic interventions in use: 156 potentially ineffective or even harmful interventions were identified. Potentially less successful efforts can work in an alternative context. Such research is expected to refine and nuance the picture (Elshaug et al. 2012). Evidence is found to be one of many possible drivers in de-implementation, but scientific knowledge is not applied systematically. Researchers have emphasized the uncertainty and complexity of processes with many actors (Peschl Markus 2019; Raudasoja et al. 2022) as well as organizational inertia and an inability to change during implementation (Hannon et al. 2017; Sauro et al. 2019). Some suggest focusing on interactions and negotiations between the actors involved in the implementation (Bergmark, Bejerholm, and Markström 2019; May, Johnson, and Finch 2016), training intervention's components, actors' freedom of action, resource mobilization, and compliance with context.

The literature also identifies several barriers at the individual level that affect the possibility of de-implementation (van Leijen-Zeelenberg et al. 2013). Individual employees' perceptions and cognitive mental processes can influence the dismantling of less effective working methods (C. D. Helfrich et al. 2018). Staff may be unsure what correct scientific support is or find it difficult to distinguish tradition-based practices from evidence-based practices (Bourgault and Upvall 2019). According to Nilsen et al. (2020) most theories, models, and frameworks used to analyse low-value care suggest a multilevel understanding is required, and their findings point to the need for studies to identify key processes in the successful de-implementation of low-value care.

Current research shows there are several challenges to overcome if a social service organization wants to dismantle established working methods. One problem is unclear guidelines about which interventions should be abandoned. Another is a lack of trust in new methods and scientific evidence. Organisational factors, such as assigned roles and institutional division of responsibilities, cultural norms and practices, can also discourage de-implementation.

Theoretical framework

Tilly (1998) identifies and discusses the causes, uses, structures, and effects of categorical inequality. A categorical inequality is a durable asymmetric relation that involves a dividing line between rights and non-rights to resources. Binary, categorical, unequal distinctions are often used to solve organizational problems, and Tilly (1998) identifies four mechanisms that sums up to inequality preserving structures: exploitation, opportunity hoarding, emulation, and adaptation.

The four key mechanisms can be explained as follows: *Exploitation*: Powerful groups extract resources from less powerful ones, like employers underpaying workers for profit. *Opportunity Hoarding*: Dominant groups limit access to resources and opportunities, reserving jobs or education for certain social groups and excluding others. *Emulation*: Organizations replicate successful practices that generate inequality, making disparities more widespread. *Adaptation*: Social norms and behaviours adjust to fit existing inequalities, reinforcing and perpetuating them over time.

Together these mechanisms explain how unequal categories are institutionalized and thus reproduced by the organization. Exploitation and opportunity hoarding are mechanisms that concern the incorporation of unequal categorical pairs at organizational borders, while emulation and adaptation concern the spread and efficiency of the categorical inequality that has been institutionalized. Emulation occurs when established unequal categories and organizational patterns are copied from one context to another, while adaptation captures a state in which these unequal categories and organizational patterns, stemming from another context, have been emulated and become modi operandi in the new context (Tilly 1998).

Douglas Massey's (2008) research on social stratification utilizes Tilly's mechanisms to describe how individuals are systematically assigned to positions with varying rewards and status. Castañeda (2023) have also employed Tilly's theorizing in various empirical studies. Tilly's research emphasizes the relational nature of categorical inequality and the organizational mechanisms that sustain these disparities. Enduring, systematic inequalities in life opportunities emerge because categorical distinctions provide solutions to significant organizational challenges. These relationships endure as parties on both sides of the categorical divide come to rely on these solutions, despite their inherent drawbacks (Tilly 1998).

Methods

Cases studies

Understanding the relationship between the models implemented and the different context they are implemented in is a key-issue in this study. Such focus on context deems the case study method relevant (Flyvbjerg 2006). In addition, case studies provide the opportunity for theory development and to widen our understanding of organizational phenomena (George and Bennett 2005).

Case 1 is built on interviews with 21 respondents and documents. The documents included (empty) housing contracts between social services and service users, housing missions from the social welfare board to the social services, documents serving as a decision basis regarding housing and suggestions on how to implement housing first (response by public officials to politicians). The interviews were conducted by authors 1 and 5 at different times in the period 2019–2022. Respondents are staff at the social service office involved in social work with homelessness in this municipality, a municipal strategist, the executive director, and staff from the local public housing

company. The interviews were conducted as seven individual interviews and six group interviews. Three respondents were interviewed on two occasions. The interviews were audio recorded, transcribed verbatim, and lasted between 50 and 70 minutes. Case 1 is focused on the organization of social work with homelessness (part of local social services) in a medium-sized (<80.000) local authority that plans to implement HF. It is best read as a baseline for the implementation of HF. Mechanisms of durable inequality are present in the social work with homelessness in this local authority, which should preferably be de-implemented when implementing HF. The analytical process that foregrounded this case is empirical and the use of Tilly's theory was determined by the match to empirical evidence.

Case 2 builds on interviews with 16 employment specialists and staff at five mental healthcare units in a large Swedish city (>500.000). The interviews were conducted by author 2 at different times in the period 2020–2022 and 10 respondents were interviewed on two occasions at 5 different mental health care units. There was an explicit structure at each mental healthcare unit to support the implementation of IPS. IPS had been in place for a few months before the interviews were carried out. People at different levels were interviewed based on their relevance for the implementation process. Interviewees included: Employment Specialists, mental health service managers, rehabilitation coordinators, case managers, social workers, occupational therapists, a project leader, administrative managers, a project leader, and the head of the financial coordination association (FINSAM). An Employment specialist (ES) is a support to work person that, together with the service user, is driving individual IPS-processes. The interviews were audio recorded, transcribed verbatim and lasted between 30 and 90 minutes. The analytical process may be characterized as abductive, seeing similarities in the empirical evidence between this case and case 1, and exploring the potential use of Tillys theory to enhance knowledge about the how categorical inequality is institutionalized throughout the realization of IPS.

Both cases build on interviews using an interview guide loosely building on the theoretical domains framework (TDF). Interviews for case 1 also involves in depth counterquestions especially regarding historical processes, whilst the case-2-interviewer have used the interview guide more rigidly.

Theoretical domains Framework

The interview questions drew on the Theoretical Domains Framework (TDF), which is most often used in qualitative studies (including individual interviews and focus groups) that aim to gauge different approaches to the barriers and drivers in implementation processes. TDF can be used as a theoretical lens in comprehending social, emotional, and environmental influences on human behaviour (Atkins et al. 2017). TDF is based on previous research knowledge on behaviour change. The fact that the framework can be used inductively prevents theory from becoming a perceptual determinant. Atkins et al. (2017) argues that TDF can be used when new practices are introduced and or when existing practices must change. Following Atkins et al. (2017) advice, we developed an interview guide with open-ended questions based on the 14 domains in the TDF, followed by questions aimed at crystallizing the respondents' statements.

Tracing cases

A mechanism explains why an effect occurs because of a cause (for example, an intervention); however, research describes mechanisms in several ways (Astbury and Leeuw 2010). We use mechanisms here as reactions to (and triggers of) interventions which create impressions, feelings, emotions, or reflections in people and/or organizations. Such reactions can in the next step lead to change (effects). According to Pawson and Tilley (1997) and Jagosh et al. (2015), mechanisms are often hidden and not discovered empirically, so a middle-range theory is required to explain the underlying logic of programs. Case-based process tracing is a method

by which causal mechanisms can be traced whenever the relevant level of analysis is possible or not-possible, depending on whether generating effects or not (Beach and Pedersen 2019). The case analysis is designed to identify the triggers of causal outcomes relative to the case-specific context and includes an in-depth understanding of that context. It is a bottom – up way of conducting process tracing that does not, however, exclude the use of theory (Beach and Pedersen 2019).

Using interview material in process tracing implies assessing who said what, and what relation our interviewees had to the processes at work (Beach and Pedersen 2019), for example, was the interviewee directly involved in the processes or is this second-hand knowledge (that the interviewee had explained to them)? Another way of assessing the likelihood that the information in the interviews is painting a picture that (more or less) corresponds to processes that have occurred is to assess what each interviewee may benefit from telling the interviewer this, or if the interviewee seems to remember what they are telling or guessing themselves through a blank cognitive map. Of course, having interviewed several different employees, at different standpoints, but in direct relation to (many of) these processes and seeing how the interviews independently paints are (more or less) coherent picture, tells that the likelihood of having found mechanisms in the field is high.

Ethics

This study has been approved by the Swedish Ethical Review Authority (Dnr)

Findings

In focusing on two cases – a baseline for implementing HF and an early-stage implementation of IPS – we use process tracing to confirm that the workings of Tilly's mechanisms of durable inequality are prevalent in the implementation and performance of HF and IPS.

Case 1: mechanisms of durable inequality in social work with homelessness

Case 1 concerns the plans to implement HF. HF goes against the tradition-based logics of long-standing institutions of social work in Sweden. Rather than objectifying service users, HF builds on their wants and desires, and is strengths-based, being designed to balance out obstacles in the service users' lives rather than assessing service users' abilities by examination.

Exploitation is evident in the transferring of risk generally associated with the work of housing companies to social services. When interviewed, some social workers said landlords take advantage of social services' use of sublets. Across Sweden the right to a home has been challenged by the introduction of an open, profit-driven housing market (Bengtsson, Holdo, and Holmqvist 2022) and transferring risks can be another way landlords can increase profits by decreasing the probable costs. An EU directive about public sector housing resulted in a new law in 2011 that even public housing companies in Sweden must apply market logics and make a profit, as their earlier behaviour was considered 'unfair competition' (Allmännyttan 2019).

One social worker elaborated on the pressure on social services to control service users:

> the landlord, what the, do they want them or not . . . and this has become tougher in recent years than it was when we started, then it was to [negotiate], a supervision agreement [social services hold a key to the service users' flat] was something that you did if it could not be solved in another way . . . they [the local authority landlord] have tightened the rules enormously. (Social Worker 2)

When the local authority *förvaltningschef* (executive director) was asked who was benefitting from social services' involvement in providing sublet flats (where social services hold the lease on the flats), she pointed straight at the landlords:

> Yes, but that's what the housing companies actually do because that's how it really is, that there are no safer tenants than social services, so that the one who benefits most is the rental companies . . . 40 per cent of these 125 leases could be immediately moved to a first-hand lease, we [the local authority] see. (Local Authority Executive Director)

In this case, the exploitation black box looks like this:

Market logic imposed on public housing directives (e.g. EU law). Accessible housing not a political priority.	→	Tenants face new demands (harder to find a flat). General shortage of affordable housing.	→	More people and new groups turn to social services for a somewhere to live.	→	Social services experience higher pressure as more people turn to them for help finding a home. Social services do not own flats.	→	Social services recognise their dependence on landlords when it comes to flats.

Opportunity hoarding, in this case rented accommodation, had at least two consequences: (1) it privileged the hoarding function; and (2) it drove an organic process in which the hoarding function became central and dominated the social work. Hoarding rented accommodation became a motor of social work, because people needed flats in this community. This was confirmed in every first-round interview at four levels of the organization. The executive director of the local authority summarized the situation:

> To get access to flats, we have sort of . . . we have almost a little compromised our actual mission, just so we can get access to the flats. (Local Authority Executive Director)

The opportunity hoarding black box looks like this (with feedback loops between the second, third, and fourth items).

Social services depend on Landlords regarding flats	→	Negotiations with Landlords for flats become a central concern in social services	→	Good outcomes (counted in nr of flats) in negotiations with the housing company gives influence and status at social services	→	An employee at social services offers better opportunities/fewer risks to Landlords and gains landlords will good/trust	→	This employee negotiates more flats by nr than other employees

Emulation by social services accepting landlords' way of categorizing social service users and incorporating such categorizations into the social services organization. There was confirmative evidence of emulation in all interviews at five levels of the local social services, while people with driving the opportunity hoarding described how they built trusting relationships with landlords by being 'honest' about individual clients when negotiating flats. This 'honesty' meant using landlords' dualistic categorizations of service users as determining getting a contract or not

> We have a queue of people who need help, and if we get a one-bedroom flat, it's not as if it's first in the queue; like first in the queue, here's yours, but then we look at who this flat is best suited for . . . Similarly, we are in contact with property owners who say there cannot be drug abuse in our property. (Negotiator 1, Social Services)

The emulation black box looks like this:

A specialised function of hoarding flats, run by previously mentioned employee, emerges.	→	The hoarding function plays on landlords' dualist distinction, corresponding to deserving versus underserving social services users.	→	Decision-taking social workers act in accordance with the hoarding function.	→	The dualist distinction, adopted from landlords, has operative effects as it determines whether a service user will have a flat.	→	In time, other channels for contact between social workers and landlords, close.

Adaptation follows when the hoarding function gains a central position for social work with housing. The whole of the local social services' work with housing adapts to which flats are available because of the hoarding function, even adapting earmarked flats to certain service users. Although social workers working with housing saw the negotiations between the hoarding function and the housing companies as futile, nevertheless the hoarding function obtained more flats from the public housing company when negotiating flats for people who were not traditional social service clients and only needed a flat. At the same time, traditional service users with complex life situations were continually denied flats. Hence, the quality of the social work had changed, and core aspects had been negotiated away.

The adaptation black box looks like this:

Social work with housing organises around the specialised hoarding function.	→	The influx of flats becomes a motor of work with housing.	→	The availability of flats builds on a twofold distinction between deserving– undeserving, leading to the exclusion of traditional social services users.	→	The availability of flats provides non-traditional social services users with precarious (sublet) housing.	→	State-of-the-art social work has changed qualitatively, routinely adapted to external pressure from landlords.

Case 2: mechanisms of emulation and adaptation in an implementation process

IPS strongly diverges from the traditional stepwise logic, and in essence contradicts all objectifying, exploitative, bureaucratic procedures. Our respondents described the complexities and outcomes when diverging institutional frameworks share an institutional space: the bureaucratic past, evident in ordinary workflows that build on categorical inequality and ultimately is distinguished by its objectifying, state gaze, as against the expected future of a person-centred, recovery-based approach as prescribed by IPS.

Exploitation and bureaucracy meet in Tilly's mechanism, here described as part of the context in which IPS is implemented. In 1998 Scott published the famous book *Seeing like a State*, in which he focuses on state legibility and the state's need to make its people legible for its purposes. Ultimately, it is a state gaze directed at the population and in various ways objectifying its citizens, answering the needs of the state to control and organization. These categories – and perhaps any trickledown or diffusion effects aiming at state legibility – are easily traceable in Swedish bureaucracy today. The tradition-based housing ladder, the rehabilitation ladder, workflows with homelessness and mental health that have been institutionalized over time, all signal the objectification and legibility of service users who are judged by social workers, occupational therapists, or similar, after executing qualifying demands on service users. It is important to understand the exploitative elements built into Swedish bureaucracy, which is the framing context for the implementation of HF and IPS; it is exactly such exploitation that HF and IPS are supposed to counteract by instead focusing on service users' strengths and recovery, inherent aspects of the evidence of the two models.

Emulation is a mechanism that reinforces the efficiency of the categorical inequality that has been incorporated by employment specialists, when they largely rely on Arbetsförmedlingen (PES, the Swedish Public Employment Service) to offer 'work' opportunities to IPS service users. In emulating the paths to work that are already institutionalized by the PES, the IPS intervention loses its integrity and risks compromising its core principles and evidence.

Several government agencies and mental health services are involved in the stepwise vocational rehabilitation of individuals who are unemployed and need support finding work. However, in IPS there is a tendency for service users to become objects in the authorities' assessments and various ways of providing support to work (such as internships). This also means they need to qualify in different ways to access the authorities' support, while the authorities categorize users to fit into interventions that may be relevant under the legal provisions of the health insurance or PES's system. A consequence of these regulatory frameworks being so prevalent and influential is that the employment specialists try to learn how to navigate all the rules to support users. Försäkringskassan (SIA, the Swedish Social Insurance Agency) and the PES are always involved as collaborative partners in the IPS process, because the service users' plans must be coordinated with them. A quote from our data points to the problem:

> It happens when we receive new individuals. I also find myself in a situation where I have to explain to them that they must make a choice. Either we do not register them with the PES, which might mean that they will not receive any financial compensation at all. This is so that we can work efficiently and support the person to get back on their feet as quickly as possible. It is like selling two completely different things here. Either we take this route, which may take a very long time, and we are not sure if it will be approved . . . Or we take a different route, but . . . well, who am I to sit and decide? Also, it does not feel right to criticise the PES. I want us to have a good working relationship and trust that we will receive the necessary assistance from them. So I prefer to view them as an authority. Yes, they do have responsibilities . . . the PES might eventually have job opportunities. So part of our responsibility lies in informing individuals of what happens when they find employment. It is a relatively significant and challenging responsibility – to create a situation that does not put the individual in severe financial crisis. (Employment Specialist 1)

We have assessed the circumstances that prompt employment specialists to incorporate categorical inequalities and emulate such logics, and have arrived at the following schematic of the interacting pressures:

IPS service users undergo medical assessments and administrative categorisations to qualify for financial support when on long-term sick leave.	The employment specialist and the service user start to plan a return to work according to IPS principles of job matching, following service users' preferences and wishes.	One of the IPS principles of coordinating with the PES and SIA is important. However, such agencies are difficult to navigate, even for employment specialists.	The Public Employment Service, which is legally responsible for the vocational rehabilitation for people being unemployed, then categorise service users by suggesting available support in accordance with govts categorizations. The IPS return to work plan is then ruled out.	Being in a vulnerable space, a leap of insecurity, many ES and service users choose a safe return to work plan by following the Public Employment Service's organizational rules rather than following the recovery-based principles of IPS as IPS, in its current form, cannot guarantee the same financial security.	Employment specialists emulate the Public Employment Service's praxis.

Adaptation is another mechanism in the framework of causally related mechanisms that reinforce inequality. A new function called 'employment specialists' was introduced in the mental health services. Most staff in mental health services (especially for those in influential positions) are new to working on return-to-work issues. The employment specialists, having previously worked for the local authority, encounter new working routines at the mental health services. When integrating these different approaches, the existing mental health services' routines remain robust: staff members continue to assess which individuals should participate in IPS and then passing a list of suitable candidates to the employment specialists. The employment specialists, aiming to build positive relationships with mental health services staff, agree to this process and increasingly adapt to mental health service routines. Consequently, integrating employment specialists into mental health services' routines perpetuates inequality. The existing routines hinder the establishment of a personal recovery perspective in the mental health services, as categorical assessments are rooted in a medical framework. One employment specialist described implementing IPS in the following terms:

> at the beginning, I welcomed almost everyone who came and said they wanted IPS. However, there turned out that there were some individuals who perhaps should not have been accepted, people I might not have taken in, I think, if I had been more thorough. So today, I have learned a bit more. The advantage we have now [at the mental health services] is that it is very, very easy to access our services, but that makes it even more crucial, I believe, for us to ensure that we receive individuals who are truly ready ... We had a list at the reception ... there was a list of 15 people, although not all of them were relevant. The system still works this way to a large extent today ... Today I try to assess much more whether the person is ready and what the situation looks like. It is also related to many other things happening with the PES and elsewhere. Nowadays, it is crucial to determine what interventions the person needs. Do we have a workspace here or do we need to follow a plan that already exists elsewhere? It is all about figuring out if IPS is applicable. (Employment Specialist 3)

An adaptation black box for the five mental health units implementing IPS as studied in Case 2 looks like this:

Implementing employment specialists, a new profession, in a robust mental health service. →	Assessment that the service user can work or cannot work. →	Not all service users who have work preferences receive an offer. →	IPS is adapted to the mental health services' stepwise rehabilitation.

Ultimately, Case 2 shows that while IPS, an evidence-based intervention that is known to work and contradicts objectifying, stepwise logics and logics of inequality, it is still the case that the IPS's performance is heavily reliant on the workings of the PES, SIA, and mental health services. These bureaucratic settings involve dividing service users into dualistic categories: the PES, for example, divides service users into those who can or who cannot apply for a regular job. By emulating the PES's categorical inequalities, the much-needed organizational boundaries of the IPS intervention are compromised, and, as this emulation is institutionalized to the point where employment specialists see the paths offered by the PES as the only opportunities for IPS service users, IPS is adapted to the bureaucratic stepwise logic it was supposed to diverge from.

Concluding discussion

Tilly holds that inequality-producing mechanisms interact and reinforce one another. He has shown that societal inequality creates advantages for some people and gives them access to arenas where their resources can be enlarged, often at the expense of other groups. In our analysis we have used Tilly's theorizing to understand implementation barriers of HF and IPS in Swedish welfare contexts and can conclude that inequality preserving structures, whether formalized as in state authorities or arising from informal pressures, as negotiation between landlords and municipal

social services, exist and counteract the implementation and realization of HF and IPS. In addition, it seems, that the core of the models, the evidence-based strengths – and recovery aspects are, to different extents, compromised away in much of the current realization of HF and IPS. This gives rise to another question: How, to match this issue's hope for future social work – *Reimagining social work* - may we de-implement these barriers that seem to dilute the core of strength- and recovery-based interventions? There are quite a few challenges when assessing this question. One challenge is that these mechanisms are intertwined: they may have different dynamics, but they still influence one another. Reducing any one of them does not automatically de-implement discrimination and inequality.

The structures we have identified in our case studies are stealthy processes that can be difficult to detect. Research has an important contribution to make, because targeted analyses can identify the instances – where, when and how – inequality is institutionalized and thus reproduced. De-implementation means locating the often-small parts in the organizational work that together create the dynamic processes that exploit employees, service users, and partners. By making these parts visible, the destructive elements in the hierarchisation built into the organizations' structures can be counteracted.

Focusing on processes has greatly furthered our research and made it possible to identify contextual inequality preserving structures that counteract the implementation and realization of HF and IPS. Focusing on processes in the analysis contributed to seeing the apparent match between our empirics and Tilly's categorical inequality, which in turn enhanced our understanding of our case studies.

We suggest looking at implementation and de-implementation as intertwined processes that need explicit and continuous involvement. Furthermore, we suggest more research on de-implementation with a process perspective. Perhaps – implementation of complex models as HF and IPS is best accomplished using a chosen implementation model *and* assessing de-implementation by looking at the workings of existing contextual processes that contradicts or may counteract the implementation object. In our case, it was the double focus on, on the one hand on barriers and facilitators of HF and IPS and on the other hand, focusing on processes and bearing a de-implementation perspective that was key to our findings.

The Scandinavian welfare model shows it is possible to use social policy to create a more even distribution of resources across generations and between groups and regions. However, whenever certain groups are exploited, advantages are created for another group or individual. If, for example, an institution such as social services decide to expand its open, non-authoritarian social work and make it more accessible, and to do so it invests in identifying how to break and de-implement established patterns, relational inequality changes.

We argue this work could develop professional identities and promote equality-supporting structures. New institutional solutions must be based on organizational structures in dialogue with those concerned. The social determinants that cause ill health and other unequal living conditions cannot be mastered by one organization alone. Collaboration across organizational boundaries is required to deal with shared issues. It also means an accumulation of opportunities for institutions such as social services and serves to strengthen professional abilities, much needed in challenging times. This knowledge is specifically relevant when Swedish social services are in an imminent transition to live up to the new Swedish Social Services Act. Whether that transition comes because of greater research knowledge, legal changes, or forthcoming crises, success will depend on understanding its key components and reimagining it considering the knowledge, needs, and expected futures that instigated it.

Disclosure statement

ORCID

Kristina Carlsson Stylianides 🔟 http://orcid.org/0000-0003-1401-1483
Verner Denvall 🔟 http://orcid.org/0000-0002-2655-2132

References

Allmännyttan. 2019. "2011: Allmännyttans nya förutsättningar, villkor och uppgifter [2011: Public Housing Sweden's new circumstances, provisions, and mission]." Sveriges Allmännytta [website]. allmannyttan.se.

Astbury, B., and F. L. Leeuw. 2010. "Unpacking Black Boxes: Mechanisms and Theory Building in Evaluation." *American Journal of Evaluation* 31 (3): 363–381. https://doi.org/10.1177/1098214010371972.

Atkins, L., J. Francis, R. Islam, D. O'Connor, A. Patey, N. Ivers, R. Foy, et al. 2017. "A Guide to Using the Theoretical Domains Framework of Behaviour Change to Investigate Implementation Problems." *Implementation Science* 12 (1): 77. https://doi.org/10.1186/s13012-017-0605-9.

Augustsson, H., B. Casales Morici, H. Hasson, U. von Thiele Schwarz, S. K. Schalling, S. Ingvarsson, P. Nilsen, M. Roczniewska, and P. Nilsen. 2022. "National Governance of de-Implementation of Low-Value Care: A Qualitative Study in Sweden." *Health Research Policy and Systems* 20 (1): 1–13. https://doi.org/10.1186/s12961-022-00895-2.

Augustsson, H., S. Ingvarsson, P. Nilsen, U. V. Thiele Schwarz, I. Muli, J. Dervish, and H. Hasson. 2021. "Determinants for the Use and de-Implementation of Low-Value Care in Health Care: A Scoping Review." *Implementation Science Communications* 2 (1): 13. https://doi.org/10.1186/s43058-021-00110-3.

Beach, D., and R. B. Pedersen. 2019. *Process-Tracing Methods: Foundations and Guidelines*. 2nd ed. Ann Arbour: University of Michigan Press.

Bejerholm, U., C. Areberg, C. Hofgren, M. Sandlund, and M. Rinaldi. 2015. "Individual Placement and Support in Sweden—A Randomized Controlled Trial." *Nordic Journal of Psychiatry* 69 (1): 57–66. https://doi.org/10.3109/08039488.2014.929739.

Bejerholm, U., and D. Roe. 2019. "Personal Recovery within Positive Psychiatry." *Nordic Journal of Psychiatry* 72 (6): 420–430. https://doi.org/10.1080/08039488.2018.1492015.

Bengtsson, B., M. Holdo, and E. Holmqvist. 2022. *Allas rätt till bostad: Marknadens begränsningar och samhällets ansvar [Everyone's right to housing: The limitations of the market and the responsibilities of society]*. Gothenburg: Daidalos.

Benjaminsen, L., and M. Knutagård. 2016. "Homelessness Research and Policy Development: Examples from the Nordic Countries." *European Journal of Homelessness* 10 (3): 21. www.feantsaresearch.org/IMG/pdf/10–3_article_2_benjaminsen_and_knutagard.pdf.

Bergmark, M., U. Bejerholm, and U. Markström. 2019. "Implementation of Evidence-Based Interventions: Analyzing Critical Components for Sustainability in Community Mental Health Services." *Social Work in Mental Health* 17 (2): 129–148. https://doi.org/10.1080/15332985.2018.1511500.

Bourgault, A. M., and M. J. Upvall. 2019. "De-Implementation of Tradition-Based Practices in Critical Care: A Qualitative Study." *International Journal of Nursing Practice* 25 (2). https://doi.org/10.1111/ijn.12723.

Brownson, R. C., G. A. Colditz, and E. K. Proctor (eds.). 2023. *Dissemination and Implementation Research in Health: Translating Science to Practice*. 3rd ed. New York: Oxford University Press.

Carlsson Stylianides, K., U. Bejerholm, V. Denvall, M. Knutagård, and S. Johanson. 2022. "Implementation Structures at Work: Exploring Implementation and de-Implementation Attempts Regarding Housing First and Individual Placement and Support." *Social Policy & Administration* 56 (4): 617–631. https://doi.org/10.1111/spol.12808.

Castañeda, E. 2023. "Charles Tilly's Elegant Theories About the Origins of European Nation-States, Social Movements, Contentious Politics, and Democracy." *American Behavioral Scientist*. https://doi.org/10.1177/00027642231194871.

Denvall, V., U. Bejerholm, K. Carlsson Stylianides, S. Johanson, and M. Knutagård. 2022. "De-Implementation: Lessons to Be Learned When Abandoning Inappropriate Homelessness Interventions." *International Journal on Homelessness* 2 (2): 152–168. https://doi.org/10.5206/ijoh.2022.2.13709.

Denvall, V., and M. Skillmark. 2021. "Bridge Over Troubled Water—Closing the Research–Practice Gap in Social Work." *British Journal of Social Work* 51 (7): 2722–2739. https://doi.org/10.1093/bjsw/bcaa055.

Elshaug, A. G., A. M. Watt, L. Mundy, and C. D. Willis. 2012. "Over 150 Potentially Low-Value Health Care Practices: An Australian Study." *Medical Journal of Australia* 197 (10): 556–560. https://doi.org/10.5694/mja12.11083.

Flyvbjerg, B. 2006. "Five Misunderstandings About Case-Study Research." *Qualitative Inquiry* 12 (2): 219–245. https://doi.org/10.1177/1077800405284363.

George, A. L., and A. Bennett. 2005. *Case Studies and Theory Development in the Social Sciences*. Boston: MIT.

Hannon, P. A., C. D. Helfrich, K. G. Chan, C. L. Allen, K. Hammerback, M. J. Kohn, and J. R. Harris. 2017. "Development and Pilot Test of the Workplace Readiness Questionnaire, a Theory-Based Instrument to Measure Small Workplaces' Readiness to Implement Wellness Programs." *American Journal of Health Promotion* 31 (1): 67–75. https://doi.org/10.4278/ajhp.141204-QUAN-604.

Hasson, H., E. Hedberg Rundgren, H. Strehlenert, A. Gärdegård, H. Uvhagen, C. Klinga, and U. von Thiele Schwarz. 2023. "The Adaptation and Fidelity Tool to Support Social Service Practitioners in Balancing Fidelity and Adaptations: Longitudinal, Mixed-Method Evaluation Study." *Implementation Research and Practice* 4:1–12. https://doi.org/10.1177/26334895231189198.

Helfrich, C. D., A. J. Rose, C. W. Hartmann, L. van Bodegom-Vos, I. D. Graham, S. J. Wood, D. C. Aron, et al. 2018. "How the Dual Process Model of Human Cognition Can Inform Efforts to de-Implement Ineffective and Harmful Clinical Practices: A Preliminary Model of Unlearning and Substitution." *Journal of Evaluation in Clinical Practice* 24 (1): 198–205. https://doi.org/10.1111/jep.12855.

Helfrich, C., C. W. Hartmann, T. J. Parikh, and D. H. Au. 2019. "Promoting Health Equity Through de-Implementation Research." *Ethnicity & Disease* 29 (1): 93–96. https://doi.org/10.18865/ed.29.S1.93.

Ingvarsson, S., H. Augustsson, H. Hasson, P. Nilsen, U. V. Thiele Schwarz, and M. V. Knorring. 2020. "Why Do They Do It? A Grounded Theory Study of the Use of Low-Value Care Among Primary Health Care Physicians." *Implementation Science* 15 (1): 1–10. https://doi.org/10.1186/s13012-020-01052-5.

Jagosh, J., P. L. Bush, J. Salsberg, A. C. Macaulay, T. Greenhalgh, G. Wong, and P. Pluye. 2015. "A Realist Evaluation of Community-Based Participatory Research: Partnership Synergy, Trust Building and Related Ripple Effects." *BMC Public* 15 (1): 725. https://doi.org/10.1186/s12889-015-1949-1.

Knutagård, M., and A. Kristiansen. 2019. "Scaling Up Housing First Pilots – Drivers and Barriers." *Nordic Journal of Social Research* 10 (1): 1–23. https://doi.org/10.7577/njsr.2175.

Massey, D. S. 2008. *Categorically Unequal: The American Stratification System*. 1st paper cover ed. New York: Russell Sage Foundation.

May, C. R., M. Johnson, and T. Finch. 2016. "Implementation, Context and Complexity." *Implementation Science* 11 (1): 1–12. https://doi.org/10.1186/s13012-016-0506-3.

Nilsen, P., S. Ingvarsson, H. Hasson, U. V. Thiele Schwarz, and H. Augustsson. 2020. "Theories, Models, and Frameworks for de-Implementation of Low-Value Care: A Scoping Review of the Literature." *Implementation Research & Practice* 1:2633489520953762. https://doi.org/10.1177/2633489520953762.

Pawson, R., and N. Tilley. 1997. *Realistic Evaluation*. London: Sage.

Peschl Markus, F. 2019. "Unlearning Towards an Uncertain Future: On the Back End of Future-Driven Unlearning." *Learning Organization* 26 (5): 454–469. https://doi.org/10.1108/TLO-11-2018-0192.

Pettersson, K., P. Liedgren, A. R. Lyon, H. Hasson, and U. von Thiele Schwarz. 2024. "Fidelity-Consistency and Deliberateness of Modifications in Parenting Programs." *Implementation Science Communications* 5 (5): 13. https://doi.org/10.1186/s43058-024-00545-4.

Pinto, R. M., and S. Park. 2019. "De-Implementation of Evidence-Based Interventions: Implications for Organizational and Managerial Research." *Human Service Organizations, Management, Leadership & Governance* 43 (4): 336–343. https://doi.org/10.1080/23303131.2019.1672599.

Raudasoja, A. J., P. Falkenbach, R. W. Vernooij, J. M. Mustonen, A. Agarwal, Y. Aoki, and T. P. Kilpeläinen. 2022. "Randomized Controlled Trials in de-Implementation Research: A Systematic Scoping Review." *Implementation Science* 17 (1): 1–13. https://doi.org/10.1186/s13012-022-01238-z.

Sauro, K., S. M. Bagshaw, D. Niven, A. Soo, R. Brundin-Mather, J. Parsons Leigh, and H. T. Stelfox. 2019. "Barriers and Facilitators to Adopting High Value Practices and de-Adopting Low Value Practices in Canadian Intensive Care Units: A Multimethod Study." *BMJ Open* 9 (3): e024159. https://doi.org/10.1136/bmjopen-2018-024159.

SBU (Statens beredning för medicinsk och social utvärdering, Swedish Agency for Health Technology Assessment and Assessment of Social Services) & Forte. 2020. *Prioriteringar för forskning om socialtjänsten: Perspektiv från brukare, policy och praktik [Priorities for research about social services: Perspectives from users, policy and practice]*. Stockholm: Forte.

Scott, J. C. 1998. *Seeing Like a State*. New Haven: Yale University Press.

Socialstyrelsen. 2011. *Nationella riktlinjer för psykosociala insatser vid schizofreni eller schizofreniliknande tillstånd 2011: Stöd för styrning och ledning [National guidelines for psychosocial interventions in schizophrenia and schizophrenia-like disorders 2011: Support for governance and management]*. Stockholm: Socialstyrelsen.

Socialstyrelsen. 2018. *Nationella riktlinjer för vård och stöd vid schizofreni och schizofreniliknande tillstånd: Stöd för styrning och ledning. [National Guidelines for Care and Support in Schizophrenia and Schizophrenia-Like Disorders: Support for Governance and Management]*. Stockholm: Socialstyrelsen.

Socialstyrelsen. 2023. *Vård som inte behöver göras: Följsamheten till nationella riktlinjer [Care that is not needed: Adherence to national guidelines]*. Stockholm: Socialstyrelsen.

Steinman, M. A., C. M. Boyd, M. J. Spar, J. D. Norton, and C. Tannenbaum. 2021. "Deprescribing and Deimplementation: Time for Transformative Change." *Journal of the American Geriatrics Society* 69 (12): 3693–3695. https://doi.org/10.1111/jgs.17441.

Sypes, E. E., C. de Grood, F. M. Clement, J. Parsons Leigh, L. Whalen-Browne, H. T. Stelfox, and D. J. Niven. 2020. "Understanding the public's Role in Reducing Low-Value Care: A Scoping Review." *Implementation Science* 15 (1): 1–13. https://doi.org/10.1186/s13012-020-00986-0.

Tilly, C. 1998. *Durable Inequality*. Berkeley: University of California Press.

van Leijen-Zeelenberg, J. E., A. J. A. van Raak, D. Ruwaard, and H. J. M. Vrijhoef. 2013. "Barriers to Implementation of a Redesign of Information Transfer and Feedback in Acute Care: Results from a Multiple Case Study." *International Journal of Integrated Care* 13 (8). https://doi.org/10.5334/ijic.1467.

Verkerk, E. W., G. Huisman-de Waal, H. Vermeulen, G. P. Westert, R. B. Kool, and S. A. van Dulmen. 2018. "Low-Value Care in Nursing: A Systematic Assessment of Clinical Practice Guidelines." *International Journal of Nursing Studies* 87:34–39. https://doi.org/10.1016/j.ijnurstu.2018.07.002.