

Article

# **Welfare regimes and social workers' discussions of social problems and professional roles – a comparative study of Chile, Ireland, Lithuania and Sweden**

by

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## **Abstract**

This article compares social work in countries representing four different welfare regimes: Chile, the Republic of Ireland (refer to elsewhere as 'Ireland'), Lithuania and Sweden. The aim is to examine how social workers in different contexts refer to families' complex needs, how contextual factors influence social workers' positions and actions, and how they make sense of their work. Social workers in 15 focus groups, 4 per country except for Chile with 3, were interviewed about their conceptions of 'family', 'families with complex needs', and reasoning about interventions in relation to a fictitious complex case vignette. The understanding of complex needs appears relatively individualized in Chile and Lithuania, while contextual factors were more pronounced in the Irish and Swedish material. Chile, exemplifying a familialized family policy regime, reflects a poverty-compensatory social worker role that also supports familial reproduction; Ireland, a partly de-familialized regime, reflects a supportive and risk-reactive role; Lithuania, a re-familialized regime reflects a patriarchal risk-reducing role and Sweden, a de-familialized policy regime, reflects a rights-oriented and technocratic role. Welfare regimes shape different social work practice contexts. However, to some extent, social workers around the world share a common work ethos in how they, for the best interest of the people they work with, deal with the cross-pressure from social problems and political-ideological priorities.

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## **Introduction**

Social work is contingent on contexts that, in interaction, create an intricate web for each social worker to navigate. The understanding of social problems and needs, historical, economic and cultural developments, and organizational and political assumptions are all interwoven as elements in this web (Healy, 2014; Payne, 2012). Social workers need to be aware of how globalization and political values (such as socialist, neoliberal and neoconservative) influence how needs they meet are conceived and addressed, and how structural conditions for practice affect both what can be done to meet these needs, and how this can be done. Research in this area amplifies the arguments that comparative studies are crucial for this awareness (Payne, 2012) to illuminate the way in which welfare regime ideologies shape social work practice contexts (Rush & Keenan, 2014).

The analysis presented in this article is based on empirical studies of how social workers in the four countries refer to and discuss family complexity and how they view their professional roles when working with families within their different organizational and political contexts. We aim to examine how these social workers conceive complex needs and how contextual factors in four different welfare regimes influence their positions and actions.

Globally defined as a practice-based profession and an academic discipline (Ioakimidis & Sookraj, 2021) social work may vary between countries and policy systems. However, much social work is focused on work with families and children. By looking specifically at the conditions for family-oriented social work, the contextual features may become clear and visible, ranging all the way from the behaviour of the separate family members, via relationship problems and issues of housing and subsistence, to the function of predominant family norms and values, and national and supranational family policies or family policy regimes.

## **Social work and its contingency on context**

The context for social work with families involves, globally speaking, unequally distributed challenges due to the evolution of new family forms, family policies and family values. It also involves different ways of organizing social services, and how

laws and regulations govern social workers and provide them with different levels of discretion. These contextual conditions imply that social workers' conceptions of the problems they work with, and their practices may differ depending on where in the world they practice. Jewell (2007) showed that the regime-specific welfare programme-level designs have an impact on frontline workers' norms, and Bacchi suggested that the welfare regime influences how caseworkers conceive of problems that lie behind the need for social aid (Bacchi, 1999).

On the other hand, there are counter-discourses with arguments for a 'common core or essence unifying the diversities and complexities of contemporary developments in social work' (McDonald et al., 2003:192). While the idea of transnational features of social work has been debated over the years (Midgley, 2001), more recent comparative studies seem to favour the idea that there are identifiable core-like expressions among social workers in different countries or in diverse contexts, (Lyngstad, 2013; Nygren et al., 2018). However, we need to temper such 'essentialist' formulations, and not lose sight of differences due to the variation in contexts (McDonald et al., 2003). Previous research shows that the impact of context on social work practice is a complex issue (Khoo et al. 2019; Fook, 2016). The comparison of social work in Australia, the UK and the USA by McDonald et al. (2003) is a striking example of research that takes this complexity of the context seriously, concluding that the notion of a common professional project for social work has limited utility (McDonald et al., 2003). The oscillation between such centrifugal and centripetal views (Weiss, 2005) is also reflected in the global standards for social work education and training of the social work profession (Hugman, 2010), and in the IASSW and IFSW global definitions of social work and the Global Social Work Statement of Ethical Principles (Ioakimidis & Sookraj, 2021). Obviously, context matters for why and how social work is done, but context appears to be interwoven with globally prevailing ways of carrying out professional social work missions.

### **Different welfare regimes and variation in familialization**

We use the term 'family policy regimes' to identify differences between the four countries of the study (Nygren et al., 2018). A regime in these terms can be seen as a distinctive set of policies for the support of families (Engster & Stensöta, 2011). The

regime concept is complex, including not only regulations of rights, allowances and services, but also regulation of family formation. Social workers act at the interface between family problems and family policies, so there is a pressure to act that depends on the one hand on how problematic and demanding the family situation is, and on the other hand on what the policy indicates as rules for action. The policy prescribes in which situations the state must intervene, with which measures and the level of responsibility of the civil servants that carry out the family policy on the ground level.

The orientations of family policy can specifically be understood as levels of familialization, i.e. how family policies contain expectations that the caring needs of children, the elderly, the disabled etc. are to be met by the family. The analytical idea that this concept represents was boosted by the debates following the well-known work by Esping-Andersen in his *Three worlds of welfare capitalism* (1992). Feminist critique emphasized the importance to include gender into the analysis of welfare states (e.g. Orloff, 1993; Lister, 1994), after which followed a development where familialization and its opposite de-familialization were at the centre of the analysis (Sainsbury, 1999; Esping-Andersen, 1999). In the analysis of family policy, there is a variety of views upon how the state regulates caring responsibilities. Leitner made a distinction between welfare regimes that 'rely on and actively support the family as the main source of care provision' and regimes that 'attempt to relieve the family from caring responsibilities' (Leitner, 2003:357). This way of looking at family policy includes a number of social services, e.g., elderly care, children's day care and social work with complex needs. Since these categories exclude policy systems without 'active' family support, Leitner developed three ideal types of familialism: explicit, implicit and optional (Leitner, 2003). According to Leitner, explicit familialism signifies a lack of public and market support, and policies that force the family to take on necessary caring responsibilities. The implicit version leads to a similar result as the explicit, but without spelling this out clearly. If there are neither political ambitions nor alternatives available, caring is 'automatically' a family business. As a third type, optional familialism has typically appeared in Northern Europe with high ambitions to develop publicly funded services and supportive care policies. In these cases, the caring function of the family is strengthened, and to substantial degrees families are to be unburdened from the responsibility to care (Saraceno, 2016).

A welfare regime is a complex construct, and to understand how social workers' roles as street-level bureaucrats are defined by their contexts, we need to consider not only the macro and local political level(s) of the regime, but also organizational and professional aspects (Meyers & Vorsanger, 2013). To learn more about how specific features of welfare regimes are mirrored on the micro level, we use direct accounts from social workers in four different welfare contexts. The selected countries are typical of four previously identified family policy clusters (Hantrais, 2004): Chile as a familialized system, Ireland as partly de-familialized, Lithuania as re-familialized and Sweden as typically de-familialized. The study is part of the NORFACE/Welfare State Futures research project FACSK/Family Complexity and Social Work (see [bit.ly/FACSK2](https://bit.ly/FACSK2)). For the purpose of this article, we have selected four (of the eight) countries in the FACSK project for more detailed analysis.

## **Methods**

Apart from applying relevant contextual data from national and international literature and statistics concerning the four countries, and their demography and service systems (OECD, Eurostat etc.), an extensive data set was created from transcripts of focus groups with social workers in different types of social services in the four countries. The analysis reported in this article uses data collected in 2016. In total, 15 focus groups, four per country except for Chile where we had three, with between two and 10 social workers interviewed about their conceptions of 'family', 'families with complex needs' and how they would reason and act in relation to the same fictitious case vignette presented to them (see vignette and FG instructions [here](#), for details see also Walsh, Khoo, & Nygren, 2022). The vignette was presented in three stages, in which each stage includes more details to react upon. The same vignette was used in all settings, with the exception that fictitious first names were adapted to typical names of each country.

The research sites were chosen to reflect different organizational types (mainly governmental, but also NGOs), with the groups containing social workers working with child welfare, addiction, migration and mental health. Most focus groups members had social work degrees, but there were also members with other similar

degrees, and some who had a managerial role in their organizations. The focus groups were carried out in different parts of the four countries, i.e., both mid-sized towns, such as Cork in Ireland and Umeå in Sweden, and large cities, such as Santiago de Chile and Monterrey in Mexico. The focus groups were conducted by one or two of the researchers who were part of the FACSK team, and at least one of the conductors spoke the language (Spanish, English, Lithuanian and Swedish), while the other was usually one of the researchers from the project lead team. The focus groups were audio-recorded, transcribed verbatim and, with the exception of the Irish groups, translated to English.

The FACSK research team developed a coding framework, from which we selected categories that addressed reference to both wider service contexts and local organizations, the role of the profession, and the social workers' understanding of complexities in relation to their work with families. Each of the authors, one from each of the four countries, coded and summarized data from their own country. The analysis we carried out was thematic (Braun & Clarke, 2006), and together we developed a comprehensive table in which the contents of each category were represented country-wise (see Table 1).

To work with focus groups in different international and organizational contexts is challenging, and this study shares possible limitations with other studies that apply focus group methodology (Stewart & Shamdasani, 2014). Examples of limitations are uncontrolled group dynamics in cross-cultural settings, moderator bias, separation of practice from theory, too many questions, missing nonverbal data and in-depth understandings, that focus groups risk ending end up as group surveys, and that they elicit superficial consensual data. A limitation of our study is that social services are organized differently at local levels in each country, which leads to challenges in how to select members of focus groups (Nygren et al., 2018).

The FACSK study was reviewed and approved by ethical review committees (or equivalent) in each of the four countries. Since there were no direct interviews with social service users and no sensitive questions, the project was considered to be unproblematic from an ethical point of view.



## **Social work with families with complex needs in Chile, Ireland, Lithuania and Sweden**

In this section, we present the analysis country by country. A general description of each country's family policy is accompanied by accounts from focus group interviews. We present social workers' understanding of family complexity, ideas of discretionary actions and interventions, and how they refer to the organizational and institutional structure they work within. The social workers' thoughts illustrate how social work is framed within the welfare regimes of Chile, Ireland, Lithuania and Sweden.

### *Chile*

The family plays a prominent role in Chilean society, as well as in the day-to-day life of most Chileans. The nuclear family is always related to extended family members, thus providing a network for security and support.

The social policy of Chile has a tradition of strong centralization. The neoliberal economic model put in place since the late 1970s led to a concentration of production, investment and consumption, furthering demographic concentration in the Santiago metropolitan area (Muñoz-Guzmán et al., 2014). Regarding the type of regime prevailing in Chile since 1973, Plehwe (2009) indicates that the military government and its neoliberal approach transferred the former functions of the welfare state to the marketplace and to individual responsibility. In order to encourage private action and create new markets, the typical neoliberal policies of privatization, deregulation and liberalization of commerce were followed (Fischer, 2009; Plehwe, 2009).

In the Chilean social policy arena, there is a strong emphasis on focalization and private participation supported by subsidies. Focalization aims to rationalize public spending and to guarantee that social policy effectively reaches the poorest members of the population: To help achieve that goal, the state has been developing stratification systems to identify the target population, although these systems have failed to improve an equitable distribution of wealth and services (Ocampo, 2008).

Chilean family policy is represented by fragmented sectorial efforts to improve the well-being of children, women and the elderly. For example, there have been recent efforts to establish wide-ranging pre-school education coverage. Apart from the issue of women's opportunities to participate in the labour market, Chilean family policy does not fully respect fathers' concerns, as tuition for children is paid solely to mothers, for example. Chilean family policies still lack a holistic vision of modern families; for instance, they are weak on issues such as lone parents and adoption. However, we can notice that the proportion of children born to unmarried parents increased from 49% in 2000 to 72% in 2015 (Cuesta & Reynolds 2022). Also, regarding adoption, there are about 10 times more children entering residential care than children being considered suitable for adoption (between January and September 2020, there were 1,777 children placed in residential care, and 176 children placed in adoption) ([www.sename.cl/informe-trimestral-2020/trimestre-1-2020-ENERO-SEPT/proteccion.html](http://www.sename.cl/informe-trimestral-2020/trimestre-1-2020-ENERO-SEPT/proteccion.html)).

The analysis of Chilean focus groups provides insights into social workers' understandings and practices. Social workers in Chile view families as being central in their own problems, and they only intervene when families cannot resolve their difficulties, and cannot afford private services. State responsibility and social workers' actions are only activated in the presence of social risk. Since social risk indices are generally associated with precarious social contexts, social workers' interventions are nearly always with families living in poverty. Consequently, the objective of public action is not to guarantee their rights, but to improve their material and social conditions.

The way in which social services are provided tends to define state, courts and social workers as key decision-makers on what would be the best for families. Even though policies recognize the importance of maintaining the family as a goal of social policy and intervention, there is a poor participation of children and families in decision-making processes.

These families have profound and complex interlocking needs that include both health and social issues (Rankin & Regan, 2004). Despite this, the kind of services social workers offer to families affected by mental health needs, disability, caring

responsibilities, migration and asylum seeking, criminal behaviour, drug and alcohol misuse, usually fail to recognize the structure, role and function of various family relationships. Instead, the services offered appear fragmented, focusing on single problems and single individuals within the family. This occurs because the organization of public services is in a sectorial mode, with independent funds, goals and measures of success. The services focus on the accomplishment of specific goals associated with single problems, instead of providing answers to complex and multi-causal family problems. This helps to explain why social workers in the focus groups had to rely on their individual networks and personal initiative, rather than on policies and procedures that facilitated cooperation between welfare institutions.

According to Arce (2018), Chilean social workers are expected to re-construct the social fabric of society that promotes collective projects with the targeted communities. However, in their practices, they are required to follow state policies that reinforce individualism and consumerism, and that discourage collective action.

### *Ireland*

Irish society has been known for having conservative family values (Dukelow & Considine, 2017). The 1937 Constitution enshrines the link between family and national identity, with the nuclear family identified as the 'natural primary and fundamental unit group of society', and as a 'moral institution possessing certain inalienable and imprescriptible rights' (Article 41.2), with women identified as the caregivers within the dominant patriarchal family regime (Louhane et al., 2023). Byrne (2003) argues that in Ireland: 'the story of the family is one of the "great stories" inextricably bound up with the construction of national identity' (p. 443). The relationship between the Catholic Church and the state has been central to the way that Irish family policy has developed. At the inception of the state, the Catholic Church was dominant over most areas of public morality, and in particular family policy. While in recent years this dominance over family policy has waned, it was not until 1996 that the state published its first family policies in terms of principles and objectives (Canavan, 2012). The state has been slow in keeping up with changing practices of families, in which fertility has declined, nonmarital births have increased and there have been significant changes in sexual behaviours, including the

increased use of contraceptives. In addition, there have been a growing number of divorces, cohabiting parents and lone parent families (Canavan, 2012).

There have been some shifts in family values, as represented in recent referendums. In the 1995 referendum, citizens voted only by 50.28% to 49.72% in favour of legalizing divorce. However, in the 2015 referendum that allowed same-sex marriage, there was a much clearer majority (62.07% to 37.93%), and in the 2018 referendum to allow the government to legislate for abortion again, there was a clear majority (66.40% to 33.60%). While there have been shifts in public attitudes toward the family, in general the Irish state has adopted a minimalist approach to providing supports and services for families. Out of some of the richest 41 countries in the world, UNICEF (2021) identifies Ireland as having one of the worst records in relation to policies and services that support parents' childcare roles. While the constitutional support for the male breadwinner model remains, this is being increasingly challenged by the growing number of women in the workplace (Millar et al., 2012). Family values in Irish society have clearly moved away from the teaching of the Catholic Church, however; the government remains slow in developing progressive family policies, particularly in relation to gay and lesbian families (Bracken, 2017), and one of the most enduring legacies of the Catholic Church - the lack of state support for mothers in the workplace - still remains largely unchanged (Laplante et al., 2020). More recently, a Citizen Assembly on Gender Equality (CAGE 2020-2021) has recommended changes to Article 41.2 of the Irish Constitution; however as of this writing this article remains in place, and as Hanlon (2018) argues, the hegemony of carefree masculinities and caring femininities is deeply ingrained in Irish society' (p.50).

The focus groups carried out within the FACKS project in Ireland represented a broad range of services: child protection, mental health, addiction and migration. The social workers that participated referred to the complexity of the newly emerging family forms (e.g. blended families) and families with diverse ethnic/cultural backgrounds. These families also had an increasingly diverse set of issues and concerns. These ranged from more traditional problems of material disadvantage (relying on low social welfare and living in inadequate housing), to 'new' problems (dealing with new forms of stress and addiction, alongside new forms of discrimination and issues related to

migration), as well as the new challenges of parenting in the age of social media. While social workers were increasingly dealing with issues related to migration, they welcomed Ireland becoming a more multi-cultural society, and were aware of their own need to develop knowledge and skills in anti-racist practice.

The Irish social workers in our study gave strong support to family-oriented social work. They often referred to the Irish constitution's emphasis on the family as the 'fundamental unit' of society. While the social workers welcomed this focus on the family, they were less clear about the legal implications of the Constitution, and how this impacted on their day-to-day work. They argued that the male breadwinner family was in decline in Ireland, but that women continued to provide most of the care within families, and that the state continued to provide inadequate levels of childcare.

Social work practice was becoming increasingly complex. They were expected to identify risk, while communicating with families, coordinating interventions with different agencies and liaising with support resources. In all these roles, risk assessment and the welfare of the children were identified as the priority. The focus on determining risk was at times considered frustrating as the social workers would have preferred to have more time to respond directly to individual and family needs, rather than having to always prioritize risk assessment. As part of their focus on families, the social workers highlighted the importance of working with the extended family. The involvement of the extended family was also a clear priority, while not always possible when working with families with complex needs.

The social workers said that they often had to balance enacting state policies with the need to find time to respond to the specific needs of individuals and families. Social workers often noted the lack of childcare resources. They argued that they often had to rely on their own skills and abilities, and those of their colleagues, in the absence of both community-orientated and special services. Support from their colleagues in social work teams was identified as a major factor in ensuring that the social workers were able to undertake their day-to day work.

Insufficient resources were identified as a major constraint to their work. The shift to online recording was liked by some social workers, but there was general concern

about the increasing amount of administrative work that was required. On a more positive note, the social workers were able to identify improvements in the service. The establishment of multi-professional teams, school social work services, and the option of referring cases to specialized childcare services (e.g., mental health or child protection), were all considered useful recent developments.

### *Lithuania*

After restoring independence in 1990, the role of the state was reduced in Lithuania. The neoliberal model of welfare is dominant in the country, as macroeconomic indicators of welfare state spending, income inequality and minimum wage indicate (Aidukaitė, 2018). The drift towards a liberal-marginal model (Kacevicius, 2012) is based on the understanding that the individual or the family has to take major responsibility for its welfare (Aidukaitė, et al., 2012; 2016). This approach is extremely obvious in the sphere of social services, but also in the financial support system. Thus, the economic recession of 2008-2012 led to a reduction of family and child support (Kulbauskas & Nedzveckas, 2018), and services for families were only focused on social work with so-called 'risk families'.

In Lithuania, employment-related social insurances and means-tested family benefits dominate, whereas the development of social services has been somewhat neglected (Aidukaitė, Moskvina, & Skuciene, 2016). With low compensations levels, the system does not protect families from material deprivation. The primary targets of Lithuanian family policy are increased birth rate, decreased emigration, increased family stability and decreased poverty and social exclusion. In a recent study, Lithuanian family policy is named as a 'policy of risk families', concluding that family policy measures are only directed toward families at risk, with financing policy measures being inconsistent with the existing poverty of children (Kulbauskas & Nedzveckas, 2018). Social/financial support for families is restricted to meet *main* needs (MSSL). Some universality of family policy can also be found. On the national level, parental leave is regulated, and in 2018 universal child allowances were introduced. Child protection services, family social work and some preventive projects are state-subsidized. Two main changes have occurred in child welfare since 1 July 2018. Firstly, the child protection system was centralized, seeking to create a

single and coherent system in the whole country. Secondly, on the municipal level, case management was introduced in child welfare aiming to ensure the coordinated provision of social support, education, health care services, community and legal counselling for families (Ministry of Social Security and Labour, 2018).

Focus groups with Lithuanian social workers revealed conceptions of complex needs, professional roles and structural conditions, mostly similar for all the different service areas. In terms of complexity, parenting issues, violence, family relationships, drug and alcohol abuse, poverty, mental ill-health and children's behavioural problems were named as problems that family members face. Lithuanian family social workers (child welfare) mostly saw complexity as a set of individualized problems experienced by separate individuals within the family. Mother 'has alcohol and drug problems', father 'has behavioural and migration problems', etc. As 'the mother's problems' were emphasized in all service areas, social work with families could be named as 'mothers-oriented social work'. Extended family in all sectors was considered as a potential resource, but not in the first stages of a case work. Poverty was regarded as a problem in all service areas with the exception for mental health, where problematic family relations were emphasized.

The Lithuanian social workers reported different roles in relation to complex needs. In all service areas, social workers have the role to investigate, determine risks and needed services, and in the case of risk for a child to report this to both their own organization, and to the child protection office. The police were not mentioned as a report receiver, not even in the child welfare area. The social worker's role as investigator was combined with a controller role, in which the social worker tries to normalize behaviour and return working-age service users to the labour market. Additionally, a therapeutic role was evident in terms of providing consultancy on parenting issues, motivational talks to enter treatment programmes, finding inner and outer strengths and resources, and seeking to empower service users for change. In most of the focus group accounts, the interventions would be focused on individuals, mainly the mother, the alcohol and drug abuser, the father as physical abuser, or in the case of migrants, to support a mother's rights to take care of her children and to prevent the immigrant father from taking the children abroad. In the area of child welfare, social workers described the need to talk with spouses together, and in

mental health they used both group therapy and family therapy. These approaches were mentioned as methods in social work, and as exceptions to the prevalent individually based approaches.

The problems that social workers deal with require inter-professional and inter-organizational collaboration. Cooperation between family social workers, child protection officers, schools, politicians, NGOs and public organizations were evident in the focus groups data, while some competition was especially evident in the working relations between family social workers (child welfare) and child protection officers. From some accounts, it seems that both organizations moralize or attempt to control each other, and make efforts to transfer responsibility for family cases to one another in a kind of a 'buck-passing' game.

### *Sweden*

In Sweden, the position of the family has been weakened due to a high rate of divorces, many unmarried cohabiting couples and increasingly diverse family forms. However, as in the rest of Scandinavia, the family increasingly appears to have recently recovered with more stable marriages and partnerships, and increasing fertility rates that have come closer to matching actual preferences (Esping-Andersen, 2016).

The Swedish welfare state can be described as a composite of universal policies, full employment and economic and gender equality (Earles, 2011). This 'social-democratic' model seems to have remained in most aspects, even though neo-liberal ideology has made a significant impact with increased marketization, individualization and influences from New Public Management.

Sweden's family policy has promoted high rates of female employment combined with relatively high fertility rates. Reflecting the ideas of universal access to systems of income maintenance and social services, Sweden's family policy is in the comparative literature labelled as de-familialized (Hantrais, 2004), since the measures contribute to relieving families from economic and caring burdens. In the Swedish welfare system, the state can, and is obliged to, intervene into family life in



order to promote equality, address needs and, ideally, achieve decent levels of subsistence for all citizens. The measures to accomplish this are applied both on a national level, with for example social insurances, regulations of parental leave, and state subsidies of childcare services, and on local levels with health care and extensive social services to meet a variety of needs and social rights.

Focus groups with Swedish social workers revealed conceptions of complex needs, professional roles and structural conditions. To start with complexity, their reasoning evolved around risk aversion, and how to avoid situations of domestic violence. Complexity in these matters had to do with relationships and responsibilities within families, and how they are affected by the presence of violence, alcohol and drugs. Also, the role of the extended family/network could be part of the complexity, with both negative and positive sides. Besides risks of abusive behaviour, the Swedish social workers saw unemployment and (child) poverty as part of the complex picture.

The Swedish social workers reported different roles in relation to complex needs: They had the role of determining risks and needed services, as well as investigating situations and reporting to both their own organization and to other authorities (the police in the case of crime). However, depending on the position in the organization, this role as investigator was complemented with therapeutic roles. The focus group members talked about the need to win service users' trust, to motivate, support and help, and even act as a 'substitute parent' when necessary. In most of the focus group accounts, the interventions would be focused on individuals, either the child, the alcohol or drug abuser, the mother, or in the case of migrants, to accommodate to a new country. Only on the margins did the social workers refer to working with family relations, or other less individualized interventions.

Focus group discussions reflected values that to a large degree had to do with individual clients: risk aversion, having a child focus, avoiding blaming the father or the mother, and the importance of co-action with the client. They also reflected on how medicalization and the requirement of diagnoses had an individualizing impact on their work.

The individualistic patterns were also recurrent in the focus groups when they discussed their positions in relation to the organizational structure. Depending on the risk for children or risks of violence between adults, laws and regulations were often referred to as duties to intervene, e.g., to report, call the police, start an investigation, formalize foster care and to decide about voluntary or mandatory actions. Particularly in child welfare, the focus group members expressed the view that their discretion was limited, due to legally specified obligations to investigate and report.

The organizational structure can provide the necessary cooperation with partners such as schools, health care services and police, but it was also characterized as specialized, fragmentized and challenging. Functional communication with other authorities is not always easy to achieve, and the issue of confidentiality could be a hindrance in some complex cases. Additionally, economic cutbacks and too little time were mentioned as organizational restrictions for both direct services, and for teamwork with other professions.

### *Regime-specific patterns for social work with families with complex needs*

In this section, we present summaries of the analytical findings in three tables. In the first, the general contextual conditions in Chile, Ireland, Lithuania and Sweden are presented. In the second, we present a condensed analysis of focus group data from the groups that were carried out in the four countries, and in the third table we reduce the analysis a step further, and present the four countries as ideal types in relation to three dimensions: understandings of needs, context and social workers' roles.

**Table 1:** Family and social policy in four welfare states: Chile, Ireland, Lithuania and Sweden

	CHILE	IRELAND	LITHUANIA	SWEDEN
	Family policy regime			
	Familialized	Partly de-familialized	Re-familialized	De-familialized
General family values	Strong familistic values, significant role of extended family	Strong familistic values, significant role of extended family	Mixed traditional/ secular familistic values.	Individualistic, but recurring familistic values
Family policies	Centralized, neo-liberal, market-oriented	Residual historically, but increasingly active in distribution of care and supporting work-family balance; Supportive of the male breadwinner family, but open to alternative family forms	Neo-liberal and selective; Explicit familialism; Austerity policies put pressure on families; Focus on 'risk' families	Universal but increased NPM; Relief of burdens of care and subsistence; Focus on gender equality and female labour market; High state involvement
Social services	Universal coverage, but low level, selective according to need; Strong focalization towards the poorest; Political drive towards privatization	Selective services; Family-oriented, relatively high reliance on unpaid services from relatives	Fragmented services with limited coverage; Partly family-oriented; Decentralization and underfunding lead to uneven distribution of services over the country	Universal coverage; Selective according to need and risk; Decentralized to local government; Relatively generous, mostly means- and/or needs-tested; Focus on individual's rights to get support, child focused services

**Table 2:** Social workers' views on the organizational context, their roles and views on family complexity in four welfare states: Chile, Ireland, Lithuania and Sweden based on focus group data

	CHILE	IRELAND	LITHUANIA	SWEDEN
	Family policy regime			
	Familialized	Partly de-familialized	Re-familialized	De-familialized
Organization and collaboration	Sectorial and /or specialized leads to individualization and simplification of problems; Collaboration depends on personal engagement	Specialization and interprofessional collaboration; Both multi-professional teams and specialized services	Some organizations available for cooperation; Some interprofessional competition; Can appear as a buck-passing game	Wide range of other services accessible; Silo format due to specialization and confidentiality around clients; Fragmented organization structure
Role of social workers	Support of familial reproduction; Strengthening the social fabric; Upholding consumption; Responsibilization of individual; Focus on the poor	Combination of family support and protection from risks; Child focused; Coordination of care and services	Determining risks, control, reporting, elements of therapeutic intervention; Most focus on individuals', especially mothers', or families' responsibility or problem behaviours	Combination of rights-based support and control; Specialized services, collaboration with other authorities; Risk in focus; Affected by medicalization; Duty to intervene; Discretion often delimited by regulations
Social workers views on family complexity	For family to solve problems; Risk-oriented; work with lower classes; Improvement of conditions, rather than focus on rights; Broad and deep needs	Multi-problem families and families with many children; Reconstituted/ blended families. Immigration and differing cultural views on family; State-family responsibility distribution reflects contextual complexity	Set of individual problems; Especially related to mothers' roles; Organizational problems are part of complexity; Contextual factors on macro levels such as unemployment and poverty are mostly neglected	Risk aversion, relative to relationships in family; Extended family can be both good and bad; Complexity includes contextual factors such as unemployment and poverty

**Table 3:** Main understandings of complex family needs, contextual factors and social workers' roles in four family policy regimes; Condensed from focus group data

	Chile	Ireland	Lithuania	Sweden
Understanding of complex family needs	Individualized	Complex and new family structures; Multiple problems and risk-induced	Set of individual problems; Responsibilization of mothers	Context-induced risks related to family relations
Contextual factors	Downplayed	Partly emphasized: migration, insufficient state resources	Downplayed	Emphasized
Perceived role	Poverty compensation; Support of familial reproduction	Supportive, risk-reactive	Reduce negative impacts of patriarchal systems	Rights-oriented, technocratic

## Discussion

In this paper, we have explored how social workers' understandings of their work roles and contexts mirror the characteristics of four different welfare states. Our idea was that social workers' reasoning about their professional role and their propensity to act are conditioned by the welfare system, by how they conceive the problems they face, their working conditions, as well as the broader cultural and economic situation which they are active within. The focus groups allowed social workers to reflect on one and the same typical situation, the case vignette. We obtained nuanced, often unique and individualized expressions and statements, which could be linked with general patterns of the type of welfare state that provided the work context for the members of the focus groups in the four countries.

The patterns of social workers' orientations in the four countries are represented in the analysis, summarized in Table 2. The understanding of complex needs appears relatively individualized in Chile and Lithuania, while contextual factors were more pronounced in the Irish and Swedish material. Chile exemplifies a familialized family policy regime that comprises a poverty-compensatory and a social worker, and a 'reproductive' role that supports families' capability of child-rearing. As a partly de-familialized regime, Ireland reflects a supportive and risk-reactive role. Lithuania, a

re-familialized regime, reflects a patriarchal risk-reducing role and Sweden, a de-familialized policy regime, reflects a rights-oriented and technocratic role.

The analysis of the four countries indicates that working conditions of social workers vary according to the country's position on a de-familialization/familialization scale. There is a significant variation between the countries on the system level, e.g., how welfare organizations are generally structured, so the patterns of this study fit well with most other research on family policy regimes (e.g. Boje & Ejrnæs, 2012; Hantrais, 2004). At the same time, comparative research on family policy faces a real challenge through the way in which the welfare state distributes the responsibility to decentralized levels. Indeed, it can sometimes be claimed that the differences within a country can be greater than the differences between countries. There are poorer and richer regions, and there are big differences between local governments in terms of the severeness of social problems, tax base, age structure, density of population, etc. Also, with some countries with a far-reaching distribution of political power, there can be ideological differences between local communities in terms of how they apply neoliberal political control.

In Sweden, an example of far-reaching decentralization, family services are generally organized at a local municipal level (290 municipalities with locally elected political steering bodies). Social workers in some parts of the country operate in municipalities with a large share of private service providers, while in other regions this share is close to zero. In some of the municipalities, the social service board has a right-wing majority, while in others it can be a sometimes strong left-wing majority. In other words, it is not only a matter of legislation and formal structure that lead to institutional fragmentation, but even more perhaps, a result of implementation of policies in which both local authorities and the profession contribute to what Rauch labelled as an 'implementative institutional fragmentation' (Rauch, 2005). For the analysis in this study, this kind of fragmentation of the welfare state leads us to be more cautious about how we generalize our findings to the country-level.

The analysis reveals a typical individualizing pattern in Chile and Lithuania. Another study in Lithuania shows that the issue of dysfunctionality of parents is the prevalent feature of the problem frame in Lithuanian child welfare, while a lack of accessibility

to services was not problematized by child welfare professionals. This reflects a rather neoliberal-based professional attitude to social welfare (Naujanienė et al., 2021). Are Irish and Swedish social workers then more likely to adopt a whole-family approach? From other studies of Swedish social workers working with families' complex needs, it has been shown that even if the organization labels its service users as 'families' and parts of the services are explicitly family-oriented, many activities and interventions are still directed to individuals due to the social legislation's emphasis on individual needs (Gümüscü et al., 2014; Khoo et al., 2019). In a way, families are deconstructed and then reconstructed in the service process (Gümüscü et al., 2014). It is plausible to say that while Sweden's family policy is defamilialized in general, there are parts of the policy that are highly individualized and also push responsibilities back on the family, especially in the personal social services, which were part of our study (child protection, mental health, addiction and migration) (Nygren et al., 2018). Nonetheless, our study shows that even if much of the work is related to individuals, the social workers' understanding of the problems they work with is context-oriented. Their references to social context are also present in their reasoning concerning possible interventions in the situations they were introduced to via the focus group interviews. As an example, this was reflected in the Lithuanian focus group, in which the social workers were still struggling with the post-Soviet refamilialization that could be seen both because of the economic retrenchment of the welfare system, and as a way in which conservative and religious ideologies came to influence the role of the state vs. the family.

Besides this institutional fragmentation, there is also variation on the problem level, e.g., the consequences of different family structures, family cohesion, migration patterns and refugee reception. This variation prevails, even though all countries bear witness to neoliberal welfare policies that add to both the pressure on service organizations to be efficient, and to increased inequalities and social exclusion. Even if our comparative analysis revealed significant differences between the four countries we studied, there is still much to be learnt from comparative studies about the mechanisms in play between the welfare state regime context and the profession's capability to respond to work challenges. We agree with Rush and Keenan (2014), who argue for the use of national case studies of social care and

social service systems for 'comparative analysis to shed light on the way in which welfare regime ideologies shape social work practice contexts' (p. 1450).

Globally speaking, professional social work is always carried out in a cross-pressure between institutional structures and the dynamics of complex needs, social problems and living conditions. This cross-pressure is also embedded in historical, cultural and religious traits that add to the complexity that social workers face from around the world. Institutional structures have to do with how nations organize social work services and allocate resources, and how political values influence how and why social workers may intervene in people's lives. But there are also 'discourses within the profession of social work' that interact with these pressures (Payne, 2012, p. 134). According to our study, it seems that despite the variation on the system and problem levels, in many ways social workers in Europe and Latin America share a common professional ethos. This can be seen in how they understand the role of the family, and the ways in which they regard structural restrictions for their actions in relation to families with complex needs (Lyngstad, 2013).

In this article, we set out to further investigate how welfare regimes produce social work contexts, and how social workers in different contexts make sense of- and act in relation to these often quite pressuring contexts to handle the complex social problems they are expected to face. The knowledge that this and other articles contribute can be important for the profession of social work in its mission to reshape dysfunctional welfare systems, and to challenge disempowering regime-related ideologies and oppressive power structures. Additionally, comparative studies have the potential to add to mutual learning between social workers in different welfare regime contexts in ways that can lead to the development of the professional competences needed in an increasingly globalized situation for welfare systems around the world.



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