


Eligibility for child welfare services: Defining the needy client in an era of increasing referrals to Swedish child welfare

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Abstract

Child welfare work involves investigating referrals to determine whether a child requires protection or support. In Sweden, the number of children referred to child welfare authorities has increased in recent years, but most children do not receive services. This article aims to enhance understanding of how child welfare representatives reason when determining client eligibility. The article is part of a longitudinal research programme following 2,123 children across eight Swedish child welfare authorities. The study draws on interviews with twenty-five unit managers and child welfare workers. To analyse the results, the study employs concepts that highlight how client eligibility is negotiated by modifying client demand, job conception, and client conception. The findings reveal that child welfare workers may modify client demand by addressing issues without providing services, modify job conception by either narrowing or broadening what is considered within the remit of child welfare, and modify client conception by focusing on motivated and receptive clients. These findings are discussed in the context of previous research and ongoing policy trends in Swedish child welfare.

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Introduction

In Sweden, like in most welfare states, public child welfare primarily involves investigating applications and referrals to determine whether a child requires protection or support and—if so—to provide services. A central finding across child welfare systems is that the majority of child welfare investigations close without services. Often, investigations close because a child welfare need cannot be identified, but the reasons can vary significantly between different contexts. International research shows that decision-making depends on a combination of factors (ranging from case specifics to the decision-maker and organizational factors) (Vis *et al.* 2023; Allan *et al.* 2025). However, few studies closely examine the priorities and values of individual child welfare workers and their local organizations, even though these are considered central to the outcomes of investigations (Vis *et al.* 2023; Allan *et al.* 2025).

Child welfare shares common characteristics across contexts, but is also embedded in country-specific legal frameworks, policies, and norms. In an international perspective, the Swedish model can be characterized as family service-oriented rather than child protection-oriented (Höjer and Pösö 2023). It includes important child protection elements (e.g. legal provisions for compulsory care), but its overarching principles prioritize early support, voluntariness, and decision-making in partnership with clients. Another facet of the Swedish child welfare system is a relatively low threshold for clients to fall within its jurisdiction (Lundström *et al.* 2021). The system not only addresses parental abuse and neglect, but is also responsible for supporting children and families with a wide range of problematic behaviours, including school issues, youth delinquency, and diffuse family problems. The division of responsibility among different public organizations—such as child welfare, schools, and child and youth psychiatric care—is not always clear and has been the subject of critical reviews (Lundström *et al.* 2021).

In the Swedish and broader Nordic welfare model, public services are intended to provide equal support, and there is a legal baseline—such as the provision of out-of-home care and certain in-home services—that authorities must offer to comply with national regulations. However, a key feature of the system is its substantial decentralization to the 290 municipalities, alongside largely goal-oriented legislation (the Social Services Act). This means that both the organization of work and the interventions provided are, to a large extent, shaped locally. Previous Swedish

studies, in line with international research (e.g. Bywaters *et al.* 2020), show significant local variation (Wiklund 2007; Loebs and Persdotter 2025). This variation has been described as influenced not only by differing structural demands on child welfare but also by local policies, culture, and traditions (Wollter 2020).

In Sweden, as in many countries, the investigative work is impacted by the mandatory reporting system (Stranz *et al.* 2016). This means that professionals who suspect that a child may be at risk of harm or is already being harmed are obliged to report to the local child welfare authority. Over the past decade, referrals to child welfare authorities have increased dramatically, from approximately 6 percent in 2010 (NBHW 2012) to 10 percent in 2021 (NBHW 2022). As a result, child welfare work in Sweden focuses on managing a growing number of referrals and deciding which child and family predicaments should receive services. Children who—despite assumed needs—do not receive services have become a significant political issue. For instance, there are political ambitions to expand both in-home services (allowing clients to access services without necessarily undergoing investigations, SOU 2020: 47) as well as to introduce more elements of coercion in the system (so that clients cannot refuse services if child welfare authorities identify a need, Lundström *et al.* 2021).

The article is situated within a longitudinal research program that follows 2,123 children under investigation across eight Swedish child welfare authorities. Relevant for this study, findings show that the majority of investigations ($n = 1398$, approximately 70 percent) end without post-investigative services (Lundström *et al.* *in press*). According to a survey conducted by responsible child welfare workers, reasons for not providing services include that the child/family has no need, lack of consent from the child/family, or situations where the needs of the child/family are addressed by other welfare providers. In this study, we will elaborate on the process of screening out clients through interviews with unit managers and child welfare workers in the authorities.

The article aims to enhance understanding of child welfare representatives' reasonings for negotiating eligibility for clients during investigations. To analyse and structure the findings, we use concepts developed by Lipsky (2010), which highlight how street-level bureaucrats and their organizations may negotiate client eligibility by modifying the client demand, modifying the job conception, and modifying client conception (see also Hudson 2014).

The article is structured as follows: next, we review previous research and outline the analytical framework and the method section. Thereafter, we present our analysis, which comprises three approaches that may be used to negotiate eligibility during investigations. Finally, the findings are discussed, and we draw connections to international research.

Research on child welfare investigations ending without services

In research, child welfare decision-making is described as a complex task influenced by a variety of factors (Ebsen *et al.* 2023). Studies often depart from models that delineate the different factors impacting the process. One common model is the decision-making ecology (DME), which suggests that the decision to initiate investigations and services depend not only on case factors (the needs of clients), but also on decision-maker characteristics (e.g. values and experiences), organizational resources and local professional cultures, and external events (e.g. policy initiatives) (Fluke *et al.* 2014).

Internationally, research on child welfare investigations is rather extensive and often derives from Anglo-Saxon countries (Villumsen and Armstrong Gjedde 2023). Generally, there is variation between contexts in terms of thresholds for intervention and what is considered a child welfare problem (Villumsen and Armstrong Gjedde 2023). Many studies regard assessments of referrals, not what determines services at the investigation. A common finding is that the majority of children referred to child welfare authorities do not receive post-investigative services, with variability between authorities in terms of the number of referrals investigated and the number of children receiving services (Villumsen and Armstrong Gjedde 2023; Vis *et al.* 2023). Swedish studies also indicate local variations, with approximately 30–50 percent not leading to services (Stranz *et al.* 2016).

Previous research has, in particular, explored whether certain client characteristics are associated with a higher probability of interventions (Allan *et al.* 2025). An important finding is that many children receiving services have previously been investigated or received services (Stranz *et al.* 2016). Further, cases are more likely to result in services when they involve substantiated serious physical harm or sexual abuse, whereas decisions regarding psychological abuse or neglect depend more on child welfare workers' assessments (Lauritzen, Vis, and Fossum 2018). International studies suggest that investigations are more likely to lead to services when parents are socio-economically marginalized, belong to minority groups, face housing issues, have multiple children, have learning disabilities, or substance abuse problems (Lauritzen, Vis, and Fossum 2018; Damman *et al.* 2020).

Scandinavian studies are relatively limited, but indicate that investigations are more likely to lead to services if the referral concerns abuse or violence (Vis *et al.* 2023), poverty and poor parental health (Rustad *et al.* 2022), and originates from professionals rather than individual persons (Östberg 2014). Furthermore, Swedish studies suggest that girls more frequently receive services compared to boys (Kalin, Ahlgren, and Persdotter 2022), while immigrant boys are less likely to receive in-home services but more likely to be placed in out-of-home care (NBHW 2024).

There is also research exploring the role of case workers and organizational factors (Damman *et al.* 2020). For instance, we know that child welfare workers may assess child welfare problems differently (Keddell 2011), which appears to be more common in relation to vague problems than more severe ones, such as physical abuse (Vis *et al.* 2023). The exact role of organizational factors is difficult to determine, as differences may arise from agencies serving different populations rather than functioning differently (*ibid.*). However, the availability of services has been cited as a factor impacting the decision to provide services (Östberg 2014; Vis *et al.* 2023).

Swedish studies indicate that the emphasis on voluntariness and consent influences the decision-making process regarding which children and families receive services (Östberg 2014; Loebis and Persdotter 2025). For example, case studies indicate that parents' attitudes often play a decisive role in the outcome of investigations, while children's voices tend to take a secondary role, with some parents declining services (Heimer, Näsman, and Palme 2018; Heimer and Pettersson 2023).

Analytical framework—priority-setting during child welfare investigations

The article draws on concepts from theories of human service organizations, which underscores that child welfare is characterized by vague goals, limited resources, and inevitably requires setting priorities (Hasenfeld 2010; Lipsky 2010). A key point is that human service organizations—and the street-level bureaucrats who work within them—exercise an amount of discretion in deciding who is eligible.

According to Hasenfeld (2010), human service organizations like child welfare use 'people processing' technologies to investigate clients' needs. During this process, clients may be classified as either eligible or non-eligible. People-processing in child welfare is not linear or static (Hasenfeld 2010). As aforementioned, there is variation between contexts regarding which child welfare predicaments are deemed eligible. Priority-setting have been described as a central aspect of the decision-making process (Devaney 2019; Gevaert, Keinemans, and Roose 2023). Priority-setting can be political (driven by decision-makers), institutional (embedded in legislation), or reactive (street-level workers' coping mechanisms) (Webb and Bywaters 2018). This study focuses primarily on reactive priority-setting at the local level. Individual child welfare workers, as street-level bureaucrats, play a central role, and their values and opinions significantly shape decision-making (Lipsky 2010). In recent decades, there has been a trend toward greater standardization in child welfare investigations to improve consistency in identifying children at risk (Ponnert and Johansson 2018). In Sweden, this includes increased

use of standardized frameworks and risk assessment tools (Skillmark and Oscarsson 2020). However, it remains unclear whether these efforts have led to more unified practices and equal service provision.

The article elaborates on three approaches that child welfare workers may use as a response to a high influx of cases and to negotiate eligibility (Lipsky 2010; see also Hudson 2014). According to Lipsky (2010), street-level bureaucrats and their organizations may, in various ways, *modify client demand*. This can include informing other welfare organizations (e.g. schools) about which problems are relevant for child welfare, enforcing strict preliminary assessments, employing investigative methods that reduce the perceived demand for services, or limiting the availability of services, thereby making them harder to access. The focus of modifying client demand is often on finding other solutions to children's and families' needs than child welfare services.

Further, street-level bureaucrats and their organizations may *modify job conception* (cf Lipsky 2010). In child welfare, this may involve adopting either a narrower or broader view of their responsibilities. Local authorities may interpret their roles differently regarding which family needs they should address. In this context, cases can be screened out through deflection, by being more or less inclined to redirect clients to other services (Devaney 2019). As previously discussed, child welfare is characterized by vague goals, and it is not always clear which clients should receive services—much of this is determined by individual authorities. Here, theory posits that organizations may imitate each other and adopt standardized methods to, for example, screen out clients (Hasenfeld 2010).

Lastly, child welfare workers and their organizations may *modify client conception* (Lipsky 2010). This involves distinguishing between those considered in need of child welfare support and those not. For example, child welfare workers may ration by selection and deprioritize client groups they believe do not fall within their remit (cf Devaney 2019). They might also narrow eligibility by screening out clients who are not motivated and therefore not likely to benefit from services. Child welfare also adapts to changing norms and legislation on client group priorities. For instance, Sweden's expanded definition of violence has led to more cases being investigated.

Methods and materials

The research program that the article is part of was reviewed and approved by the Swedish Ethical Review Authority (reference number 2022-01294-02). The eight municipalities in the study are located in the Stockholm region, the most populous in Sweden. They have a higher proportion of non-native residents compared to the national average and above-average fiscal

capacity. However, there is variation within the municipalities in terms of the representation of semirural and socially disadvantaged areas.

Twenty-one interviews with twenty-five participants were conducted. Initially, we, during fall 2022, conducted ten interviews with fourteen unit managers in the authorities. Unit managers were chosen as informants due to their proximity to the operational work as well as their overview of the investigative activities. In two authorities, units were divided for younger children (0–13) and adolescents (13–20), respectively, resulting in separate interviews for each. Subsequently, we, during spring and summer 2023, conducted eleven interviews with child welfare workers in seven of the authorities. To gain access to child welfare workers, we asked unit managers to provide contact details for caseworkers interested in participating. In three authorities, child welfare workers worked with all age groups, so there was one interview in each. In four authorities, child welfare workers focused on either younger children or teenagers, leading to two interviews in each. In one authority, no child welfare worker participated, despite several efforts from the researchers. The interviewed child welfare workers all had a university diploma in social work. They had varied experiences of child welfare investigations, but had worked for at least one year. All interviews were conducted by the first author, and informed consent was collected. The interviews were semistructured and used an interview protocol to explore the respondents' reflections on reasons why children are not granted services in their authority and groups less frequently receive services. Each interview lasted between 1 to 1.5 h. The interviews were transcribed verbatim.

The analytical process began with the first author coding the interview statements and identifying passages that displayed the respondents' reflections on why families and children do not receive services. How to analyse data were then discussed among the article authors. During these discussions, it became apparent that the child welfare worker' accounts revealed various ways of determining eligibility. We used an abductive strategy to analyse data (Alvesson and Sköldberg 2009). The analytical categorization was established in an interplay between data and theoretical concepts. In practice, this meant that the findings were structured and categorized according to the analytical framework, that is, the ways in which child welfare organizations and child welfare workers can modify their practices to negotiate client eligibility. The study aims to achieve what is commonly referred to as 'analytical generalization' (ibid.). This implies that findings may be analytically transferred to other contexts, provided that conditions are similar to the case at hand.

Results

The findings are structured around three approaches to negotiating eligibility, as outlined by Lipsky (2010). The following themes will be

presented: (1) *Modifying client demand: Solve problems with or without services?* (2). *Modifying job conception: Interpreting the area of responsibility?* and (3) *Modifying client conception: Focus on receptive clients?*

Modifying client demand: Solve problems with or without formal services?

One way to negotiate eligibility is to modify the client's demand for services. Related to this, the interviews show that child welfare authorities may be more or less liberal in providing services. As a preliminary step before investigations, all child welfare authorities have intake units that conduct initial assessments. However, when the referral concerns violence, there have been legal requirements in Sweden that investigations must be opened (this legal requirement was abolished during the time of data collection). Some believe these cases often end without services due to being perceived as minor or misunderstood:

We have these mandatory requirements. We must initiate on all cases of violence, it might not be that serious. But then we initiate on all, which result in many investigations ending without services because we have this requirement to initiate if the word 'violence' appears. This means that we are somewhat forced to do so, and we cannot use our own expertise in this, which I believe also means that intervention is not always necessary. (Unit manager, Authority 1)

However, child welfare authorities may also actively dampen the demand for services during the investigation process. In Sweden, child welfare investigations are often conducted in partnership with parents (cf Höjer and Pösö 2023). The interviews show that some child welfare workers may focus on addressing clients' needs during the investigation. Some child welfare workers explain that they aim to conduct investigations in ways that prompt changes in family dynamics. For instance, some authorities occasionally provide services alongside investigations (e.g. counselling regarding violence), which can help families gain insight into the problem, which in some cases, is explained to reduce the need for other interventions. Additionally, child welfare workers in certain authorities describe that they strive to influence clients during investigations by creating network charts to mobilize the family's informal support system and discussing risk and support factors. As a result, parents may introduce new routines or change their parenting style, which could address the issue at hand. The following describes how the need for services may be reduced as a result of the investigation:

The main reason [to no intervention], as I see it, is that there is no need. And the reason for that is that things often happen during the investigation; it's a process where you start working towards change from the beginning.// ...//Things happen during the investigation that means

there may not be a need for an intervention in the same way there might have been at the beginning. (Child welfare worker, Authority 2)

There are also child welfare workers who mean that services may not always be desirable, and that it is generally preferable for families to manage by themselves or with support from their informal support system. An example of when child welfare workers may solve clients' problems in their informal support system is exemplified in the following:

It's common for us to think that the parents, with support from their network—either professional or personal—have control over the situation.//They might have sought help from a grandmother or someone else who helps the child get to school in the morning. They may have solved it on their own. Sometimes they do this on their own initiative, or they do it with the support of child welfare workers. During the investigation period, we also work a lot with processes by asking, "How can you resolve this yourselves? What do you see as possible solutions to the concerns we have? (Child welfare worker, Authority 3)

In sum, the analysis highlights various ways in which child welfare workers can modify the demand for services in conjunction with people-processing activities. Here, there is room for varying local professional cultures and discretion. According to this study, the focus of modifying demand often centres on actively seeking alternative solutions to children's and families' problems rather than relying on child welfare services (cf [Lipsky 2010](#)).

Modifying job conception: Interpreting the area of responsibility?

Another way of negotiating client eligibility identified is through modifying the job conception. As previously described, Swedish child welfare is characterized by ambiguity regarding who falls under its jurisdiction ([Lundström et al. 2021](#)). This allows for varying interpretations and different local professional cultures regarding what child welfare's responsibility should be. There are differing views on whether child welfare's responsibility is primarily to support the most vulnerable families or a broader category of clients, which may include parents who could be considered less problem-burdened. Further, some believe that child welfare sometimes compensates for the shortcomings of other welfare providers. This is discussed by a child welfare worker:

Psychiatric issues, school absenteeism, autism, ADHD... where there are others in society who are supposed to help. But it doesn't sync up. Something falls through the cracks somewhere. Sometimes it feels like child welfare is a kind of dumping ground. When things don't work here, there, or there, then social services have to take over. But what do they expect to happen then? We can't work miracles. (Child welfare worker, Authority 3)

As described in the quote, there are groups (e.g. children with psychiatric diagnoses and school-related issues) for whom other organizations (e.g. child and youth psychiatry and schools) may be seen as the primary providers. However, due to the described malfunctions in these systems, families may not receive the support they need. Child welfare workers in certain authorities mean that they end such investigations by relocating clients to these welfare providers, while others claim that they offer child welfare services to these groups, although it may not align with the family's needs. This is discussed in the following:

It's common for schools to send a referral about a child who is not functioning in the school environment. The child may be acting out, falling behind in learning, or not attending school. It also often becomes clear that the child has a diagnosis. In many cases, it's the school that is unable to meet the child's needs.//Then I speak with the parents, and often the parents ... not always, but many times they are knowledgeable, they understand the child's diagnosis//...//And in such cases, there's not much we can offer. (Child welfare worker, Authority 4)

There are also variations as regards providing services to groups with needs considered to clearly fall under the traditional child welfare responsibility. Some mean that their organization needs more tailored services, for example, adolescents with conduct disorders, delinquency problems, and substance abuse. Others highlight a shortage of services to parents experiencing substance abuse or cognitive difficulties and economic problems. There are also discussions about a need for more practical services; some describe that their organizations can offer help in the client's home, while others mean that there is a need for more practical services, such as homework assistance, babysitting, and help to families experiencing impairments. In other words, there is a variation in the availability of services for different types of problems, but overall, the authorities provide family counselling (Author's, forthcoming). One manager reflects upon a need for a broader view on child welfare, including more practical services:

Sometimes I feel like we don't have the right interventions, that our services don't really fit, because these are families where having a family therapist might not work. They can't keep appointments, it doesn't work to have structure. But now, thankfully, we've gotten a service that's really good. It's these family support workers. They go to the family's home, spend a lot of time there ...//...//. The focus is on getting daily life to work for the children to avoid placements. Before we had this service, there was quite a lot of frustration that things weren't working. (Unit manager, Authority 5)

In sum, this theme shows that child welfare workers may regulate demand for services by modifying job conception (cf [Lipsky 2010](#)). Swedish child welfare is characterized by vague goals, which creates space for

interpreting the area of responsibility. Thus, narrowing eligibility can be achieved through deflection, redirecting children and families to other services (Devaney 2019), but some authorities may also provide interventions for ‘nontraditional’ groups.

Modifying client conception: Focus on receptive clients?

A third way of negotiating client eligibility analysed is modifying client conception regarding who is suitable for interventions. There are differing views on whether child welfare should urge interventions for those identified as in need or focus primarily on clients who are considered receptive to services. In line with the overarching principle of voluntariness in the system, there are client groups where authorities may perceive their role as significant, but where parents or the child are unwilling to cooperate (cf Heimer and Pettersson 2023; Höjer and Pösö 2023; Loebs and Persdotter 2025). Given that legally mandated coercive care is considered inapplicable, it is described as difficult to take action.

According to the child welfare workers, this issue involves various clients. One group includes parents or adolescents who downplay the seriousness of the problems, such as parents who do not recognize the need to alter their parenting style or youth who lack the motivation to engage in services for issues like substance abuse. Additionally, some families are reluctant to give child welfare insight into their situations due to disinformation about child welfare or negative past experiences. This issue is discussed by a child welfare worker:

I have a case where we’ve been working for a very long time, motivating for an intervention. They want to receive help, but they don’t see the same problem, or they don’t think that conflicts in the home are ... well, they don’t see it as harmful for the children.//...//We now have two family counselors in in-home services who work more with parents ... where the parents themselves have disabilities and where no change is likely to happen. But I think it’s difficult when you’ve tried family counselling for several years and it leads nowhere. (Child welfare worker, Authority 6)

Child welfare workers describe unwilling clients in various ways, viewing this both as a natural part of child welfare and as a potential problem. Most see child welfare investigations as a process and understand that some clients may not want to cooperate, which can result in the investigation being closed. Some believe that the problem of the child may be just a temporary phase in the family’s life, and that it is not necessarily a cause of concern if clients decline. These child welfare workers argue that authorities cannot force individuals to comply and that authorities do not always have the best understanding of the most appropriate solutions. Also, some child welfare workers stress that it may be a waste of

resources to provide services if clients are unmotivated. In cases where families reluctantly accept services, they experience that it is common for them to cancel meetings. When clients are unmotivated, several child welfare workers describe that they attempt to plant seeds of motivation, hoping that if the families are re-referred in the future, they will be more receptive. This is reasoned upon by a child welfare worker:

I did that more during my first years. I had so much drive, and I was so eager, like 'I want to help everyone, and you have to say yes.' And then you'd push interventions on them. But then the counsellors would come back and say, 'they don't show up, the conversations aren't productive, they just sit there staring at the wall.' So no, I'm pretty doubtful that it's helpful to try to force it. (Child welfare worker, Authority 7)

However, some believe there may be pedagogical benefits to compelling clients, particularly adolescents, to use in-home services. Still, there is overall skepticism regarding the efficacy of increasing coercive services, as they are often seen as detrimental to the alliance with clients. Instead, alternative strategies are considered crucial for increasing client motivation. Some child welfare workers describe how existing services may not always be appealing. For instance, some point out that family counselling can seem ambiguous, as these services are often tailored to the specific needs of each family, making it difficult to explain the content in advance. One unit manager reflects upon that the fact their limited supply of services may potentially lead to less motivated clients:

We primarily have family counselling...//I think that if we had something more extensive and provided it ourselves within the municipality to a greater extent, then absolutely, there are some families who might feel like, 'Family counselling, that's not what I need help with, I actually need something more,' then I think they might be more inclined [to accept the help]. (Unit manager, Authority 6)

In sum, this theme shows that child welfare workers may narrow eligibility through selection, prioritizing certain client groups for support (cf [Devaney 2019](#)). This involves distinguishing between those considered eligible of child welfare support ([Lipsky 2010](#)). The analysis indicates that child welfare workers are primarily more inclined to provide services to those who are motivated to engage with them and are likely to benefit from them.

Summary and discussion

In most welfare states, child welfare primarily involves authorities investigating referrals to determine whether a child requires protection or support. In Sweden, the threshold for involvement with child welfare is low, and in recent years, there has been a dramatically growing number

of referrals. Consequently, the pressure on the child welfare system has intensified, and the number of children not receiving services has increased (Lundström *et al.* in press). In this context, child welfare must determine eligibility in various ways. This article has analysed, through interviews with child welfare representatives, the approaches they may employ to negotiate eligibility during the investigative process. The findings have been analysed and structured based on theories of human service organizations, which posits that child welfare is characterized by vague goals, limited resources, and inevitably requires setting priorities (Hasenfeld 2010; Lipsky 2010; see also Hudson 2014).

The findings show that child welfare authorities and workers can employ various approaches to negotiate eligibility, and that there is room for discretion and local professional cultures in this process. These approaches include:

- *Modifying client demand* through attempts to resolve problems without child welfare interventions. This may involve addressing issues within clients' informal or formal support systems during investigations or conducting investigations aimed at initiating behavioural change.
- *Modifying job conception* by adopting narrower or broader views on the scope of child welfare responsibilities. This approach may lead to a greater inclination to refer clients to other welfare providers or to provide child welfare services directly to them.
- *Modifying client conception* by providing support mainly to those who are motivated and considered receptive. If clients are not receptive, the focus may shift to fostering a positive alliance with them, with the hope that they will be more motivated if re-referred in the future.

The following section discusses the findings in relation to prior research, theory, and the Swedish child welfare context. First, the analysis shows that child welfare workers and their organizations may modify demand in different ways, which is not surprising given the large number of referrals reaching authorities. Our study, consistent with previous research (Stranz *et al.* 2016; Vis *et al.* 2023), shows that the majority of investigations are closed without intervention. The primary aim of child welfare investigations is to assess whether there is a significant need justifying intervention (Fluke *et al.* 2014). From a societal perspective, it may certainly seem reasonable to investigate all potential child welfare concerns. However, a high influx of referrals may have unintended consequences, such as consuming significant resources and resulting in fewer cases being substantiated (Ainsworth 2002). This study shows that child welfare workers in this situation may develop additional strategies to buffer and distance themselves from clients and seek alternative solutions to

children's and families' needs (cf [Lipsky 2010](#)). Thus, the increased demand for social workers to investigate more child welfare cases may result in more routines and procedures for screening out cases. An overall consequence of this is that children in vulnerable situations—contrary to policymakers' expectations—may receive less formal help due to stricter referral policies and investigative procedures.

Second, the article shows that child welfare can adopt narrower or broader responsibilities, even in authorities in close proximity. This confirms that there is significant room for local professional cultures and decision-maker discretion in child welfare ([Fluke *et al.* 2014](#); [Bywaters *et al.* 2020](#); [Allan *et al.* 2025](#); cf [Wollter 2020](#)). A feature of Swedish child welfare is its decentralization to the 290 municipalities, where the criteria for determining which children should be investigated and receive services are largely unspecified, giving authorities discretion in deciding eligibility and how services are distributed ([Höjer and Pösö 2023](#); cf [Lipsky 2010](#)). As a result, both the organization of work and the services provided are to a significant extent shaped locally. The findings show that in some municipalities, a professional culture and policy may prioritize supporting children within their private networks. In contrast, other municipalities may place greater emphasis on formal child welfare services. The study also reveals that some authorities primarily serve 'traditional' clients—children exposed to abuse or neglect, and youth with anti-social behaviour—while others extend support to additional groups.

The variation in eligibility raises questions about equality in the provision of services within Swedish child welfare. Previous research has shown that child welfare services exhibit variations between authorities and disparities across different groups of children ([Wiklund 2007](#); [Loeb and Persdotter 2025](#)). Variations are more likely to occur in relation to vague problems than to more serious ones, such as physical abuse ([Vis *et al.* 2023](#)). Still, these variations contrast with the principles of the Swedish and broader Nordic welfare models, which aim to provide equal support to children. According to our study, as shown above, children with similar needs may or may not receive child welfare services, depending on the local authority. In recent decades, there has been a growing trend in Sweden and other countries toward standardizing child welfare investigations to improve decision-making and reduce variation ([Ponnert and Johansson 2018](#); [Skillmark and Oscarsson 2020](#)). Additionally, there are increasing demands for baseline services that are mandatory ([Pålsson and Wiklund 2024](#)). However, it remains unclear whether these developments have resulted in more unified practices.

Third, the study also shows that child welfare workers in practice appear to mainly prioritize services to those clients who are considered receptive. This is in accordance with previous studies, showing that the Swedish consensual model influences the decision-making process regarding which clients receive services ([Östberg 2014](#); [Loeb and](#)

Persdotter 2025). Based on such findings, some researchers are questioning whether the overarching voluntariness of the Swedish system model is functioning adequately (Heimer and Pettersson 2023), and current Swedish policy initiatives emphasize an increase in the coercive elements of the system (Lundström *et al.* 2021). However, this article reveals that client refusal is not always viewed as inherently problematic by child welfare workers. From their point of view, placing less weight on consensus may undermine the alliance with the client and make it difficult to achieve positive service outcomes. Instead, child welfare workers tend to stress their relationships with clients to enhance motivation, rather than use overt coercion. This connects with previous international research indicating that clients are more likely to accept services when child welfare workers sympathize with their perspectives and tailor services to their needs (Tilbury and Ramsay 2018).

Strengths and limitations

The strengths of this study are linked to its qualitative nature, which allows for insight into how managers and social workers perceive eligibility in child welfare. Additionally, it builds on a larger quantitative study, which identified certain patterns in how clients are screened out. The study also encompasses several municipalities with differing organizational structures and populations, which hopefully captures a variation of perspectives.

However, as a qualitative study based on the perspectives of child welfare representatives, there are limitations in terms of generalizing the findings. Swedish child welfare is highly decentralized, and we know that practices differ across municipalities—an analytical point that this study highlights.

Conclusions

This study contributes to the literature by demonstrating how Swedish child welfare workers may use various approaches to negotiate and narrow eligibility. These include modifying demand through attempting to resolve issues without child welfare services, modifying job conception by narrowing the scope of child welfare responsibilities, and modifying client conception by granting services mainly to receptive clients. Overall, the analysis shows that there is room for local professional cultures and discretion, which is important to consider when understanding the significant variation in service provision across authorities.

Additionally, the study contributes to the literature by elaborating on an analytical framework that, to the best of the authors' knowledge, has

not been used in this way to understand how needy clients are defined. The framework aims to capture the various dimensions of how child welfare authorities—characterized by vague goals and limited resources—set priorities and determine eligibility. Further research may build upon and refine this framework.

Implications for policy and practice

For policymakers, the results suggest that policies aimed at increasing child welfare referrals may lead to more unsubstantiated cases and those outside its jurisdiction. Additionally, the varying interpretations of child welfare's role highlight the need for clearer definitions of its societal function in relation to other welfare providers, ensuring that all children have equal access to services.

Policymakers should also be aware that the need to screen out clients may reflect systemic issues. As referrals for school and mental health problems increase (NBHW 2022), many are redirected to other providers, suggesting dysfunctions in other welfare systems. This raises questions about whether child welfare—often seen as the ‘last safety net’—is expected to take on a too broad role and whether responsibilities across welfare providers are properly balanced.

Finally, an implication for practice is that the large number of children being screened out raises concerns about whether current child welfare services are adequately aligned with children's needs and whether they require reorganization to provide more diverse support, such as more practical or individualized services. Furthermore, given the professional preference for voluntariness in in-home services, it is essential to explore ways to enhance clients' motivation to accept services.

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