



Conceptions, Norms, and Values in the Work of Child Protective Services with Families at Risk: An Analysis of Social Workers' Diaries

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Abstract

Since the conceptions, norms, and values that govern the work of child protection are elusive, they are rarely discussed in the research. This study is based on diaries maintained by three social workers in relation to 15 families that were the subject of interventions by the child protective services in Sweden. All of the mothers in the 15 families had been diagnosed with mental health problems. The diaries include both significant events within the families and the social workers' own feelings and perceptions about their work. This article discusses four themes: *the Janus face of child protective services*, *clienthood and its conditions*, *child protective services and good or bad parenting*, and *the fathers*. The results show that the families were subjected to extensive discipline. The diaries also expressed strong value judgements regarding how children should be raised. The parents' desires and wishes were redefined by the social workers, making the parents powerless. The fathers were marginalized, which meant that an important resource within the families was lost. The parents reacted to this exercise of power in part by trying to escape it and in part by adapting to it. In summary, the desire to help was in some cases transformed into an abusive exercise of power.

Keywords Family at risk · Child protective services · Norms and values · Clienthood · Parenting

Introduction

The Swedish child protective services comprise society's organized efforts regarding children at risk. They constitute one of the largest areas within the social services in Sweden, and their work touches upon the central aspects of family life. Historically, there is a long tradition in the child protective services of the exercise of power and control over both individuals and the family (Höjer 2012). The meeting between social workers and parents constitutes a central part of this work. Since the field is circumscribed by powerful confidentiality regulations, there are few opportunities to obtain an insight into the practical work. While a number of studies have focused on describing the social worker's voice (Pincus and Minahan 1973; Shulman 2012), it was not until the end of the 1970s that interest increased in presenting the voice of clients. Following the pioneering work *The Client Speaks* by Mayer and Timms (1970), several studies have

interviewed clients about their experiences of contact with the social services (Cree and Davis 2007; Smith 2004; Spratt and Callan 2004).

The aim of this article is to go a step further by attempting to identify the conceptions, norms, and values that underlie the spoken and written words that govern the work of the child protective services. The data have been collected from diaries in which social workers have written about their work with families at risk. Illuminating and discussing the treatment culture, that is, what happens as a result of laws and regulations, is extremely important from the perspective of both clients and the profession itself. To date, few, if any, studies have been conducted that reveal the ideas and values that govern daily social work practice in the child protection field based on social workers' written narratives about their work. These narratives will not be regarded as an expression of the individual social workers' ideas and values. Rather, they represent their culture, which cannot be understood independently of the organizational and institutional context in which this welfare institution functions.

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Families and the Child Protective Services

Families at risk constitute a particularly vulnerable group in the field of social work. Studies have shown that many parents experience a powerful sense of fear and humiliation in their contacts with child protective services, and that these feelings are often most intense during the initial phase (Buckley et al. 2011; Dale 2004; Diorio 1992; Dumbrill 2006). Some feel that the child protective services have unlimited powers, which may lead to the children being taken into care (Ayon et al. 2010; Dumbrill 2006) and to a rejection of the parents' own definitions of their assistance needs (Lipsky 2010; Lundström and Sunesson 2006). A number of studies have also identified other difficulties that parents may experience in relation to the child protective services. A Norwegian study found that parents are most negative when social workers ignore or redefine their problems (Ylvisåker 2013).

Social workers have also described how parents' fears that their children will be taken away from them have a major effect on their work with these families (Križ et al. 2012). In other studies, social workers have described the complexity of social work and how they may experience a conflict between the roles of protecting children and providing assistance to parents. To cope with this difficult ambiguity, social workers may choose to focus on the bureaucratic aspects of their work rather than on developing a relationship that may produce the conditions required for change (Lipsky 2010; Trotter 2015).

At the same time, studies have also been able to identify factors that can lead to progress in this work. Researchers have argued that the quality of the relationship between parents and the social worker is of central significance (De Boer and Coady 2007; Maiter et al. 2006). It may take a long time for parents to trust their social worker, which means that the work often requires considerable perseverance among social workers. Research has also emphasized the importance of clarity in the information given to parents, since this creates a sense of security in a situation in which their lives have been thrown into confusion (Gallagher et al. 2011). Other studies have described the importance of social workers being reliable, that is, attending scheduled meetings, making promised telephone calls, being knowledgeable within their field, and being able to deviate from the bureaucratic process when necessary (Buckley et al. 2011; Dale 2004; Spratt and Callan 2004). A study in the United States identified three central factors that produce engagement among parents and a willingness to change: staff competence, positive communication skills, and providing the parents with both emotional and concrete assistance (Schreiber et al. 2013). The same study also emphasized the significance of an

empathetic approach on the part of the social worker, since this may, to some extent, compensate for those parts of the child protection work that are perceived as difficult. A Canadian study found that social workers' use of power in contacts with parents determined how parents chose to respond to an intervention. If families felt they were being coerced or that the social worker had acted insensitively, parents responded either by challenging the social worker or by playing along and pretending to cooperate (Dumbrill 2006). A Norwegian study found that parents were positive to social work when they were given the opportunity to formulate their own life histories. Both parents and social workers agree that good social work requires sensitivity and empathy, and that help-seekers be given the opportunity to define their own problems (Ylvisåker 2013).

Families in the Context of the Swedish Welfare State

The families included in this study are contextually located within the Swedish welfare state. Sweden has a universal welfare regime that involves citizens having the right to non-means tested benefits, such as child benefit (Esping-Andersen 2016). The Swedish welfare state strives towards the goals of both social and gender equality, and Sweden has the highest proportion of women in the workforce in the EU (Galte Schermer 2017). The majority of all pre-school children are in nursery education, which is heavily subsidized. This means that childcare takes place not only in the family but also in other contexts (Andersson et al. 1996).

Although the Swedish welfare state strives for gender equality, research has been able to identify two distinct discourses within the field of social work that are based on a bio-psychological view of parents: the bad mother and the absent father. Research has also identified a gender blindness in practical social work, which means that gender is not always linked to and analyzed in relation to the clients' life situation (Dominelli 2002; Herz 2012). As regards ethnicity, this is often equated with origins, which means that the concept is linked to the position of *the other*. This means in turn that aspects linked to Swedish ethnicity become invisible and are reproduced as the norm (Herz 2012).

The welfare state was developed by means of extensive reforms primarily implemented during the 20th century, which has given the state a powerful position in relation to the family. Children became a collective interest; and by investing in the provision of good childhood conditions, the state was also investing in a better future for the country as a whole (Börjesson 2008; Ohrlander 1992).

To ensure that childhood conditions were good, families needed guidance and education—especially mothers, and poor mothers in particular. The child protective services had

an important role to play in this work. The legislation that governed child protective services during most of the 20th century had its origins in ideas about the negative influence that the lower class had on its children (Höjer 2012).

Although the Swedish child protection sector focuses on providing family support, it also includes elements of control and coercion. Public sector agencies that come into contact with children have a duty to report if they suspect a child to be in a harmful environment. The child protective services, which operate under the auspices of municipal social welfare boards, are thereafter required to investigate the family's situation. This exercise of public authority is conducted with the support of the Social Services Act (SFS 2001:453). In those cases where the situation in the family is sufficiently serious to constitute a risk to the child's health and development, the social welfare board may apply to take the child into social care on the basis of the Care of Young Persons (Special Provisions) Act. The use of this form of coercive care is decided by a court, and one important precondition for its use is that the family will not voluntarily consent to interventions (SFS 1990:52).

The Child Protective Services in a Theoretical Framework

The principal aim of the child protective services is to provide help. Moreover, they are designed to form and socialize families so that they fit into society. This form of social work involves differentiating what is normal and good from what is abnormal and bad (Hasenfeld 2009; Payne 2006). Achieving this requires professional groups with knowledge and a moral sensibility, and who can define both the *nature* of phenomena and individuals, and *why* they are the way they are—a group of moral guardians such as social workers or priests (Becker 1963).

Initially, the language used in this field was characterized by an openly moralistic tone, but this has since been increasingly replaced by the use of a more psychologized vocabulary, which may nonetheless involve a similarly extensive exercise of power (King and Piper 1995; Ottosen 2006). The governance of the family became a field in its own right, drawing its legitimacy primarily from psychological and psychiatric theory. The British sociologist Rose (1999) has argued that children and modern childhood constitute the most regulated area of society because societies have the task of protecting children against both abuse and dysfunctional families. Foucault (1993) employs the concept of *pastoral power* in this area, arguing that the power exercised in social work may be compared to the power that was previously exercised over individuals by priests and the church. This power consisted in both exercising control and providing assistance. Although the church has lost its significance,

pastoral power lives on within the welfare organizations of the welfare state (Järvinen 2002). Discipline is imposed in different ways, depending on the social class to which a family belongs. The higher social classes are disciplined by means of systems of regulation, the lower classes by means of monitoring and punishment (Donzelot 1979).

For social work to be possible, it is essential that parents view themselves as clients and as being in need of support. Additionally, it is crucial that they adapt themselves to the treatment model employed by the welfare organization. Social work involves transforming help-seeking individuals into clients. This practice is based on the social workers' experience, knowledge, and conceptions, which are labelled a "doxa". This term refers to a form of silent tradition that is passed on within the organization from one generation of social workers to the next (Bourdieu 1977). The "doxa" is comprised of the conceptions that are viewed as self-evident within the organization, and which are therefore never brought up for discussion (Järvinen and Mik-Meyer 2003).

Beginning to see oneself as a client affects one's self image and identity. People view themselves through the eyes of others, which means that our self-image largely reflects the image that others have of us (Mead et al. 2015). The client identity is not morally neutral and is different in this respect from the identity of a person who receives general support from the welfare state (Goffman 2014). Clients are regarded as not being respectable, that is, as having low social worth and little legitimacy. Assessments of whether or not a person is respectable are based, for example, on behavior, dress, a person's home, and how one looks after one's family and raises one's children (Finch 1993; Skeggs 1997). In the context of social work, a distinction is also made between worthy (respectable) and unworthy (unrespectable) clients. Those regarded as worthy are those who are cooperative and who can be helped (Järvinen 2002).

Method

The study on which this article is based has been financed by the Public Health Agency of Sweden in order to test and scientifically evaluate a new treatment model over the course of a 2-year period. The study is qualitative and is based on diaries kept by three social workers throughout the research period. A diary was kept for each family, and consent for the social workers to do so was given by all 15 families with infants who participated in the treatment. Their participation in the treatment was in no way conditional on their agreeing to participate in the research.

The social workers were given the task of noting both specific events, such as a family having started or concluded treatment, and other things that were significant from a treatment perspective. The diaries were also to include an

account of the social workers' personal feelings and opinions about their work with the families. The 15 families were assessed as being in major need of assistance to cope with the task of parenting. The group of parents is very varied with regard to age, ethnicity, and level of education. Some parents have been living in Sweden for a relatively short time. Approximately half of the mothers lived alone with their children. The fathers' presence within the families varied: in some cases the fathers were completely absent, while in others they had a very prominent role within the family. All mothers had mental health diagnoses, often in the form of depression that had emerged during pregnancy. In one family, the mother was suffering from mental ill-health in combination with substance abuse problems, and in four families in combination with physical ill-health. Two of the fathers were suffering from serious mental health problems. There was knowledge of violence having occurred in seven of the families; in one family this violence had been directed at both the mother and the child. Approximately half of the families had started the treatment during the final phase of pregnancy or directly following the birth of the child. The mothers were a central actor in the treatment, which resulted in the diaries being primarily focused on the interaction between the mothers and the treatment staff. The decision that the parents needed support had in eight cases been made by the social services, in four cases by the adult psychiatric services, and in three cases by the pediatric healthcare services.

The treatment was voluntary in the legal sense; but in the majority of cases, there was an explicit requirement from the child protective authority that the family had to consent to the intervention if they were to continue to take care of their children. The child protective authority utilized its legal powers to induce the parents to participate. This was for example achieved by means of motivation, negotiation, control, and the use of veiled threats. The treatment was largely home-based. An important element in the treatment model was that the treatment should be flexible, that is, based on the needs of the families.

Organizationally, the social workers who implemented the treatment are part of the child protective services, but the treatment was conducted in an apartment provided by the authority. Three social workers worked with the treatment, one of whom also had responsibility for managing the work. All three social workers were educated within the behavioral sciences and had many years of experience in the field of social treatment work.

The material has been analyzed using thematic analysis. One advantage of the use of thematic analysis is its flexibility (Braun and Clarke 2006). The analysis was conducted in various stages, with the first step being the encoding of important details. The next step was to see if these details could be combined into themes. Thereafter, alternative

possibilities were tested. Based on these themes, theories that produced an understanding of the empirical material were selected.

Methodological Discussion

The method employed in the study is associated with both advantages and disadvantages. Overall, the diaries proved a good source of information based on the aims of the study, that is, they provided a very good picture of the conceptions and ideas that govern the work conducted with the families. Although the parents' voices were not heard in person, the diaries contain many descriptions of the parents' thoughts, perceptions, and reactions. This has given the study an additional dimension.

A great deal of reflection has been required in connection with the presentation and publication of the study's results, in part because the study is based on written material from only three social workers, and in part because the families are in a highly vulnerable situation. For this reason, a great deal of effort has been devoted to ensuring that individuals cannot be identified and harmed. Because the focus is directed at the treatment team and their work, I have chosen to present the material at the group level. It is also important to note that I have chosen not to identify and expose individual social workers, but to reveal some of the values and ideas that may be found in the field of child protection. Naturally, the results are not representative of all the work conducted in the Swedish child protective services; however, there is nothing to suggest that the results might be atypical or present a biased image. The three social workers are drawn from three different operational fields within the social services and child psychiatry, and they had not worked together previously. There is nothing in the diaries that appears to have led to disagreement within the treatment team, except the issue of how much the fathers should be involved in the treatment. The material is extensive, and its character is such that it has not been difficult to identify values and central ideas. However, it is important to remember that the material has been analyzed on the basis of a theoretical framework that focuses on aspects of power. Consequently, other parts of the work are not presented, and the picture that emerges in the results is not exhaustive.

The obligation to conduct research that benefits society has been weighed against the obligation of protecting the individual. There is a substantial societal interest in studying and illuminating the way child protective services work with families at risk—in part because this work is focused on a group who find themselves in a highly vulnerable situation, and in part because this work is subject to strict confidentiality regulations. This means that the work is otherwise conducted in an environment that does not allow for insight or scrutiny. The design and implementation of the study

have been approved by the Swedish Research Ethics Review Board in accordance with the Swedish Ethical Review Act (SFS 2003:460).

Results

The Janus Face of Child Protective Services

The families that constitute the focus of this article are located in a field between the state, professions, and the family, that is, in a so-called *social territory* in which the state exercises legitimate controls to adapt the way families live to fit the norms of society (Donzelot 1979). All of the quotes presented below are drawn from the diaries written by the social workers.

Eva is a woman in her thirties with a son named Eric. The father, Ed, lives in the same town, and the parents are in contact daily. The infant program, in which Eva had previously participated, had made an official report of its concerns to the child protective services because they felt that Eva needed more extensive support and assistance in her parenting than they were able to offer. When the treatment team had met with Eva and Eric, the social worker wrote in her diary that “Mum is uncertain about what the social services actually want to achieve with the treatment”. During their meeting, Eva had also made known that she felt uncomfortable about the home visits that constitute an important part of the treatment model. By expressing these thoughts, Eva showed that the treatment was not something that she herself wanted or had asked for, and that she felt like an object in relation to what was happening. Once the family had been in the treatment for a few months, it was time for the treatment team to take their summer vacation. During this time, they wanted the family to have contact with another program:

Mum and Eric are to attend the summer family support program. Eva is very opposed to this; she has said to me that she doesn't need a load of stuff to do during the summer vacation. I have said that this is because Eric needs to get out to meet other children. Mum has agreed to go once a week.

This excerpt exemplifies the meaning of the concept *pastoral power*: it contains elements of both assistance and control (Järvinen 2002). The child protective services want to retain some level of control over the family during the summer, but this is not made explicit. Rather, the social worker says that the family's participation in the summer program is needed so that Eric can meet other children. The excerpt also reveals the power play that takes place between treatment staff and clients: the social worker allows Eva some room for negotiation in order to avoid losing the treatment relationship. And in this particular situation, the social worker is unable

to rely on the regular treatment model, which makes it more difficult for her to be as persistent in her demands.

Anne has struggled with mental health and substance abuse problems since her teens. Asta is her much longed-for first child. She was just over 1-month old when the family started the treatment. The social worker writes in her diary that Anne wishes that the treatment could be more flexible and adapted to her needs:

The mother wonders what will happen if she feels she doesn't need our help for a full year? She makes a comparison with her therapy, in which the focus is directed at focusing on health and on coping by oneself. We say that it is our experience that the treatment isn't so long when the parenting start has been complicated.

The different approaches employed by the child protective services and in Anne's therapy are probably due to the child protective services having to take the child protection perspective into consideration. When this control function is not described and clarified, it is difficult for the parents to understand. The excerpt shows that Anne is concerned about possible consequences if she should leave the treatment. She expresses a difficult ambivalence throughout the treatment period. This reveals itself in her wanting to leave treatment and then changing her mind.

All of the parents had to strike a balance between staying in treatment or risking that their children may be taken into care. This naturally affects their manageability and adaptability. The parents' compliance with the treatment model is also an important prerequisite for its implementation. This means that there is an incentive for the treatment team to maintain close ties with the social services authority so that the power of the agency may be used as a means of pressuring the parents to continue the treatment when their motivation wavers:

We think it is difficult to stand alone [without the child protective authority, author's note] with difficult families if they do not want to come/.../then, there is no possibility to exert pressure either; we have had many families who have been ambivalent to begin with until they have developed a relationship with the staff. Then things move along. You need help in the beginning.

Clienthood and its Conditions

Clienthood is best understood as a process which the clients are channeled into, step-by-step. This can entail the client being regarded as being in need of help, as accepting the problem situation as it is constructed, receiving help and being treated (Payne 1992). The social workers' diaries provide many different insights into the conditions of clienthood. However, various descriptions of the parents that

serve to denigrate their worth and legitimacy emerge in the diaries. The parents are regarded as *unrespectable* (Skeggs 1997). They and their homes are described in negative terms. For example, despite two of the mothers having a university education, the social workers generalize about them exclusively on the basis of their clienthood. The process serves to accentuate the asymmetry of the power relations that exist between the parents and the social workers, and it functions to strengthen the legitimacy of the social workers. It is difficult for social workers to see that the social relations of which they are a part are produced and developed in the context of an institutional process:

They are not used to being with people they don't know. Nor are they used to being part of a context in this way. Not used to having to be somewhere at a certain time.

When we talk, I think the language is rather unsophisticated. Lena doesn't have many words or nuances to express herself with.

Powerful smell of cigarette smoke, untidy and things all over the place. The only place to sit is on the unmade bed.

Before I leave, the brother comes home. He is tall and has a shaved head covered in a tattoo.

What is a grandma like who buys a crate of beer for her grandchild's christening?

The above excerpts clearly show what the treatment staff deem to be respectable and unrespectable (Finch 1993; Skeggs 1997). With regard to personal attributes, having a shaved head and provocative tattoos, being uncomfortable in social contexts, and having an unsophisticated vocabulary are seen as unrespectable. An unrespectable home is untidy, dirty, and smells of cigarette smoke. This is a stereotyped description of the underclass viewed from an middle-class perspective.

The parents who have been clients for a considerable amount of time understand the conditions of clienthood. They are “worthy” clients (Järvinen 2002). The following excerpt describes how Kim wants to show that her family is respectable:

Kim is careful to point out that they have agreed to meet me because they want to show that they function well as parents, and they want me to check this.

The next excerpt shows that Cecilia has a distinct client role, that is, she lacks legitimacy, which means that she lacks the mandate to define her own problems:

When it comes to changing a behavior, it is not the first thing that you do; you have to get to know one another. And when you have done that, you can relatively quickly get a feel for what the family needs

help with: like one of the mums [Cecilia, author's note] that I have now, who says that she wants help with the child's feeding and sleeping habits. I have a different picture of what she needs help with, and I think they need to change quite a lot of things.

Previous research has shown that it is difficult for parents when their perceived problems are not taken seriously but are instead ignored or redefined (Ylvisåker 2013).

Lena is 19 years old and the youngest mother who has participated in the treatment. Lena and her own childhood family have been the subject of various social services interventions for many years. She shows considerable resistance when the social worker makes home visits:

I think I say it four times: “He's [her child] in a bit of an odd position, hanging there on your tummy.” She doesn't listen; or rather she listens no doubt, but she doesn't ask me what I mean. She doesn't adjust his position. She feels like a very stubborn little teenager. And she has agreed to treatment, but cancelled the first treatment meetings.

Lena is viewed as what has been termed an unworthy client (Järvinen 2002)—she exhibits substantial resistance to the type of adjustment that clienthood demands by cancelling appointments and not listening to the advice she is given. Shortly afterwards, Lena moved with her family to another town, and she dropped out of the treatment.

One important element in the treatment model is that the children start pre-school at around 1 year of age. The reason for this is partly that this is the norm in Sweden, and partly that given the right conditions, pre-school is viewed as being able to compensate for parental shortcomings (Broberg et al. 2012). In most cases, the parents have a positive attitude to pre-school, but Eva and Ed had other plans. Eva wanted to resume her university studies and Ed wanted to take more responsibility for his son, Eric, by taking parental leave.

The social worker had arranged a meeting at the pre-school in order to convince the parents that their suggestion was not in Eric's best interests:

Within an hour I had arranged a new appointment at the pre-school; but once we were there, Ed asks, “Can we say no?” So that conversation started. My first feeling is that I feel ashamed, what have I started, where is this going to lead, and what will the pre-school teacher think? But we have a quick look at each other and try to help each other along in the conversation in order to see what the parents' resistance is about. I believe it's about the parents not communicating and that the dad is starting to realize that there are people who can make decisions about him and about the life of his child.

Child protection work is a very complex practice, and the treatment staff have the ultimate responsibility for protecting children and safeguarding their right to life and positive development. In this case, however, it is difficult to understand the position adopted by the treatment team as, according to information from the child healthcare service, Eric's health, growth, and development are all good. The reason the social worker takes a stand on this issue may partly be due to pre-school being part of the treatment model, and partly to the social worker being stuck in her perception that the parents have poor parenting abilities. Moreover, the social worker might be finding it difficult to acknowledge information that suggests the opposite.

The above excerpt also illustrates that Ed has still not developed a clear client identity. Rather, he is still somewhere on the periphery—he feels uncertain about his own mandate. The excerpt further shows that Ed's expressed desire to take parental leave is redefined as a communication problem between the parents. This transformation of the parents' expressions of their desires into a psychological problem means that the family becomes powerless in relation to the child protective services. Ed finds himself in the role of client, despite the fact that he has no known problems—a kind of contagion effect. Therefore, Ed's parenting ability must be assessed:

And when I come to them the following month, he stays at home and is quite active. And I don't think he is acting; but rather it is clear that he wants to show himself, and then he says, "Isn't this enough?" I respond, "No, a whole day with us is what we want." And then we intend to put together a program in which we can see his parenting ability. We are obliged to do that somehow. It sounds as if he is worried and that is what we want. So, it is actually good. Then he leaves and says, "Are you happy now?" I say, "yes."

Ed is struggling to free himself from his enforced clienthood. He has to display good parenting when the social worker comes to the home to conduct her assessment. Dumbrill (2006) argues that clients can cope with their client role by playing along and pretending to cooperate. The excerpt shows that the social worker views Ed as a "worthy" client (Järvinen 2002) because he expresses sharing the organization's view of himself and his family, which, according to Bourdieu (1977), also constitutes a fundamental condition for a treatment to be practicable.

Child Protective Services and Good and Bad Parenting

The following excerpt shows that the child protective services have a negative view of the way Cecilia continues to breastfeed for such a long time. Her child is over 1 year old:

I am thinking, for example, about how I think that Cecilia should stop breastfeeding, but you can't say that; yet, it's the kind of thing I think about. I met her three or four times before I was able to say it.

When excerpts from the diaries are compared with the information that the healthcare sector provides to parents who are not at risk, the difference is clear:

You, yourself, decide when it is time to stop breastfeeding. There is no particular time that is best for everyone. Some stop early, while others continue for a number of years. Some stop abruptly, while others phase it out more slowly. It is often easiest to stop breastfeeding if both you and the child think it's time to stop simultaneously. (Vårdguiden [Healthcare guide] 2017)

In the cultural arena of the treatment field, breastfeeding and its "occurrence or non-occurrence" appears to be an issue that is circumscribed by powerful moral conceptions and a focus on ideas of normality. The right amount of breastfeeding is important with regard to both its length and intensity. Several of the weekly diaries contain entries showing that breastfeeding is associated with powerful elements of control and discipline. In several of the families, breastfeeding is discussed from these different viewpoints. Several of the mothers in the treatment were also advised not to sleep with their children, as this would make it easier for them to stop breastfeeding. In the following excerpt, the social worker reflects on a discussion she has had with one of the mothers:

Li says that Johannes is not ready for it; she thinks he is too little not to sleep with her. Hm, maybe it's most difficult for Li? I say that Johannes would cope, that it could be good for both of them, but she doesn't want to. I try once again to give her support in being consistent.

One of the most important treatment goals is that of increasing the extent to which the parents listen to their children and of strengthening the bond and relationship between them. The excerpt shows that although Li is listening to her child and his needs, she is nonetheless opposed by the social worker. Further, by influencing the parents to do things they do not feel comfortable with in relation to their children, the burden on the parents is made even greater. It seems unlikely that this can be of assistance to the families, since all of them are already experiencing a great deal of strain. In light of this, the social worker's advice to Li is counterproductive, particularly given that studies have shown that both breastfeeding and sleeping with one's child are of benefit to the child-parent bond, and that they also can be beneficial for the infant's physical and psychological development and wellbeing (Morgan et al. 2011). These disciplinary elements

are found in the diaries of all members of the treatment team, and they constitute an example of the doxa that is found within this field and that is passed on from one generation of treatment staff to the next (Bourdieu 1977).

The subject of breastfeeding also comes up in relation to Eva:

Eric has slept four times without breastfeeding. I wonder whether mum intends to continue with this over the weekend. She doesn't know, can't answer. I wonder if she is thinking about what is best for Eric. I say what I think, and that she has an opportunity to help him. She looks upset and does not want to stop herself.

In this excerpt, Eva displays resistance to changing her breastfeeding habits. During the weekends, the social worker's direct influence over the family is reduced, which is cause for concern. The social worker tries to motivate Eva to be consistent and says that stopping breastfeeding is in her child's best interest. This and the following excerpt demonstrate that the control exercised by the treatment staff over the parents is both substantial and far-reaching. In addition, it represents a further example of *pastoral power* and exposes that social work has taken over the role of the church as both helper and moral guardian (Foucault 1990; Järvinen 2002):

I have asked a few times what kind of relationship they have: if they are in a loving relationship. But I haven't got an answer. I can worry about them. I don't know how much they are together; but, of course, having more children doesn't feel like a good idea.

The excerpt below also focuses on breastfeeding, but the situation is reversed: though Lena does not want to breast-feed her child, the social worker wants her to. It shows that the mothers, according to the social workers, should not breast-feed too often or too seldom, or for too short or too long a period. The mothers' breastfeeding habits should thus be within a tight normality framework. Payne (2006) also believes that social work is a practice that aims to distinguish what is normal and good from what is abnormal and bad, which many of the quotes that concern breastfeeding illustrate:

She has been advised not to use the bottle, but she tells me that it's working fine; you don't always have to do what other people say.

Anne is concerned because she believes that Asta is not getting enough food because she quickly tires of sitting in her highchair, thus not eating enough. Anne tries to compensate for this by feeding her a banana while she is playing on the floor. This is a situation that several of the members of the treatment team describe as an example of problematic parental behavior. It demonstrates that the ability to set limits and

discipline one's child is an important part of what is viewed as good parenting.

The Fathers

The fathers in the various families have been included in the treatment to a very limited extent, which may seem illogical given that all of the mothers need a great deal of support and assistance as a result of their own poor health. This is particularly remarkable in those cases in which the fathers are well-functioning individuals who have actively participated in the lives of their children. The social worker who leads the treatment team reflected in the following way about the reason why Peo [the father] had been excluded from the treatment:

The dad is a real asset, but he has not been allowed to participate. I myself come from a world in which you talk about mother and child. I have personally decided that the fathers should now be included, but I have really had to work on myself. We are not in complete agreement within the treatment group.

The social workers have been working with families for decades. The excerpt shows that they are governed by the conception that it is the mothers alone who should be the children's attachment figures, at least during the first years of their lives. The social worker describes having realized that it is important for the fathers to be included in the treatment. However, she is also aware that this decision is in conflict with the prevailing treatment culture.

In her diary, she writes about a lesson that the treatment team have learned over the course of their work, and which served as a form of turning point for her. The father has a war injury, suffers from PTSD, and is not viewed as a resource by the child protective services:

To begin with, there was a lot of focus on the mother, and everything was very bad in the family. But then she [the social worker] has called him and made an assessment. She has identified the fact that his stress is related to money, the apartment, and the doctor. This resulted in him ringing her completely out of the blue and asking if she wanted to accompany him to the health center. I think that it is some kind of confidence that he has developed for her because she has seen him as someone who isn't just troublesome and has headaches/.../His injuries are serious. But he is also very happy about his boy, and the boy is very happy with him.

Research has shown that when social workers fulfill a family's needs this can strengthen the relationship between them, which may constitute the first step towards a change in the family (Schreiber et al. 2013).

Discussion

The child protective services conduct one of society's most important tasks: protecting children from being exposed to neglect, abuse, and other risk factors that may jeopardize their health and development. When this work functions well, it can create new opportunities for families to protect their children from the effects of difficult living conditions. However, when it functions poorly, it may lead to negative experiences for both parents and children.

This article is based on a qualitative study that was conducted over a 2-year period. The data were collected by means of diaries in which three social workers have written about 15 families during their time in treatment. The diaries have shown themselves to constitute an invaluable source of knowledge because they capture the conceptions, norms, and values that govern the work conducted with the families. In most cases, the members of the treatment team have worked alone with the families. Nevertheless, they describe a surprisingly consistent picture of the ideas that govern their work. The treatment team have described their work and the conceptions norms, and values that govern it as if these are largely self-evident, which suggests that these ideas constitute part of an accepted doxa (Bourdieu 1977; Järvinen and Mik-Meyer 2003). However, it is important not to view the results as an expression of the work of three social workers, but rather as an expression of a culture that cannot be understood independently of the organizational and institutional context in which this welfare institution functions.

One of the most important elements in the present treatment is that it should be flexible and based on the needs of the family. This study has shown that it has been very difficult to live up to this goal since the social workers conduct their work on the basis of institutionally produced problem constructions and a treatment model that has governed the work in relation to the clients (Järvinen and Mik-Meyer 2003).

The primary reason that the parents in this study were viewed by society as parents at risk was that all of the mothers were suffering from mental health problems, often in the form of depression that had emerged during pregnancy. There is consensus in the research that the children of parents with mental health problems are at greater risk of themselves developing problems in relation to both their development and functional abilities (Lagerberg and Sundelin 2000; Welner and Rice 1988). However, research has also shown that the children of parents with mental ill-health need not develop any problems. One-third of the children in one large study coped without any difficulty, and their development was no worse than that of others when controls were included for other problems within

the family (Rutter and Quinton 1984). It is the interplay between risk and protective factors within the family that is crucial. The results of this study show, however, that the child protective services view mental ill-health as a risk factor without taking protective factors within the individual families into consideration. This also demonstrates a prognostic mentality—that it is possible to predict which families will manifest poor parenting abilities (Höjer 2012).

The results have also shown that the parents reacted in different ways to the governance to which they were subjected. This expressed itself, for example, in the form of a troubling ambivalence, with the parents alternately attempting to avoid the treatment and trying to adapt themselves to the demands that were being made of them. One young parent manifested resistance by ignoring the good advice of the social worker, cancelling meetings, and subsequently moving away from the town so that she could discontinue the treatment. It is impossible to disregard the fact that most of the parents are hanging onto a fragile thread, since having their children taken into care is a real risk, and this naturally influences their behavior in various ways.

The one-sided focus on the mothers' problems resulted in the treatment staff being blind to other positive factors within the families, such as the fact that the children were developing well. Eva and her family, for example, were regarded with considerable suspicion both during the treatment and following its conclusion, despite the fact that their child, Eric, had developed very well physically and psychologically according to both his pre-school and pediatric healthcare assessments. The child protective services remained rooted in their own conceptions of the family, which meant that alternative, competing perspectives were disregarded. Further, the results show that the child protective services have powerful conceptions about how children should be raised. The values that were to be taught to the parents were communicated uncritically and were often counterproductive, or of no significance in relation to the problems with which the families required assistance. In several of the families, the fathers were ignored or obstructed, even in those cases where they constituted an asset in relation to the children. If social care services marginalize and exclude the fathers, the organization helps to create a self-image that relates to the fathers that they are not important to their children. This, in turn, risks affecting notions of being and becoming a father negatively (Bangura Andersson 2003; Hagström 1999).

The families were also subjected to extensive discipline. For example, the treatment team attempted to actively influence for how long and how often the mothers breastfed their children and whether or not the parents and children slept together. This reflects that the welfare state has a strong position in relation to the family and that the children and their education are a social interest (Börjesson 2008; Ohrlander 1992). Furthermore, it

exemplifies the social childcare mission, which partly involves helping the families and partly socializing them to fit into the norms and values of society (Hasenfeld 2009; Payne 2006).

The results have also shown that the mothers have been problematized and have had to take the main responsibility for the treatment while the fathers have been marginalized by the social childcare system. Previous research has also been able to state that these two different discourses are commonly used in social work, which can be explained by the fact that social childcare has a bio-psychological approach to parents (Herz 2012).

The parents' definitions of the assistance they required were also redefined in favor of the expertise represented by the child protective services, which meant that the parents largely lost control over their own lives. Previous research reveals that it is not unusual for the parents' own needs for help to be redefined when the organization's perspective is prioritized (Lipsky 2010; Lundström and Sunesson 2006).

Donzelot (1979) has argued that the state uses the family as a means to implant desirable norms and values in the private social sphere. He argues that this discipline is imposed in different ways in different social classes. This study reveals that the norms and values that society attempts to convey to those parents who are viewed with suspicion, that is, as unrespectable, differ from those that are conveyed to parents who are regarded as respectable.

The work of child protection is difficult and complicated. In addition, there is no doubt that those involved have the best of intentions to help the families in question. However, the results of this study show that even goodwill and the best of intentions can be transformed into an abusive exercise of power. Moreover, the study reveals that an ongoing critical discussion is essential within the child protective services.

Limitations

The results do not represent all the work conducted by the child protective services. However, there is nothing to say that the results are atypical, partly because the staff group largely shares views and perspectives despite coming from different types of treatment professions and backgrounds, that is, from the social services and from the health service. In conclusion, it is important to note that the material has been analyzed on the basis of theories of power, which means that other perspectives present in the material have not been discussed and made visible.

Conclusion

The diaries written by three social workers in relation to families subjected to interventions from the child protective services in Sweden provide an improved understanding

and knowledge of the conditions of clienthood. The social workers' texts show that the help given by the child protective services to the families contained strong elements of control and discipline, that is, so-called pastoral power (Foucault 1990; Järvinen 2002). Through the social workers' own thoughts and reflections, limits are set for what they consider to be good or bad parenting. Moreover, the texts make it clear that the fathers were marginalized in the treatment because of the mothers being considered the most important persons in the children's first year of development.

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