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Using 'Consensual Ideology': A Way to Sift Reports in Child Welfare

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Abstract

This article discusses the factors that influence decision making in front line child welfare in Sweden and the implications for different groups of children, types of social problems and for the character of the work. Data stem from a study of social workers' handling of reports and requests that were followed until interventions were decided upon or cases closed without intervention. Risks were found to be considered in a narrow perspective. Though Swedish child welfare has been recognised as a family service system, need aspects are down-prioritised. Gender-related attitudes are reflected in the labelling of 'capable' mothers and in the higher probability of girls being investigated. In deciding eligibility to scarce services of the 'right' clients, high work pressure creates a focus on gate-keeping activities and the attitude is to keep children out of the system for their own good. This crucial sorting process displays the pattern of a heavily tapered funnel with few interventions at the end. Put into an institutional context, social workers' discretion can be explained as a rational way for practice to handle organisational limitations, restricted resources and changing policies. Demands of protection and welfare issues are handled by individualising difficult social conditions and by 'consensual ideology'.

Keywords: Assessment, child welfare, discretion, gate-keeping, institutional context, risk

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Introduction

Core activities of social work professionals in Swedish municipal child welfare agencies are to receive, assess, investigate and make decisions on reports of child maltreatment and applications for support. When the information is received, a sorting process begins. This sorting continues in different stages all the way to final decisions on interventions to be made. Little research has been done on the inflow of cases and front line social work in child welfare. This article builds upon results from a study performed at two Swedish local agencies where reports and applications were followed until a decision was arrived at. Social work practice was examined along the entire process with a focus on how social workers used their own discretion and what factors influenced the decisions made (Östberg, 2010).

Social workers are the ones who interpret and perform—make concrete—social policy, being closest to the client. To be able to perform the job and handle complex problems, a relatively high degree of discretion is required (Lipsky, 1980). Whether discretion still exists has been questioned by Howe (1992), who points out that practice has become so administrative and regulation-driven that individual discretion no longer exists. Evans and Harris (2004) argue that, when social policy is not clearly defined, boundaries for discretion may be necessary to support good practice in the interests of service users, calling attention to the fact that the professionals themselves demand clearer guidance. They also argue that more rules and regulations might not limit discretion but, on the contrary, increase it, because of the risk for goal conflicts, with a greater degree of individual interpretation as a consequence. Rules can also be used for manipulating purposes, they argue, which is why discretion should not be looked upon as something ‘good’ or ‘bad’ per se. In research on decision making, the aim should be to investigate and to analyse where in the decision process discretion is increased or reduced, and by whom and in whose interests. The study this article builds upon is one way of finding that out.

Aim and research questions

The aim here is to describe and to analyse some of the results stemming from social workers’ assessments and decisions and, more specifically, to identify factors influential for instigating an investigation. Such factors may be linked to the client, to the professional discourse, to the law and to local and national policy as well as to the organisation. The article discusses what kind of pattern is produced and the implications of this pattern for different groups of children and families, for different types of social problems and for the character of the work itself.

Background

In comparative studies the Swedish child welfare system is often described as a family service system with emphasis on preventive interventions in partnership with families. However, this paints an oversimplified picture of the governing acts as well as of actual practice. It is more correct to describe the system as mixed, with functions to protect children as well as to support families. Voluntariness and support to families and the parent–child relation are key words, with support and protection looked upon as intertwined (Andersson, 2006). In recent years, emphasis has also been placed on acknowledging the best interests of the child, and that children's own views and perspective should to a higher degree influence social work with children and families. Professionals are obliged to report any suspicion of domestic conditions harmful for the child as well as problems related to the behaviour of adolescents to the social services and it is the responsibility of the agency to investigate. An investigation can also be initiated by request from families. Focus in the investigative procedure is not the substantiation element. The objective is to determine whether interventions are called for—an objective that is more closely related to the family service function. Interventions are legitimised by a prognosis of potential future harm, but the degree of thoroughness may vary—depending on the nature of the case. Child abuse or neglect is not a typical or even a necessary reason for providing child welfare services. Compared with Anglo-Saxon countries, child protection has been conceived quite differently in Sweden, which always has had fewer laws dealing specifically with child abuse. In Sweden, child welfare services have the primary responsibility for young offenders and interventions are not primarily punitive in nature. Swedish child welfare is a municipal responsibility contrary to the UK, but local authorities in both countries have duties and responsibilities towards children in need in their area.

The Swedish social services have in recent years been criticised for lack of precision and for missing some children in dire need of support and protection (SOU 2009:68; SOU 2006:65). The question raised is whether this system, with its double mandate of support and control, does not tend to miss the very young children who are neglected and abused. One argument for why young children are not investigated is the pressure on social workers to deal with a continuing increase in adolescents' disorder problems (Cocozza *et al.*, 2007). Another argument is that Swedish social workers identify themselves primarily as child welfare workers aiming to support families in their parenting role, with the risk of not focusing enough on child protection procedures and leading to a lack of competence in child protection matters (Khoo, 2004).

The Swedish family support system is often, in the literature, put up against the Anglo-Saxon countries, and described as focusing on protecting children against abusive and neglecting parents (Andersson, 2006; Gilbert, 1997). But, in Britain, the Children Acts of 1989 and 2004 and the Children and Young Persons Act of 2008 both acknowledge child welfare issues and promote a higher degree of services to children in need. The need for refocusing local authorities' interventions towards a more child welfare-oriented practice has been formulated among professionals and academics (Hearn, 1995). Studies on how practice is dealing with this different scope in childcare/child protection have shown that practice is resistant (Spratt, 2000, 2001). A later study by Hayes and Spratt (2008) confirmed these findings, showing that social workers developed quasi child protection responses to child welfare cases and that the need to manage the risk inherent in child welfare cases has led to the development of management strategies on the part of social workers that they term 'child protection light'. Consequently, policy aims with regard to preventative and service-oriented engagement are subverted. Swedish research in the area has shown that social workers are focused on procedures and legal demands that direct work towards documentation of risk factors and gathering proof (Ponnert, 2007). Thus, the line drawn between child protection and child welfare cannot be looked upon as razor sharp.

The research design

All reports on and requests for support to children in the birth-to-nineteen age group at two child welfare agencies were collected during two months in 2003 ($n = 260$ children). The handling of reports and requests was followed until each case was closed or an intervention was decided upon. The material consisted of a survey put to social workers and of telephone and personal interviews. The data contained facts about the children, their background, reported problem(s), the sources of the reports and to which agency the report came, as well as social workers' assessments and decisions. An analysis of factors connected to investigation and decisions on interventions were done using bivariate and multivariate logistic regression analyses—the latter form giving the possibility of revealing influential factors when other factors are controlled for (Pallant, 2007; Bryman and Cramer, 2001). This was done with the Statistical Package for the Social Sciences Version 13 (SPSS).

To complement this analysis, the open-ended survey responses and the more in-depth personal interviews were analysed thematically (Widerberg, 2002). Indicators that seemed to influence social workers either to sort in or sort out cases are presented in quotations and case reports.

The local authorities

Data collection was carried out at two social agencies with a catchment area of 35–40,000 inhabitants and with approximately the same number of children and young people. The authorities were slightly differently organised, with one of them more specialised and having an investigations unit, an appointed social worker to deal only with police reports, and a voluntary advice and support unit. Social workers in the more integrated authority had separate units depending on the age of the children—one for children up to twelve years and the other for young people from twelve to twenty years of age—and were responsible for the entire process of investigation, case handling, and support and follow-up of interventions.

Results: gateways to interventions

The majority of the 260 incoming reports expressing concern and applications from families for support were not investigated; one-third were investigated and only one-fifth were treated with an intervention (Figure 1).

In the following, factors identified as crucial for starting an investigation are presented and conclusions concerning the funnel form are discussed. The image of the sorting process as 'a funnel' is a key concept in the analysis and illustrates how, at different stages, reports are filtered out—social worker assessments acting as the filters. This was first described by [Parton *et al.* \(1997\)](#), who showed that, in spite of differences in legislation and procedures, the USA, Canada, Western Australia and the UK produced a similar pattern of sifting cases, with one-third of the cases filtered out at the entry point and around half of the cases after an investigation.

Figure 1.

This system of ‘diagnostic deflation’ is repeated in the Swedish study; however, the sifting is greater at the entry point than after an investigation.

Who and what is reported, who does the reporting and what services are granted?

The overwhelming group of the children reported were of school age in the range of seven to seventeen, of whom more than 75 per cent were boys. Twenty per cent were small children aged from birth to six. Reports on criminal actions or behavioural problems primarily came from the police or from schools. The typical family was a single mother (77 per cent)—living under economic constraints, often in combination with complex emotional and relational problems with their children and with the children’s fathers. More than half of the children lived with parents outside the work-force (57 per cent) and/or with immigrant parents (53 per cent).

More than half of the children were reported for complex issues and had previously been associated with the social services. One-quarter of the children featured very complex (more than three) problems. Common problems were family conflicts, which included violence between parents (47 per cent), the young person’s own anti-social behaviour, which included criminality and substance abuse (32 per cent) and problems at school, which consisted mainly of behavioural problems (19 per cent). The lowest number of reports concerned physical and sexual abuse (7 per cent).

Police reports dealt mainly with teenager criminality, violence and behavioural problems. The proportion of petty thefts was small. Other report sources were the child’s private network, school and other sectors of the social services. Very few reports came from pre-school and primary child health care centres, which reach almost all small children. At one of the agencies, requests from parents were common.

The most common service granted after an investigation was voluntary counselling and the appointment of a contact person/support family. The third most common intervention was out-of-home placements in care and economic support. The least common service was in-home/family treatment.

The children investigated

Factors associated with instigating an investigation were analysed with other relevant factors controlled for. The factors tested were child’s sex, child’s age, type and complexity of problems, and agency and report source, which includes individuals, the police and other authorities. Other authorities included hospitals, schools, pre-schools, social services, etc.

Table 1 Variables associated with 'instigating investigation'—logistic regression, odds ratios and significant values, $P \leq 0.005$, $n = 260$.

Variable	Odds ratio	<i>P</i>
Sex		0.002
Boy	1	
Girl	3.0	
Age		0.459
0–6	1	
7–12	0.8	0.686
13–19	1.4	0.533
<i>Problem complexity</i>		0.080
< 3 problems	1	
≥ 3 problems	2.4	
<i>Report source</i>		0.000
Individuals	1	
Police	1.8	0.179
Other authorities	7.0	0.000
<i>Reported problem</i>		
Neglect	0.8	0.584
Parents' psychological problems	1.7	0.330
Parents' need for relief	5.5	0.005
Parents' alcohol and/or drug addiction	1.1	0.842
Physical and sexual abuse	17.3	0.000
Child's alcohol and/or drug addiction	1.7	0.378
Child's psychological problems	1.0	0.985
Family conflict	0.6	0.242
Housing problem	1.7	0.353
<i>Agency</i>		0.001
Specialised office	1	
Integrated office	3.7	

$R^2 = 0.411$.

Overall, the logistic regression (table 1) shows that, when other factors are controlled for, factors associated with an investigation are:

- physical or sexual abuse;
- report source;
- parents' need for relief;
- child's sex;
- the agency the child was reported to.

The least common problem reported—abuse—shows the strongest explanatory value for starting an investigation. The child's age was not an influential factor. Neither were neglect, parents' drug or alcohol addiction, serious conflicts in the family and anti-social behaviour, which were rarely investigated. But another significant client-related factor was parents' need for relief, which indicates a welfare perspective in the assessments. The greater probability of an investigation if the child is a girl indicates that attitudes concerning sex influence assessments.

Local agency cultures seem to influence assessments as well as other contextual factors as the perceived reliability of reporters. Similar results were found in an Irish study by H. Buckley (2000).

A practice controlled by its institutional conditions

Child welfare abuts on other institutions, activities and units within their jurisdiction that the family's or the child's problems are assessed to fit into. Thus, the *organisation's internal and external boundaries* influence the sorting process. As one social worker says: 'The problem lies in the conflict about who will take responsibility for interventions; unit for Disability Care or unit for Individual and Family Care.' (SW.K:1)

Considerable energy is expended on attempting to make other authorities take their responsibility for the families' problems through reformulating problems and needs for support. Redefining problems is a core activity of social workers assessing and processing cases. Apart from the profession being part of the boundary work, various views among the political managements of municipalities and urban districts lead to differences in organising social work, with consequences for how problems and needs are categorised.

Internal 'gate-keepers' handling cases within their different departments can reject them or refer them to each other; but it might be enough for a social worker to hold the conviction that a team will reject a case for a transfer not to be carried out: 'The crime is not sufficiently serious. The investigation team does not want this type of case. I have tried with more serious cases than this one and know that there is no point.' (SW.G:3)

The social worker's scope for discretion in this case is to argue for investigation vis-à-vis the investigation team and to inform and motivate families to take contact themselves with the informal advice and support unit.

Local procedures and routines—to do things the way they always have been done—appear sometimes be a reason for not doing anything at all. The social services must also respond to other authorities' or care-givers' rules and regulations; different treatment programmes often require an investigation to be carried out before granting treatment.

Time and distance are further dimensions that show the organisation's need to limit client contact in order to accomplish its task (Johansson, 2007).

The most common way of making a primary assessment was by one or two telephone calls to a parent and/or to the reporter. Scheduled meetings with parents and child were more common if the child was a youth suspected of a crime: 'Not been able to meet with the boy. It's the work pressure. It's been enormous since last September.' (SW.G:4)

A consensual ideology

Working with competing goals is a difficult mission for social worker commitment. A 'consensual ideology' for handling the competing goals has therefore appeared where parents are categorised as either *co-operative* or *unco-operative*. The co-operative/unco-operative label was an indicator that pointed in both directions. An investigation initiated with a co-operative parent was looked upon as more likely to succeed, leading to a greater chance of an adequate intervention. On the other hand, an investigation might sometimes jeopardise existing good co-operation with the risk of destroying earned trust. In the case of one self-harming thirteen-year-old girl who also had been involved in stealing and had problems with her parents and at school, the social worker only met with the mother: 'If the contact was broken off I would make a report . . . It's the mother who is asking for help and everything hangs on the fact that she wants to continue to have this contact.' (SW.J:4)

Another case in which the social worker had no hope of co-operation led to the same conclusion—no investigation. She is to meet with a sixteen-year-old boy together with his parents. The boy has been reported on several occasions for shoplifting and for possession of a knife and other weapons. The parents have an ongoing custody dispute, and she describes the father as hating the authorities: 'They [the parents and the boy] would never come. Didn't even inform them of the support- and advisory unit. His father is reluctant and does not co-operate. There's not sufficient to proceed on.' (SW.G:5)

Here, the social worker balances the possibility of forming an alliance with the parents against the possibility of coming through with an intervention by starting an investigation without the parents' consent. The risk of not having enough evidence for a compulsory intervention is assessed as too great and she decides not to investigate.

When voluntary services are turned down by parents, the predominant argument is that they are not co-operative—not that the services are perceived as meaningless. This lack of awareness of the dynamics going on between families and workers is also shown by Buckley (2000). To offer voluntary counselling may be a way for social workers to try to motivate parents for services and not lose contact with the child and insight into its situation. It is also what the law prescribes. Only when conditions are very severe (significant harm extant or expected) and no consent can be obtained is the compulsory act to be applied. Interpreting what is 'significant harm' and when to give up on parents' ability to change is extremely difficult. It is also an emotionally demanding task as well as a demoralising one when solutions are not as adequate as one would wish (Munro, 2002). The consensual ideology is a way of avoiding difficult decisions that go against the parents' and the young persons' outspoken will.

At one of the agencies, the routine was not to see the child at the primal assessment deciding whether to instigate an investigation. This counted especially for minor children. The following statement was made even though the social worker had assessed the social situation of the child as unsafe and believed that a new report probably would come in again soon: ‘Unless the mother can change there is no point in meeting the boy.’ (SW.D:7)

If no acute situation is perceived, responsibility is put squarely back on the shoulders of single mothers and the children themselves, leaving them to arrange their situation as best they can.

Low expectations—often due to *previous knowledge* of the families—may result in cases being looked upon as ‘hopeless’ and serve as an indicator for sorting out rather than as an indicator of risk, to be investigated. This resignation may be due to the fact that these clients have been investigated before, but that conditions in the family have not changed and it is hard to see what intervention it might be appropriate to offer. If the child’s situation has been poor for a long time, this can be an argument for not investigating or proposing interventions: ‘She has always been a problem and the school is not very worried.’ (SW.G:2)

In one example, a young mother contacts the voluntary advice and support unit because she wants to participate in treatment to strengthen and support the mother-and-child attachment. However, the treatment centre requires an investigation first to be made by the social services. After receiving this information, the mother does not come back and the case is closed. The social worker is worried about the mother’s parenting ability when she observes her with her children and describes her as insecure and isolated. She believes that the mother needs support but does not think that an investigation would help. Her manager has told her that there is no point in working with the mother, who has been a known client for a long time, having grown up in an environment of substance abuse. She is now a single mother of two children, their father a substance abuser who has shared parenting but does not cohabit with the mother:

‘These families are common. Based on my experience not all endure. This is especially true if like this mother you are so uncertain and so easy to run over, then the type of treatment the mother is asking for does not provide sufficient help. . . . the mother can hide, [but in the children] symptoms eventually will surface at school, perhaps already in pre-school.’ (SW.F:20)

The conception of the mother as a ‘hopeless case’ results in letting her go when she does not come back and in not referring her to the investigation unit. Not only is this an example of low expectations on the part of the social services towards disadvantaged families, but also shows the invisibility of the child. The defeatism towards the mother spills over to the children, who then do not receive the help the mother is asking for and which the social worker also thinks they need. In addition, the organisational conditions—in case the mother should seek support at the voluntary

advice and support unit—contribute to the case being closed. The preventive ideology of this unit is an expression of what turns out to be successful to some degree, if not fully. This mother, with her complex situation, instead of being offered a variety of interventions and support, encounters apathy. This kind of parent might more easily turn to service givers where she does not feel that her parenting abilities are so heavily put in question as in this case. When the prospect of an investigation is brought up, it is perceived as so threatening that she disappears.

Discourses on sex, family, crime and punishment

Gender-specific variations in assessments reveal that the child welfare system reflects and reconstructs ideas and conceptions about sex and parenthood into categories. The '*motherhood discourse*' divides single mothers into limited categories that help the work of sorting. The social services become a sort of compensating parent, which enters the scene when the mother is categorised as not capable. Being 'capable' implies not only that mothers can cope with difficult situations by themselves and still care for the child, but also their ability to protect the child from violent fathers: 'The father is in treatment for his drug abuse. An assessment has already been done that the mother takes good care of the child and protects it.' (SW.B:76)

Consequently, capable mothers are sorted out and not given the services needed from a welfare perspective, since the child is assessed as 'not at risk':

'It is not the mother we are investigating . . . I think she needs concrete help, you know how it is, she is very capable, solid; she holds out and she can bear it. She manages, but I think she would need a little practical help. [It is for the sake of] savings, if it is really, really bad and we see that there are needs, then OK . . . , if there is real chaos. However, she manages the children, she manages her daily life. I am thinking here as an investigator and not as a social worker.' (SW.D:35)

Cases are closed or referred to other units or organisations, depending on whether the problem is defined as pedagogical, psychiatric, material or normal. When parents give a good impression, have well-kept homes and the children are deemed well-adjusted at school, it is likely that the children are assessed as non-eligible for investigation and interventions. The greater probability for girls to be investigated might reflect gender attitudes in which girls are looked upon as vulnerable and more of victims, as distinct from boys, who are viewed as perpetrators and thus more responsible for their own actions.

Results show a greater reliance on the information coming from professionals than the information in reports and applications from individuals. This especially goes for anonymous reports: '...how worried are we if they don't dare to stand for it?' (SW.N:60)

Law and regulations

An overwhelming *discourse on risk* is detected and this can be connected with the organisation's need for narrow categories with distinct criteria for eligibility. The aspects of protection are emphasised in the intentions of the Compulsory Care of Young Persons Act (LVU 1990:52) as distinct from the Social Services Act, which has a predominantly welfare perspective.

If the situation is categorised as *acute* and the report contains information on suspected *physical or sexual abuse*, and the child shows obvious signs or symptoms similar to those described in the (LVU) Act as risks for children, an investigation is started: 'This concerns suspicions of child abuse that is serious and in need of investigation.' (SW.N:102) Common arguments for not investigating are '*situation not acute*' and '*no evidence*'. This is not surprising when case workers are forced to make priorities. The acute and the conspicuous will always come first, and investigations due to need aspects as formulated in the Social Services Act are down-prioritised.

But there are examples that show that social workers can use their discretion to sort in 'typically' non-eligible cases. This is illustrated by a social worker who receives new local guidelines. They prescribe that all applications for relief are to be rejected if the parent's capacity to care for the child is not in question. This means that legislation on the right to assistance (Social Assistance Act, Chapter 4:1), which demands investigation on the basis of need (Chapter 11:1), is set aside. She is upset that she is not supposed to help a single mother with a chronic disease who wants practical help with her daughter during a hospital stay. 'We are not to initiate an 11:1 investigation under the new guidelines. I think this is wrong.... We are not allowed to offer home carers unless it is very bad.' (SW.C:75)

But she finds a way around the framework. By redefining the client's problems as an 'approved' problem, in this case 'family conflicts', she can initiate an investigation and decide on the accessible help (voluntary counselling at the informal support team). In this way, she is able to provide support, even though it is not the service that the client had applied for.

Cost consciousness and lack of services are important factors in determining who is to be responsible for actions and influence decisions. One consequence is that social workers have to be cautious about parents' and young persons' own proposals—an attitude that comes in conflict with important principles about respect for the individual's autonomy in the Social Services Act and its emphasis on partnership and involving clients in solutions (Government Bill, 1979/80:1). The following case illustrates this:

'The mother sees that the school counselor's offer is a better option [than support family/contact person]...but the counselor says she is only offering information. It's all right but it costs too much and should therefore not be the first intervention. The counselor has upset the applecart.' (SW.M:20)

In case clients reject the support offered, there is the risk that this will be interpreted as evidence of their lack of co-operation and not as a sign that the intervention is not appropriate. Frustration is sometimes expressed among the social workers that they cannot always offer interventions that the clients need.

Discussion

The process pattern takes the form of a heavily tapered funnel. Eligibility to services and interventions seems mainly to rest on risks to a child's development in a very narrowly defined way. More vague suspicions of neglect and mistreatment or of parents' drug or alcohol abuse—a more 'hard-to-prove' category—the probability of investigations and interventions. Intensive and varied support in the form of in-home treatment is rarely granted; more often used as a solution are out-of-home placements for the children. Considering the tough situation of many children, the too loose or too extensive types of services may indeed be queried.

Results imply that promoting children's welfare by offering appropriate and demanded services is not key priority. Neither do the results reveal a protection model. Many reports of concerns and application for help are not looked into in any systematic and thorough way.

One way to understand practice is to look upon child welfare as a typical human service organisation with ideologies and professional discourses as well as restricted resources and services to hand. Typical features of such an organisation are a high degree of formalisation and close following of laws and regulations at the same time as it is an open system depending for its legitimacy on the norms and values paramount in the surrounding environment. Goals and technologies are often unclear and contradictory—a dilemma the profession seeks to solve by developing practice ideologies that legitimate methods based on moral and ideological grounds (Meyer and Rowan, 1977; Hasenfeld, 1983). Social workers have a gate-keeping function while categorising individuals' problems to fit standardised solutions and decide *eligibility* to services by using their discretion (Lipsky, 1980).

The inflow of information on problematic family situations together with high work pressure creates a focus in child welfare on the sorting—and gate-keeping activities when deciding eligibility of the 'right' clients to scarce services. The risk of losing sight of the few reports on small abused children is every social worker's nightmare. Considering the double character of the child welfare system to support and protect, preventive services and interventions of support are put up against the more acute and spectacular cases. Risk anxiety (fear of missing the serious cases) stands out as an important factor and can be attached to the risk discourse in society today, with its general concern about what harms children and childhood.

These concerns become extra strong in child welfare, with social workers constantly under the threat of media accusations that they do not guard and defend vulnerable children—a circumstance that influences the direction of social policy as well as social workers' assessments (Parton *et al.*, 1997; Munro, 2004). The risk concept also fulfils a legal function and its legal use is reflected in legislation and in expectations on parents not to risk their children's health and development.

Gender-related attitudes in decisions appeared in assessments of children's behaviour, with a higher probability of girls being investigated through reframing problems into relationship problems, whereas problematic adolescent boys were not investigated unless a crime was involved and it was considered a serious one, reflecting a more penal understanding of social problems. Gendered assessments were also reflected in the categorisation of single mothers as 'capable'—a category equal to 'not eligible for support'. This also points at a growing emphasis on individuals' own responsibility and reflects changes in social policy and in society as a whole.

To be able to perform the job and cope with high work pressure, social workers have to ration their time and commitment and make heavy-handed prioritisations, shown in the practice of primary assessments being done by telephone. This in turn raises the thresholds for eligibility and leads to work that is fragmented and reactive, with emphasis on documentation and control rather than on support in a long-term perspective. A more dynamic client service is time-consuming so the risk is that families with complex problems that do not fit into the narrow categorisations get sorted out (Broadhurst *et al.*, 2010; Munro, 1996). In the original study, an analysis was also done for factors associated with intervention/support (Östberg, 2010). One noticeable result was that the reported problem, 'parental neglect', showed a statistically significant lower probability of the child being granted interventions and support compared with any other set of problems. Earlier research shows that 'parental neglect' is a category that is often linked to poverty (Swift, 1995). These families present a demanding task for the social services in terms of both resources as well as emotionally.

With consensual ideology as a tool, there is the risk that these families' difficulties and situations of poverty in combination with other problems are neglected. If they are viewed as 'hopeless' and 'unco-operative' and no acute situation is at hand, responsibility is put back on the shoulders of the single mothers and the children themselves, leaving them to arrange their situation as best they can. This makes child welfare into a practice where difficult social conditions are interpreted in an individualised manner. A majority of the families lived under economic restraints and in a marginalised situation. This confirms national data that families living on welfare, unemployed, single mothers, ethnic minorities and children whose parents are foreign-born are heavily overrepresented in child welfare (National Board of Health and Welfare, 2006).

The labelling of parents as co-operative or unco-operative shows social workers' tendency to ascribe co-operativeness as a characteristic trait of the parent rather than a result of the interaction of the parent and the worker. A worrying unawareness of social workers' own impact on their relationship with the families is demonstrated.

The focus on women with children shows a gendered organisational culture and confirms former studies on the kind of professional knowledge and values that influence the field of child welfare (Ulmanen and Andersson, 2006; Scourfield, 2003).

Results show that, for political managements, a solution to the dilemma of reduced focus on preventive and service-oriented social work may be to separate the investigation and protection work from the welfare work. In authorities where this is possible, social workers to a large extent use the filtering process to motivate families to make contact with the informal advice and support unit both before and after investigation. However, while this kind of support may be appropriate for a certain category of clients, such as those conscious of their own problems and capable of taking help from experts, the typical family encountered in child welfare often needs more intensive and varied support.

Even if the existence of an advice and support unit probably would increase the demand for services from new groups of families, the question can be asked whether these are a priority for child welfare. As Hayes and Spratt (2008) argue, social workers develop risk filtration practices that paradoxically provide specialist services neither to the narrow range of families with multiple needs, since they are concentrating on child protection issues in the present, nor to the broader range of referred families, where problems that are identified at a much earlier stage get services, because they do not reach child protection elimination levels.

Statistics on long-term outcomes for 'child welfare children' show an overrepresentation for criminality and psychiatric health problems compared to a normal group. This goes to a higher degree for those where interventions are decided on compared to those investigated with no interventions in the end (Sundell *et al.*, 2004). A possible explanation to these results is that interventions have not prevented future problems and that there is a discrepancy between policy goals and possibilities to reach them.

Conclusions

The emphasis in the Social Services Act on family service and parent co-operation as part of the solutions offered and with principles of client autonomy goes hand in hand with an emphasis on protection and the child's perspective—a difficult mission that calls for social worker commitment and a long-term perspective in work with families. Unfortunately, these

are values that do not coincide with the organisation's rationality and restricted resources. The propensity to follow rules and procedures may increase, discretion not being fully used, and clients get only what the organisation decides it can offer, not what they need.

One way for practice to make sense of dilemmas integrated in child protection is the use of practice ideologies and rationalisations based on moral behaviour rather than risk. Referring to Buckley (2000), the problem lies both in policies that assume problematic conditions for children to be processed within a bureaucracy and in the pessimistic and unreflective acceptance of the workers that little else can be achieved. But, as Munro (2011) points out, a clearer distinction is needed between rules and professional guidance in supporting the professional expertise.

A 'consensual ideology' appears that interacts with structural restrictions on discretion. Where no distinct criteria for eligibility are at hand, voluntary counselling is offered, mainly directed to mothers. This makes child welfare into a practice that disowns responsibility and where difficult social conditions are interpreted in an individualised manner. Although legislation emphasises the preventive and welfare perspective with a focus on the child leaving municipalities with considerable leeway to produce a variety of services and interventions, practice works on the basis of another kind of rationality. The institutional conditions of child welfare in combination with restricted resources lead to discretion being used to keep clients away from the social worker instead of working close together with them.

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