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Family as Raw Material – the Deconstructed Family in the Swedish Social Services

by

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Abstract

This article focuses on how families are defined and conceptualized by social workers in the Swedish social services. Using a qualitative study design, we carried out telephone interviews with 60 social workers in five major sectors of the social services in two smaller and two larger municipalities. These sectors included elderly care, disability, child welfare, addiction and economic support, with a qualitative content analysis approach used to analyze the data.

The results showed that the practices in social service organizations are both individualized and specialized. Social workers primarily focus on the individual as the client when deciding upon interventions, and when asked about how they regard, define and delimit the family in their work, our analysis revealed that different mediating mechanisms were engaged in what can be seen as a deconstruction of the family. These mechanisms included legislation (as a control mechanism), household composition (boundary mechanism) and service needs (professional mechanism), which were used in various ways and to differing degrees within each sector. The resultant five unique and sector-specific conceptualizations of families are implicated in how interventions are constructed and work processes targeted at individuals and families.

1. Introduction

The family is an important social institution, although its conceptualization varies over time, context and as a result of demographic, ideological and economic change. In Europe, changes in family structure have been shaped by the postponement of marriage and child-rearing, decreasing childbirth rates, fewer marriages, an increase in divorce rates and the acceptance of a diversity of family forms (Kuronen, 2010:9-10). A variety of family forms has also emerged in the fields of law, policy and social work. These include but are not limited to the nuclear family, the extended family, lone-parent families, reconstituted families, living apart-together families, rainbow families (ibid 23-33) and network families (Hedin, Höjer, & Brunnberg 2011, Bäck-Wiklund & Johansson 2003).

In a study of a Swedish population sample, researchers found that individual definitions of the family vary widely, with some people only including their relatives by blood or their legal relationships as spouses in a nuclear family, while others included their friends – or even pets (Levin & Trost, 1992). Although there is a diversity of family types in Sweden, the state has regulated and controlled parenthood in a variety of ways (Johansson & Bäck-Wiklund, 2012; Höjer, Sallnäs, & Sjöblom, 2012). Since its inception as "the People's Home" in the early 20th century, the cornerstones of Sweden's welfare state have rested on a joining of family-friendly and increasingly degenderizing policies (Saxonberg, 2013). However, unlike developments in countries such as the US, Australia and the UK, where policies have "foregrounded consideration of the family" (Morris, 2012) and service providers have been instructed to 'think family' (Cornford, Baines, & Wilson, 2013), successive governments in Sweden have formulated individualizing policies and enacted laws that have reduced personal dependence on both the labor market and family relationships (Esping-Andersen, 1990).

Since social workers play a major role in the borderland between the family and regulations that form the organizational and legal framework of social services, conceptualizations of the family at a structural level can impact how professionals think and act in relation to families (Gavriel-Fried, Shilo, & Cohen, 2014). Family-oriented social work has increasingly emphasized working with "families" (Morris et al., 2008), with "families with problems" (Parr, 2009) and with "families with complex needs" (Rankin & Regan, 2004). These different emphases point to the challenges facing social work in providing interventions to individuals in families, to the family as whole, and even to families in their contexts. Research suggests that working in a more directed and holistic way with families with "multiple problems" or "complex needs" may result in better long-term outcomes for both marginalized individuals and families (Spratt, 2009, 2011; Parr, 2009). However, based on research in the UK, such conclusions may not be valid in all contexts.

In Sweden, the state assumes a relatively high degree of responsibility for citizens, with municipal social services being responsible for providing the necessary measures to promote "good enough" living conditions and for ensuring that those who need information support, care, advice or financial assistance receive the

services to which they are entitled (Social Service Act, SFS 2001:453). Even though the family and interventions in families are important areas of social work, it remains unclear how families are conceptualized and targeted within Swedish social services (Nygren & Oltedal, 2014). Effective service delivery requires social workers to understand how they and the organizations in which they work conceptualize and delimit work with the family. Therefore, the purpose of this paper is to investigate the similarities and differences in how social workers in five major sectors of social services (elderly care, disability, child welfare, addiction and economic support) define and set boundaries around the concept of family. Moreover, we analyze the mechanisms whereby the family is brought into or kept out of service provision. Lastly, we discuss the implications of different constructions of clienthood in relation to the family and social work practice.

1.1 Background and Previous Research

The notion of family as a social construction suggests that the meaning of family is dynamic rather than static, and that there is no generic or absolute definition for this term (Holstein & Gubrium, 1999). Even though it is widely understood that the meaning of family varies cross-culturally (Adams, 2004), a hegemonic definition of family in Western society refers to a heterosexual couple with children (Powell, Bolzendahl, Geist, & Steelman 2010; Kitzinger, 2005). This latter construction impacts professionals' work with families and the design of the services to them (O'Dell, 2011; Dodd, Saggers, & Wilder, 2009), although it has long been understood to not reflect the real world of social work practice.

Challenges to normative assumptions underlying the family concept have entered the field of social work research. Sand's study (2007) provides a rare glimpse into the area of elderly care, investigating the re-familization of services in this sector. In child welfare studies, "family" is seen as a problematic concept, with "parents, siblings and relatives" suggested instead, including both biological and foster relationships (Andersson, 2008). In lesbian, gay, bisexual and transgender (LGBT) research, criticism has been levelled about the relative invisibility of LGBT communities, and where issues cut across culturally-defined groups, their communities and viewpoints are rarely the subject of study (Hash & Cramer, 2003). In addiction, family is

connected to the concept of co-dependency, in which the family may be affected by a member's addiction or where the addicted person depletes social capital, thereby resulting in changed or disrupted family relationships (Schmidt, Dohan, Wiley, & Zabkewicz, 2002). Most Swedish social work research on families has focused on children and their parents (e.g. Cocozza, Gustafsson, & Sydsjö, 2010; Schofield et al., 2011). In Sweden, the "contact family" has been studied as a service that, while empowering single parents (mothers), most often reflects the normative family (Brännström, Vinnerljung, & Hjern, 2013). Meanwhile, research has shown that social workers often perceive immigrant families as problematic, backward or abnormal in some way (Hübinette & Lundström, 2011).

2. Theoretical Framework

This study uses theories of client construction as its starting point, in which people are understood to be the "raw material" in human service organizations (Hasenfeldt, 2010:11-12). In order to fit into the organization frame and be labelled as "clients," as people enter organizations they undergo a transformation involving a sorting, classifying and categorizing process based on policy, legislation and guidelines. Even though there have been "terminological pressures" to produce a new and less stigmatizing vocabulary of clienthood through terms such as "service user" or "consumer" (Hall, Juhila, Parton, & Pösö, 2003), social workers still categorize based on client circumstances and problems, but also have the power to decide whether to allow clients entry into service or not (Östberg, 2010). Johansson (2007) uses the terms "standardization" and "categorization" when stressing that the client is transformed from an individual to being labelled as a "case" or an "issue." Järvinen and Mik-Meyer (2003) argue that it is not the individual, per se, who is transformed, but rather that human problems are translated and that an individual's situation is met by an organization's predetermined diagnoses and frames of understanding. As we examine how social workers conceptualize "family" in five sectors of the Swedish social services, our analyses will be informed by these theories of client formation.

3. Methodology

3.1 Data Collection and Sample

A qualitative method was used to interview 60 social workers employed in five sectors of the social services in four different parts of Sweden. We carried out telephone interviews in four Swedish municipalities, two larger (>100,000 inhabitants) and two smaller (10,000-20,000 inhabitants), selected from a research database containing all 290 municipalities in Sweden (see Lundgren, Blom, Morén, & Perlinski, 2009). The sample was purposively selected to obtain a variety of responses depending on the municipality's size (Table 1) as well as the types and degrees of specialization within these social service organizations (Perlinski, 2010). There is a variation in Sweden from integrated organizations, in which social workers work with all types of clients/problems to multi-specialized organizations where social workers attend to highly specialized problem areas or needs.

We contacted directors of social services in each of the four municipalities to request their assistance in recruiting social workers to participate in telephone interviews. Additional information about the research was later sent by e-mail, while individual telephone interviews were also carried out with social workers working with: 1) elderly care, 2) disability, 3) child welfare, 4) addiction and 5) economic support. These service areas include clients/families with the entire spectrum of complex needs as defined by Morris et al. (2008). Social workers were informed about the research, and their rights as participants were clarified in accordance with ethical guidelines (Vetenskapsrådet, 2011). Social workers' job functions and work tasks varied: one worked as a counselor at an elderly care unit, four provided treatment services directly, six respondents combined casework with supervisory responsibilities and 49 were caseworkers or case investigators at social service offices. Five out the 60 interviewed participants were men, and the age of respondents varied between 25 and 66, with the average being 45 years old. The work experience at the current workplace varied from one month to 36 years (with an average of nine years). In terms of education, 47 respondents had at least a bachelor's degree in social work, whereas 11 had various other backgrounds in higher education and two respondents had only a secondary school diploma.

Semi-structured telephone interviews were carried out to allow the interviewer the flexibility to ask and follow up on responses to questions concerning the definitions of family, limitations around the composition of family, gender differences when defining family and the importance of family when interventions were targeted (Kvale & Brinkmann, 2009:139-140). Each interview lasted between 30 and 45 minutes. Telephone interviewing allowed us to rapidly collect data at a low cost from geographically scattered samples (Thomas & Purdon, 1994). We have anonymized the municipalities for ethical reasons, renaming them as Large and Small, North and South.

	Municipalities			
	Large South	Large North	Small South	Small North
Social Service Sectors				
Elderly Care	n=3	n=3	n=3	n=3
Disability	n=3	n=3	n=4	n=2
Child Welfare	n=3	n=4	n=3	n=3
Addiction	n=2	n=3	n=3	n=3
Economic Support	n=3	n=3	n=3	N=3
Total	N=14	N=16	N=16	N=14

Table 1: Municipalities, sectors and numbers of respondents in each sector

The interview guide contained four overarching questions in which respondents could express themselves freely and the interviewer could ask follow-up questions. The questions addressed definitions of family, limitations around the composition of family, gender differences when defining family and the importance of family when interventions were targeted. This article has its focus on the first two, while gender and intervention aspects will be reported elsewhere.

3.2 Data Analysis

A qualitative content analysis was used to examine the interview data, and we transcribed the interview data verbatim and read transcripts several times in order to obtain a "sense of the whole" (Giorgi, 2012). In the following steps we identified meaning units, coded these units and generated categories (Graneheim & Lundman, 2004). We applied a conventional content analysis, in which codes were primarily derived as in-vivo codes and sorted into more abstract categories (Hsieh & Shannon, 2005). An analysis of the qualitative data was facilitated using the software program NVivo9 (2010). While analysing the interviews, all three authors met several times to

discuss codings, categorizations and the outcomes of the analysis. The three main categories derived were how social workers think about the family, how they delimit the family in social work practice and the different forms taken by the deconstructed family.

4. Findings

4.1 Thinking Family

When asked to define "family," most respondents began with a personal definition of the family that reflected their own life situations. Some respondents reported being part of traditional nuclear families and that in thinking family, one first thinks of mother, father and children. This type of family was also placed in an historical context by a number of respondents who referred to it as the way the family used to be in the past and that it is less common now. Many respondents identified a family as comprising those individuals who share the same place of residence, often one or two parents and their children. They then went on to include the people one is closest too, including parents, grandparents, siblings and cousins. Some said that family included only those who were blood relations, while others said the opposite. Family was also defined as a haven where members could get support or feel secure. Several respondents noted that the family has changed in light of the high divorce rate, with many families being comprised of parents, stepparents and children of blended families. Other respondents described some families, particularly immigrant families, as being much more broadly defined, including more relationships than the (traditional) Swedish family. These families either shared a physical (people living under the same roof) or emotional (caring and loving) proximity.

These widely contrasting personal definitions of family across different service areas stand in contrast to definitions that they gave, which may be understood as being organizationally bound by the specific area where they worked. One social worker identified her *own* family as *not* the same as a "social services" family, while at the same time indicating an awareness of the diversity of current family types:

I have one kind of family, but the ones I work with have completely different backgrounds. A family can look very different today than in the

> *past. It used to be the nuclear family. That's pretty much dissolved now.*
> *There are different combinations…* (IP 16)

4.2 Mediating Mechanisms that Delimit the Family

The practices involved with describing and classifying clients have long been understood to be fundamental to the social construction of individuals into the targets of interventions (Lipsky, 1980). This clientification or "category negotiation" (Messmer & Hitzler, 2011; Hall et al., 2003) is ongoing and central to establishing, evaluating and revising service provision. Regardless of the sector, respondents did not automatically define the family as the primary recipient of services. In most cases, they described working with the client as an individual in carrying out investigations and deciding upon what measures to take. What, then, can account for the boundaries established that limited consideration of the family as client?

In analytic sociological terms, the concept of mediating mechanisms may be used to provide an explanation for the contextual processes that produce particular patterns of phenomena (c.f. Leuridan, 2012 or Speybey, 1997:317-342). Unlike causal research which investigates factor(s) that can change the impact of an independent variable on a dependent variable (c.f. Berlin, Appleyard, & Dodge, 2011), we define mediating mechanisms in analytical terms as powerful structures or processes used by social workers to bring about the deconstruction of the family as raw material into the finished and individualized client of the local social services office. We categorized three mediating mechanisms used by social workers to delimit whom to include or exclude as family members, namely: legislation (as a control mechanism), household composition (boundary mechanism) and service needs (professional mechanism). As the family first comes into contact with the social services, it and its potential service needs are first translated into a "case" (Johansson, 2007) attended to by one of the sectors of the social services. Mediating mechanisms take apart the family as raw material, producing sector-typical conceptualizations of family and social work orientations to family that reflect these differences (see Figure 1). Below, we describe each sector in terms of specific aspects of how each mediating mechanism is used and what resultant clientification of the family is produced. Looking at the five sectors separately, the differences become clear.
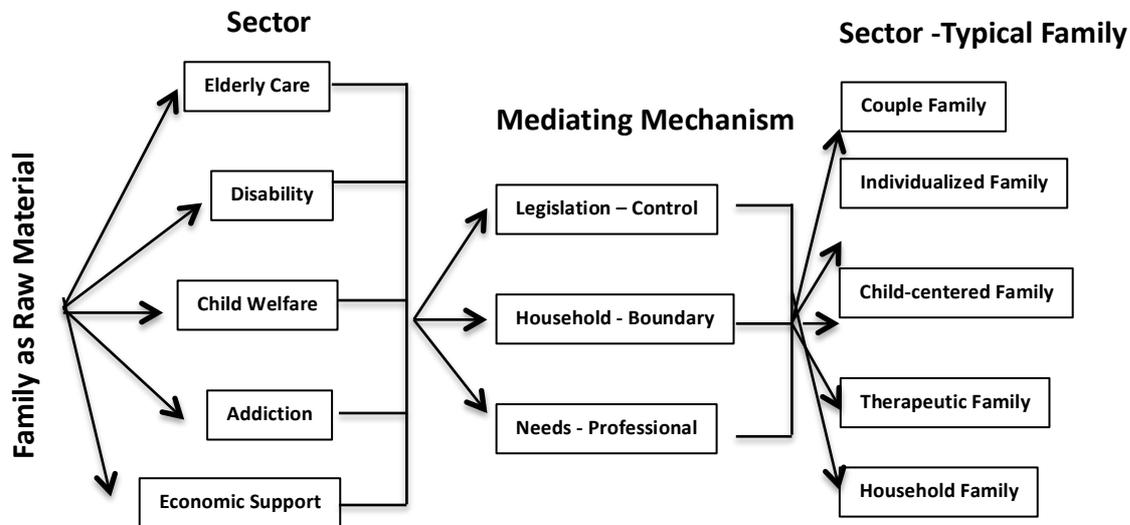
Figure 1: Mechanisms in the deconstruction of family in the Swedish social services

Elderly Care

An application must be received by the social services before a social worker can respond to the service needs of an older person. In responding, the social worker must first determine whom has the legal right to apply for this service.

Legislation: Respondents referred to the Secrecy Act (2009:400), the Parent Code (1949:381) and the Social Services Act (SoL, 2001:453) in terms of deciding whom they had a right to communicate with and who had a decision-making mandate regarding living arrangements or services to be provided to the elderly person. For example, a trustee may be able to make decisions even if that person is not a family member:

> …in terms of the law, I think it's a bit fuzzy that the wife can decide if the husband can live here or there. Sometimes a trustee decides if individuals can't themselves. But, I think the boundaries are fuzzy. (IP 5)

Household: Respondents said that they are responsible for setting boundaries around whether one or more persons in a household can receive support, and that they defined the recipients of such support as a family in need of services. Typically, the household was defined as consisting of an older "husband and wife":

…within elderly care the term [family] refers to people you live with…who need help…the delimitation then is that those people who are living together are a family… (IP 18)

Support and help: In considering the needs of an elderly person from a professional perspective, a wider consideration of family occurred. A number of respondents did not directly refer to the term "family,", but instead referred to relatives and "loved ones." Loved ones referred to the individuals receiving services, whereas relatives were those who supported their loved ones and who sometimes received supportive services themselves, such as caregiver relief:

The biological isn't as important anymore…loved ones can be a good friend, a neighbor or someone who has really meant a lot to the person…I maybe get more help from my good friend than from my own children because they live somewhere else in the world, or maybe I have sporadic contact with for some other reason… (IP 51)

Disability
Respondents working in the disability sector used the Act Concerning Support and Service for Persons with Certain Functional Impairments (LSS, 1993:387) to draw a different boundary around who is to be included in the family. A client's age was an important delimiting factor in this sector, as those working with children, youth and young adults (from birth to age 25) delimited family differently than those working with adults (aged 26 and older). Those respondents who worked with adults in need of disability services stated definitively that the family was not even taken into consideration:

We don't do any kind of boundary setting in my job, and I don't see why we should either…we don't because our measures are always directed at the individual (IP 38).

Legislation: Where the recipient of disability services is a child, respondents used LSS to specifically determine what services the child would be entitled to. The SoL Act was used to set boundaries around the family; individuals with custody of a child

are entitled to knowledge about measures taken for the individual even if they do not live with the client's family:

> *First and foremost, you look at who has custody of the child. I am required to contact both custodial parents if they do not live together.* (IP 55)

Household: Respondents in the disability sector took a broader view of the household in describing how they work. They said it was important to understand and determine the boundaries of a family when providing service and support to a child with a disability. Most often, the family are those that the person spends the most time with. Although these people may also be outside of the household, they most often included the people the individual lives with, particularly when considering the best interests of a child client:

> *I think that in our workplace we think of the child's best interests, all of us in various ways, we try to make the child's home milieu and learning environment secure. I mean it's the place the child spends most of their time during their growing up that I would say is the family. (IP 21)*

Support and help: Respondents who work with disabled adults said that the biological family may not even be present in the individual's everyday life; their relationships may even be broken. In such cases, social workers would use their professional discretion to include important people who may help the individual or may be experienced as family:

> *Those who are very important to the person are the ones we need to deal with. It's this group we talk about who have quite damaged relationships and new families…if you look at the biological family, a person belongs to that, but then not really…and then there are other people who have relationships that are quite "like family."* (IP 25)

Child Welfare

Most of the respondents working in child welfare clearly demarcated who is in the child's (the actual client's) family. Standardized assessment tools such as ADAD

(Friedman & Utada, 1989) and BBIC (a model of working with children and youth based on England's Framework for the Assessment of Children in Need and their Families) are used to determine who is important in the child's social network. The child and the parents together decide who is in the family, and therefore who is included in a child welfare investigation, although the law is clear that only custodial parents have a right to participate in an investigation and to have information about it.

Legislation: It was clear that legislation acted as a mechanism to control these boundaries around family, to regulate who can participate in an investigation and to limit who can receive information about services. The respondents were also critical of the challenges of working within a legal framework that controlled whether or not they worked with both parents. In this sense, measures could only be provided to the child and to the custodial parent(s). Legislation limited their professional discretion over taking into account persons who may have an influence on the child or be important in meeting the child's needs:

> *The custodial parent is in our computer…if the father isn't registered there, he isn't a custodial parent. It's very strange. And then there are "plastic parents"[1] or whatever. It's not obvious that they can be a part of an investigation or intervention. Legally, it's the custodial parent and child. In terms of methods, it can vary and it's problematic.* (IP 7)

Support and help: Respondents said that the child's needs may determine who is involved and how help is provided. Important people can be involved and understood as family. In this sense, respondents also stated that they had a degree of professional discretion in determining, based on a child's needs, who to include in their care:

> *Limit setting is sometimes determined based on the child's needs. These limits can be tightened or relaxed depending on the situation. I think we do that. These limits aren't rigid and permanent either. They can change over time too...* (IP 26)

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[1] New family formations in Sweden include: Sambo – Unmarried cohabiting couples; Turbo - Couples who take turns to stay with children; Särbo - Living apart together couples. Where there are children, the "plastic parent" is the parent's new partner. It is a relatively new colloquialism for "stepparent." Consider also: plastic child, plastic siblings.

Child welfare respondents did not set clear boundaries around the family as only those in the household. This may be explained by their presupposition that all children live in households. When not specifically referring to legislated boundaries around family in terms of custodial parents' rights, they described a range of other family forms, including contact and support families, foster families and temporary care families. Although described as families, these families could actually be comprised of individuals or couples with or without children of their own.

Addiction

Respondents working with addiction most often connected the concept of family to a broad view of "relatives" who, in one way or another, may influence the implementation and outcome of any treatment plan. Family more generally included people who have an importance to the client, and who may contribute to the client's recovery. When children are involved, the family was referred to as those living in the household. Family was not always foremost in respondents' minds since the adult with an addiction decides who can receive information regarding an assessment, general information and education regarding addiction, in addition to who can be present at "relatives" sessions.

Legislation: One clear delimitation is the Care of Abusers (Special Provisions) Act (LVM, 1988:870), which regulates the compulsory treatment of certain substance abusers. They described that in the Act, a definition of a "relative" is given: a person in a dependent relationship to the client (husband, wife, common-law spouse and children). Laws determined an individual's responsibility for supporting others in the household and whether or not family members (children) need to be protected if the addict is placed in compulsory treatment. Laws were described as protecting the client's privacy as well, which require the client to give consent before the caseworker can work with family members or share information with them:

> *…, it is they (clients) who inform us about who we can share information with and who in the family they want us to talk with so that it's whoever they are sure they want to participate, and who they absolutely do not want to have involved.* (IP 28)

Household: Respondents said that the family could also be delimited according to whom they live with and are responsible for, e.g. a spouse or children. Because these individuals can be affected by the client's addiction, they may be able to receive services to work through their feelings, or obtain information about how to best understand and support the substance-abusing individual:

> *First of all, when [we consider boundaries] we look at what the household looks like and at those who are concerned about the primary beneficiary of the interventions. So it's the individual that we make decisions for and intervene with, but there are also parallels; that we can offer families … a course or something, but it's parallel processing. We focus on the individual, but various treatments can focus on the family.* (IP 9)

Support and help: Respondents described the limits of family as being wide, and that it could often include people in one's network or relatives in general. The family was defined in therapeutic terms as people who can help and support the individual through the treatment process and/or who feel hurt by their loved one's substance abuse:

> *…when it comes to the work, the network is more interesting. It could be an aunt, it could be a childhood friend who is important…that is most important for the person...important in the work to get this person to feel good ...in the right way. Then we involve them if it's OK for the client to do so. So that when we work with them, after all they're just like a family member.* (IP 54)

Economic Support

Respondents working with economic support used the law and population register as the clear boundary upon which to define family. Family included those who lived under the same roof (in the same household) and to whom they had a responsibility to support. Those who do not count as family were also clearly defined as young people aged 18 or 19 years old (who completed secondary school). Other relatives who are over 18 years old, even though living in the household, were also not included in their definition of family. When deciding upon who would receive services, respondents were clear: They would work with those who had a legal obligation to

support each other and who were living in the same household. A professional boundary-setting or use of discretion did not appear in their descriptions:

…adult children who still live there and who are self-sufficient and have finished school and gained work...or studying at university so…We don't count them in the family. (IP 58)

*…persons who live together and are registered in the same household, if you say that it is a grandmother who lives with a family, then she is not included in the family of course (according to us)…(*IP 45)

4.3 The Deconstructed Family

As summarized in Table 2, the five social services sectors share in the deconstruction of the family into the raw material through which individuals become clients. In elderly care, the family is commonly distilled down to a *Couple family*, with the care needs of the older person and the supportive needs of the spouse being in focus. In the disability sector, we encounter the *Individualized family*, in which attention is focused on the specific needs of the disabled individual. If that individual is a child, then support to adult caregivers may be considered. In child welfare, the emphasis is on the *Child-centered family*, primarily in terms of who will be included and subjected to an investigation. Social workers in the addiction sector emphasize the *Therapeutic family* to include those who are a help or hindrance to an individual's recovery. Lastly, those working in economic support deconstructed the *Household family* as those legally considered members of a household. Families that did not fit into predefined organizational frameworks to be labelled as clients were categorized and redefined in order to be accepted as clients, either in one particular sector or they were channelled to other sectors.

Social Service Sectors	Sector-typical family	Work orientation
Elderly Care	Couple family	Care
Disability	Individualized family	Needs
Child Welfare	Child-centered family	Investigation
Addiction	Therapeutic family	Treatment
Economic Support	Household family	Financial support

Table 2: Sector-typical families and work orientation in each service sector

In *elderly care*, the family is first reduced to the older person and his/her spouse (even when a spouse is deceased). Adult children are (reluctantly) included, and trustees are legally included when these individuals are seen in a professional or legal sense as contributing to the care of the older person. Working with these individuals is sometimes described as problematic if they do not agree with the type of support being provided, if they think the older person needs more or different services or if they interfere in some way with the support being provided to the individual. As loved ones, they may also be offered support and relief for contributing to the care of the older person. Social workers use legalization to define which individuals to include in this family, though at the same time they ask clients who they themselves include in their family in order to encourage client participation and empowerment.

In the *disability sector*, two very different ways of delimiting were identified. Most respondents seemed to *work with the individual*, although some work *with the family members to support the service user* in a variation of family-based social work previously described by Morris et al. (2008). Those who had children and youth as clients were particularly careful to involve themselves and work with family members, but those working with adults could not imagine why they would involve themselves in any way with other family members.

In *child welfare*, the family is deconstructed in a way that empowers the child and places him or her at the center as client. Here, however, there also is a weighing in of legislated mandates, as well as constraints from a professional standpoint. On the

one hand, laws dictate who must be informed and who has a right to participate in a child welfare investigation. On the other, respondents reported the importance of allowing the child to define for themselves whom they include in their families, which was seen as the starting point professionally. In both the *child welfare* and *disability* sectors, laws constrain who is to be involved as "family." These constraints may be a result of the family policy developed in Sweden, where living conditions of families with children have been a central issue for policy developers (Lundqvist & Roman, 2008; Johansson, 2009).

In *addiction*, the family may be considered the "therapeutic family" in the sense that work remains highly focused on the needs of the individual seeking help. Here, a professionalized conceptualization of the family is tied to theory and knowledge about substance abuse and how relationships influence and are influenced by this problem. This is the primary focus of social workers. Needs are identified and supports are put into place to support the individual. Even so, substance abusers' relationships may impact the chances of successful rehabilitation. Here, as in elderly care, there is the problematic family. Family members may contribute to the substance abuser's problems and continuing misuse of alcohol or drugs, and are therefore offered education to help bring them into supporting the treatment modality offered. When their lack of knowledge or skills impedes their healthy support of the substance-abusing adult, they may, as individuals, be offered support of their own.

The *economic support* sector may be characterized as a (non-family) household approach. That is, respondents consistently described the individual plus the household, and that eligibility for financial aid is determined based on the needs of the individual and potentially the other individuals to whom the person is legally responsible. Here, social workers redefine clients as households, and include individuals based on public records and the law. In this way, non-family households and non-normative families are denied service, as they do not provide the proper raw material for service provision. Because economic support falls into an area of social services that might be described as least "personal," involving monetary transfer rather than support and care, it may not be surprising that social workers do not seem to "think family." In this sector, rather than adapting interventions to families, social workers struggle to fit the family as client into the organizational frames by

deconstructing and shaping it as a household since the interventions are predefined to fit this construction (cf. Järvinen & Mik-Meyer, 2003).

5. Discussion

Our study included a sample of social workers chosen from social service units with a gatekeeping role, as investigation as a gatekeeping function is a key part of service provision in the Swedish social services (Khoo et al., 2003). And although we have attempted to delimit our sample to predefined units, social workers in each unit were not a homogenous group, but instead had different tasks and specializations. Nonetheless, most of their work emphasized investigations and decisions about whether or not services would be provided. They did not work practically or on a longer-term basis with clients or families. Others with a more hands-on and ongoing role in service provision, such as those who work with family counseling, family educators and social work with migrants and refugees, may conceptualize the family differently. Because of their gatekeeping role, the respondents in our study may be most closely involved in the practice of deconstructing the family. Therefore, highlighting the differences between those sectors is important since it demonstrates differences in how families are defined as clients, and targeted within the social services context.

Most striking in this study was how little evidence there was of what could be described as a family-oriented approach to Swedish social service provision. The analysis revealed the impact of individualization across all sectors of the social services, which has meant a shift away from collective institutions, communities and families toward an emphasis on the individual and his/her possibilities (Johansson, 2009). As shown in the findings above, laws, the limits of households and the professional determination of service needs were applied as mediating mechanisms in individualizing processes that characterized social workers' descriptions of their work. These processes pick apart – deconstruct – families so that the needs, risks and problems of individuals are brought into focus, with legislation being a useful device for sorting individuals and determining whether they fit a particular institutional frame. Although respondents identified the presence and importance of significant

others, they rarely spoke of the family as a whole (regardless of its particular configuration) in reference to service delivery. In fact, the family could be described as being broken down into the raw material around which services would be provided. The Swedish social workers' heavy emphasis on the individual may also be related to specialization within social welfare organizations (Bergmark & Lundström, 2007; Perlinski, 2010). Highly specialized sectors take apart families applying for help and support in order to deliver proper services targeted to a specified problem or need. Even so, this is not, per definition, negative since an individual may get proper and specialized help for particular types of problems from one or more of these sectors.

The means by which families are deconstructed into the raw material of service provision is a major finding by itself that implicates the organization of the Swedish welfare system. Individualization is very strong in Swedish social services (Lundquist, 2007; Johansson, 2009), so social workers do not therefore automatically "think family" when targeting clients. Rather, individualizing processes that pick apart family are mediated by social workers' considerations of legislation, household composition and service needs. Laws restrict formal possibilities for prioritizing entire families over individuals. They control who can give and receive information regarding services' needs and limit participation in services, specifying the responsibilities of not only social services, but also of those who seek support or assistance. The household sets a physical boundary around the family – those living under the same room may be (but are far from always) considered family, and thus may be responsible, to varying degrees, for each other's well-being. Furthermore, professional discretion is used to determine which parts of the deconstructed family will be included in service decisions. Even if they relate to families and deconstruct the family according to these three mechanisms, they interpret these differently depending on sector. As individualization and specialization continue to dominate in the Swedish social services, a holistic view of families is inhibited, as family members with different needs are deconstructed while they and their problems/needs are shuffled between several social workers within different sectors.

This way of working was criticized in the UK as a disadvantage of the individual focus when a need/problem affects the entire family (c.f. Morris, 2013; Parr, 2009; Spratt,

2011). Additionally, varied definitions of family may cause confusion and create mistrust between workers and clients, and some individuals may be considered as family members, even though they do not live in the same household. In other circumstances, people who are not related by blood or marriage may consider each other as family because they live in the same household. We are aware of the importance of understanding the multiple realities of families. As we saw at the beginning of our study, social workers clearly recognize the many possible variations of family, and that family as a construct is not immutable. At the same time, families must be deconstructed to fit the framework of Swedish social service organization, hence making it more difficult to adopt whole family approaches to service delivery. A better understanding of "family" and its deconstruction may be one step in moving toward addressing the needs of whole families, different family types and families with complex needs. A whole family approach may work in other contexts, but when it comes to Sweden more research is required, especially with families as the object of study, before assumptions about the advantage of whole family approaches are embraced as facts.

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References

Adams, B. (2004). Families and family study in international perspective, *Journal of Marriage and Family*, Vol. 66, No. 5, pp. 1076-1088.

Andersson, G. (2008). *Utsatt barndom - olika vuxenliv: ett longitudinellt forskningsprojekt om barn i samhällsvård*, Stockholm: Allmänna Barnhuset.

Bergmark, Å., & Lundström, T. (2007). Unitarian ideals and professional diversity in social work practice – the case of Sweden, *European Journal of Social Work*, Vol. 10, No. 1, pp. 55-72.

Berlin, L., Appleyard, K., & Dodge, K. (2011). Intergenerational continuity in child maltreatment: Mediating mechanisms and implications for prevention. *Child Development*, Vol. 82, No. 1, pp. 162-176.

Brännström, L., Vinnerljung, B., & Hjern, A. (2013). Long-term outcomes of Sweden's contact family program for children. *Child Abuse and Neglect*, Vol. 37, No. 6, pp. 404-414.

Bäck-Wiklund, M., & Johansson, T. (2003). *Nätverksfamiljen,* Stockholm: Natur och kultur.

Cocozza, M., Gustafsson, P. A., & Sydsjö, G. (2009). Child protection in a family-service organisation - what is the outcome for maltreated children? *Children and Youth Services Review,* Vol. 32, No. 7, pp. 922-28.

Cornford, J., Baines, S., & Wilson, R. (2013). Representing the family: How does the state 'think family'*? Policy and Politics*, Vol. 41, No. 1, pp. 1-18.

Dodd, J., Saggers, S., & Wildy, H. (2009). Constructing the "ideal" family for family-centred practice: Challenges for delivery, *Disability and Society*, Vol. 24, No. 2, pp. 173-186.

Esping-Andersen, G. (1990). *The Three Worlds of Welfare Capitalism*. Cambridge: Polity Print.

Friedman, A. S., & Utada, A. A. (1989). Method for diagnosing and planning the treatment of adolescent drug abusers (The Adolescent Drug Abuse Diagnosis (ADAD) Instrument), *Journal Of Drug Education*, Vol. 19, No. 4, pp. 285-312.

Gavriel-Fried, B., Shilo, G., & Cohen, O. (2014). How do social workers define the concept of family? *British Journal of Social Work*, Vol. 44, No. 4, pp. 992-1010.

Giorgi, A. (2012). The descriptive phenomenological psychological method, *Journal of Phenomenological Psychology,* Vol. 43, 3-12.

Graneheim, U. H., & Lundman, B. (2004). Qualitative content analysis in nursing research: Concepts, procedures and measures to achieve trustworthiness, *Nurse Education Today*, Vol. 24, No. 2, pp. 105-112.

Hall, C., Juhila, K., Parton, N., & Pösö, T. (2003). *Constructing clienthood in social work and human services*. London: Jessica Kingsley.

Hash, K. M., & Cramer E. P. (2003). Empowering gay and lesbian caregivers and uncovering their unique experiences through the use of qualitative methods, *Journal of Gay and Lesbian Social Services*, Vol. 15, Nos. 1-2, pp. 47-63.

Hasenfeld, Y. (2010). *Human services as complex organisations*, Los Angeles: Sage.

Hedin, L., Höjer, I., & Brunnberg, E. (2011). Settling into a new home as a teenager: About establishing social bonds in different types of foster families in Sweden. *Children and Youth Services Review*, Vol. 33, No. 11, pp. 2282-2289.

Holstein, J. A., & Gubrium, J. (1999). What is family? Further thoughts on a social constructionist approach, *Marriage and Family Review*, Vol. 28, Nos. 3-4, pp. 3-20.

Hsieh, H. F., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, Vol. 15, No. 9, pp. 1277-1288.

Hübinette, T., & Lundström, C. (2011). Sweden after the recent election: The double-binding power of Swedish whiteness through the mourning of the loss of "old Sweden" and the passing of "good Sweden". NORA - *Nordic Journal of Feminist and Gender Research,* Vol. 19, No. 1, pp. 42-52.

Höjer, I., Sallnäs, M., & Sjöblom, Y. (2012). *När samhället träder in: Barn, föräldrar och social barnavård*. Lund: Studentlitteratur.

Johansson, H., & Bäck-Wiklund, M. (2012). *Att fostra familjen: En grundbok om styrning, föräldraskap och socialtjänst,* Malmö: Liber.

Johansson, R. (2007). *Vid byråkratins gränser: Om handlingsfrihetens organisatoriska begränsningar i klientrelaterat arbete*, Lund: Arkiv.

Johansson, T. (2009). *Familjeliv*, (1. uppl.) Malmö: Liber.

Järvinen, M., & Mik-Meyer, N. (2003). *At skabe en klient: Institutionelle identiteter i socialt arbejde*, Copenhagen: Hans Reitzel.

Khoo, E., Hyvönen, U., & Nygren, L. (2003). Gatekeeping in child welfare. A comparative study of intake decision making by social workers in Canada and Sweden. *Child Welfare*, Vol. 82, No. 3, pp. 507-525.

Kitzinger, C. (2005). Heternormativity in action: Reproducing the heterosexual nuclear family in after-hours medical calls, *Social Problems*, Vol. 52, No. 4, pp. 277-498.

Kuronen, M. (2010) (Ed.). *Research on families and family policies in Europe. State of the art*. Family Platform Consortium, Retrieved from http://www.mmmeurope.org/ficdoc/familyplatform-Final-Report-04-2011.pdf

Kvale, S., & Brinkmann, S. (2009). *Interviews: Learning the craft of qualitative research interviewing* (2nd ed.). Los Angeles: Sage Publications.

Levin, I., & Trost, J. (1992). Understanding the concept of family, *Family Relations*, Vol. 31, No. 3, pp. 348-351.

Leuridan, B. (2012). What are mechanisms in social science? *Metascience*, Vol. 21, No. 2, pp. 395-398.

Lundgren, M., Blom, B., Morén, S., & Perlinski, M. (2009). Från integrering till specialisering: Om organisering av socialtjänstens individ- och familjeomsorg 1988-2008, *Socialvetenskaplig Tidskrift*, Vol. 2, pp. 162-183.

Lundqvist, Å., & Roman, C. (2008). Constructions of Swedish family policy, *Journal of Family History,* Vol. 33, No. 2, pp. 216-236.

Messmer, H., & Hitzler, S. (2011). Declientification: Undoing client identities in care planning conferences on the termination of residential care, *British Journal of Social Work,* Vol. 41, No. 4, pp. 778-798.

Morris, K. (2012). Thinking family? The complexities for family engagement in care and protection, *British Journal of Social Work*, Vol. 42, No. 5, pp. 906-920.

Morris, K. (2013). Troubled families: Vulnerable families' experiences of multiple service use, *Child and Family Social Work*, Vol. 18, No. 2, pp. 198-206.

Morris, K., Hughes, N., Clarke, H., Tew, J., Mason, P., Galvani, S., & Burford, G. (2008). *Think family: A literature review of whole family approaches*, London: Cabinet Office.

NVivo Qualitative Data Analysis Software (2010). QSR International Pty Ltd. Version 9.

Nygren, L., & Oltedal, S. (2014). Social workers understanding of "family" in child welfare work: An international reserch approach. In S. Hessle (Ed.), *Global social transformation and social action: the role of social workers: Social work - social development,* Volume III, Farnham: Ashgate.

O'Dell, L. (2011). Constructions of normative families. In O. Lindsay, & S. Leverett (Eds.), *Working with children and young people: Co-constructing practice*, NewYork: Palgrave Macmillan.

Parr, S. (2009). Family intervention projects: A site of social work practice, *British Journal of Social Work*, Vol. 39, No. 7, pp. 1256-1273.

Perlinski, M. (2010). *Skilda världar: Specialisering eller integration i socialtjänstens individ- och familjeomsorg*, Umeå: Institutionen för socialt arbete, Umeå universitet.

Powell, B., Bolzendahl, C., Geist, C., & Steelman, L. C. (2010). *Counted out: Same-Sex Relations and Americans' Definitions of Family*, New York, Russell Sage Foundation.

Rankin, J., & Regan, S. (2004). Meeting complex needs in social care, *Housing, Care and Support*, Vol. 7, No. 3, pp. 4-8.

Sand, A.-B. (2007). Mot en refamilisering av svensk äldreomsorg? In S. Johansson (Ed.), *Social omsorg i socialt arbete*, Dalby: Gleerups Utbildning AB.

Saxonberg, S. (2013). From Defamilialization to degenderization: Toward a new welfare typology. *Social Policy and Administration*, Vol. 47, No. 1, pp. 26-49.

Schmidt, L., Dohan, D., Wiley, J., & Zabkiewicz, D. (2002). Addiction and welfare dependency: Interpreting the connection, *Social Problems*, Vol. 49, No. 2, pp. 221-241.

Schofield, G., Moldestad, B., Höjer, I., Ward, E., Skilbred, D., Young, J., & Havik, T. (2011). Managing loss and a threatened identity: Experiences of parents of children growing up in foster care, the perspectives of their social workers and implications for Practice. *British Journal of Social Work*, Vol. 41, No. 1, pp. 74-92.

Spybey, T. (1997). *Britain in Europe: An introduction to sociology*. Chapter 16. Implementing social policy in Europe: The significance of social work, social pedagogy and community work, London: Routledge.

Spratt, T. (2011). Families with multiple problems: Some challenges in identifying and providing services to those experiencing adversities across the life course, *Journal of Social Work*, Vol. 11, No. 4, pp. 343-357.

Thomas, R., & Purdon, S. (1994). Telephone methods for social surveys, *Social Research Update*, Vol. 8, pp. 1-6.

Vetenskapsrådet (2011). *Good Research Practice*. Vetenskapsrådet: Bromma, Vetenskapsrådets rapportserie 3:2011.

Östberg, F. (2010). *Bedömningar och beslut: Från anmälan till insats i den sociala barnavården*, Stockholm: Institutionen för socialt arbete - Socialhögskolan, Stockholms universitet.