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Perspectives on organizational structure and social services' work with clients – a narrative review of 25 years research on social services
Perspektiv på organisationsstruktur och socialtjänstens klientarbete – en narrativ översikt av 25 års Socialtjänstforskning

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ABSTRACT

The social services in Sweden are clearly influenced by international development towards organisational specialisation. However, little is known about how organisational structures are associated with the client work of social services. The article presents a narrative research review aimed to summarise and discusses empirical research on organisational structures in the social services and how these structures might influence client work. Building on the tension between specialisation and integration, the article identifies both the advantages and the disadvantages of the different approaches to organising social services along a continuum from high levels of specialisation, via coordination and collaboration solutions, to high levels of integration. The findings suggest that, to function adequately, social service organisations need to combine and balance aspects of both specialisation and integration.

SAMMANFATTNING

Svensk och internationell socialtjänst präglas tydligt av organisatorisk specialisering. Det saknas dock kunskap om hur organisationsstrukturer påverkar socialtjänstens klientarbete. Denna artikel presenterar en narrativ forskningsöversikt med syftet att sammanfatta och diskutera empirisk forskning organisationsstrukturer i socialtjänsten och hur dessa kan påverka klientarbetet. Med spänningsfältet mellan specialisering och integrering som utgångspunkt, identifierar artikeln både för- och nackdelar med dessa båda organisatoriska principer utifrån ett kontinuum från höggradig specialisering via samordning och samarbete till tydligt integrering. Resultatet visar att socialtjänstens organisation behöver kombinera och balansera olika strukturer utefter kontinuumet mellan specialisering och integrering för att klientarbetet ska fungera ändamålsenligt.

Introduction

Certain aspects of the organisation of social services have, to some extent, been overlooked in social work research. One such aspect concerns how *organisational structures* are associated with the client work of social services (Martin & Hazlett-Knudsen, 2012; Winter, 2009). However, it can be argued

that this particular aspect deserves more attention from research since social service organisations are crucial links between governments and citizens when welfare policies are to be implemented (Hasenfeld, 2010).

Previous research has identified a gap in the knowledge concerning how work with clients is affected by the widespread organisational specialisation that characterises the social services in Sweden as well as internationally at present (Fisher & Elnitsky, 2012; Smith et al., 2019;). Namely, there are possible consequences of making separate units or functions within a single organisation responsible for separate measures aimed at different problem areas or target groups (Smith et al., 2017; 2018). Even though social services have a statutory duty to support and safeguard the most vulnerable in society, there is a particular lack of focus on the consequences of specialisation from a client perspective (Grell et al., 2016).

From an organisation theory perspective, maximal organisational specialisation can be regarded as one end of a continuum, the other end of which is maximal organisational integration. The tension between these two endpoints has been a frequent topic of discussion in the social services literature (Buck et al., 2011; Martin & Hazlett-Knudsen, 2012; Raeymaeckers, 2016; Smith et al., 2018, 2019). While opinions differ somewhat, there is consensus regarding the need for more research in the area.

Historically, the balancing between organisational specialisation and organisational integration in the social services has shaped the conditions for client work differently at different times (Haack et al., 2018). Although organisational specialisation is now a global phenomenon characterising most sectors of society, including the social services (Fisher & Elnitsky, 2012), this has not always been the case. In the US, UK, and the Nordic countries, integrated social services – where efforts are focused on a wider range of social problems – had a better standing and were more common in the 1970s and the first half of the 1980s. This relatively short period was both preceded and followed by times of specialisation as the prevailing organisational principle (Haack et al., 2018; Parton, 2009), and there were several motives for the fairly rapid return to specialisation in the late 1980s.

However, it appears that the development towards organisational specialisation has mainly been driven by political, organisational and professional concerns rather than being based on clients' needs and rights, and the benefits of specialisation appear to have mostly been implied and taken for granted (Bergmark & Lundström, 2007). This situation, therefore, constitutes another strong argument for more research and critical discussion on the subject.

From a Swedish vantage point, looking outwards towards an international context, the question investigated in this article is: how are various organisational structures associated with social services' work with clients? The aim is to summarise and discuss empirical research on social services in Sweden and their international counterparts. The article focuses particularly on the tension between organisational specialisation and integration in a social service context. It does not discuss different country's welfare systems in a broader sense, or address the issue in relation to a wider range of human service organisations.

Method and material

The present review takes a narrative approach, which is commonly utilised in social work, medical and organisational research (Kudret et al., 2019; Orme & Bueheler, 2001). The aim of a narrative review is often to achieve a general understanding of current knowledge within a relatively complex and partially unexplored area, as opposed to finding research evidence related to a well-defined and specific question (Collins & Fauser, 2005).

The narrative approach entails a more unconditional and relatively broad literature search and the results build on a relatively unsystematic and emergent process (Cronin et al., 2008). However, the search for relevant studies for this review started with a more traditional and systematic approach. The basic steps in the process are described below. We have aimed to follow advices from Collins and Fauser (2005) and Ferrari (2015) in laying out our search strategy and methods of analysis.

The time frame for the literature search was from January 1995 to December 2020, and the search engines used were: Academic Search Elite (EBSCO), Discovery, Google Scholar, PsycINFO, Scopus, Social Services Abstracts, Sociological Abstracts, and Web of Science (Science Citation Index Expanded (SCIE) and Social Sciences Citation Index (SSCI)). At first, different combinations of search terms – such as 'specialisation', 'differentiation', 'integration', 'generic', 'holistic', 'social work', 'social agencies', 'organisations', and 'human service organisations' – were used, as well as their Scandinavian-language equivalents. The most hits were found using combinations of terms central to the study, such as 'social work' and 'specialisation' or 'integration'.

Reading the abstracts (>300) revealed that very few of the articles were related to the connection between organisational structure and work with clients and based on empirical studies of the subject, and of those that were, only 10 articles empirically compared specialised and integrated organisational structures in relation to work with clients in some way.

A broader search strategy, including snowball sampling (Maxwell et al., 2012), was deemed necessary to address the study aim, and the continued literature search was guided by keywords and references from the material found in the initial search (cp. Ferrari, 2015). The stages of searching, sorting, selecting, and acquiring, as well as reading, identifying, and refining became interwoven, corresponding to the hermeneutic approach (see Figure 1) as described by Boell and Cecez-Kecmanovic (2010).

Qualitative directed content analysis (Hsieh & Shannon, 2005) was applied in order to identify central categories in the material. The original search and analysis categories *specialisation* and *integration* were supplemented at this stage with the concepts of *coordination* and *collaboration*. The purpose was to incorporate the relatively extensive research on organisational cooperation found in the overview, thereby nuancing the picture of potential organisational structures within the area of social services. The inclusion criterion for the texts identified through this process was that they should link organisational specialisation, coordination, collaboration, or integration to
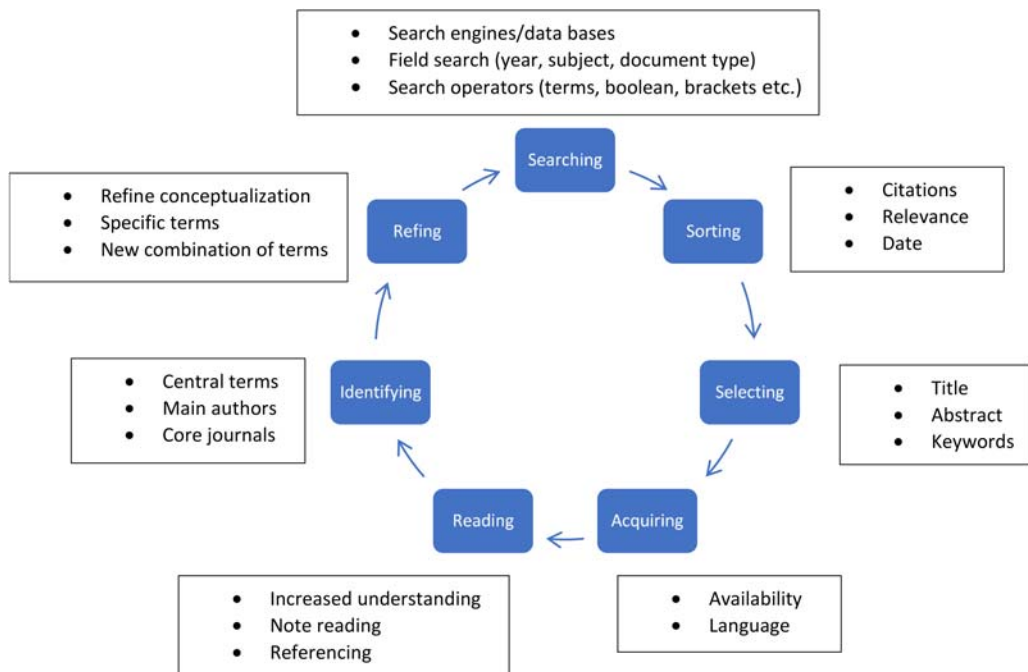
Figure 1. The hermeneutic approach of reviewing literature and techniques associated with different stages of the process (adapted from Boell & Cecez-Kecmanovic, 2010).

consequences related in any respect to work with clients. At this stage, *client work* was defined rather broadly as 'professional activities in a social service context that include or affect clients'. Furthermore, studies adopting an organisational/professional perspective as well as a service user perspective on the subject were included. An effort was also made to search for and select literature that highlighted the strengths as well as weaknesses of the respective organisational structures. A point of saturation was reached when the same aspects of these strengths and weaknesses started to recur in the material.

The process described above yielded 120 texts, forming the basis for the article's results and conclusions. Due to space limits, we included a selection of 50 publications in this article. The majority of them are peer-reviewed articles (37 sources). However, books ($n = 5$), doctoral theses ($n = 2$), reports from universities, authorities and organisations ($n = 4$), and conference papers ($n = 2$) have also been included in the material. Inclusion criteria were: (1) Preferably written in English. If publications in different languages presented similar findings, texts in English were chosen to make the article more relevant for international readers. (2) Research as new as possible, with regard to how significant we assessed a publication's results to be, concerning the importance of organisational structure. A 25-year time frame was chosen for the 50 publications included in the article since we during the screening process, identified a text from 1996 that we deemed relevant to include. (3) Publications with the most representative findings. While the results presented in Figure 3, builds on the initial 120 texts, the 50 publications with the most representative results were chosen to form the basis of the article.

If several texts had similar content, the following exclusion criteria were used: (a) results less clear on consequences for client work, (b) text had not undergone peer review, (c) not the most recent publication we had identified.

Methodological considerations

Narrative reviews may be criticised for lack of systematic approach and for being vulnerable to author bias (Byrne, 2016). With this taken into consideration, we have strived to describe the basic steps in the emergent review process as transparently and comprehensively as possible. Particular efforts have also been made to identify both strengths and weaknesses of specialisation and integration, as well as coordination and collaboration as different approaches to organising client work in social services.

However, the aim of the review is to summarise and discuss empirical research on a subject where a certain lack of knowledge is described in the literature. Therefore, the narrative approach was found to be particularly suitable for collecting, summarising and 'making sense' of actual existing research, though studies on the subject are fairly few and diverse (Cronin et al., 2008; Pope et al., 2007).

Consequently, this review contains a diverse range of studies, leading to the risk of 'comparing apples and pears' to some extent. The intention of including a variety of studies has, however, been to achieve breadth rather than depth in the presentation. We also argue that the similarities between social services across countries are significantly greater than the differences and that the tension between organisational specialisation and integration, in particular, comes up regardless of national context or whether it is viewed from an organisational/professional perspective or a client perspective.

A conceptual framework on the tension between specialization and integration

This section presents a conceptual framework concerning the tension between specialisation and integration, which will serve as a guiding structure for the analysis, presentation and discussion of the review results. The most common form of specialisation in the Swedish social services entails different types of social issues – such as financial aid, substance abuse, or child welfare – being
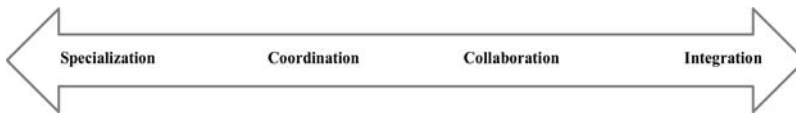
Figure 2. Organisational solutions presented on a continuum with specialisation and integration as endpoints.

dealt with by separate units. This is usually referred to as *problem-based specialisation*, while *function-based specialisation* mainly means that the exercise of public authority (assessments and decision making) is separate from social support and treatment (Blom et al., 2009).

The concept of *integration* is used in diverse ways in the organisation theory literature. 'Integration' may, for example, refer to different forms of cooperation, both between separate welfare organisations and between units within the same organization (Horwath & Morrison, 2007; Smith et al., 2017). The concept may also be used to characterise an 'integrated' organisation, including a wide range of functions and working methods, as well as several different target groups (Fisher & Elnitsky, 2012). Finally, the concept can also refer to both vertical (on different levels of a hierarchical structure) and horizontal (on the same hierarchical level) dimensions of cooperation (Axelsson & Bihari Axelsson, 2006).

In the present article, however, the concepts of *specialisation* and *integration* are used to describe a horizontal and antithetical relationship in the organisational structure (cp. Cambridge & Parkes, 2005; Smith et al., 2017). Clearly, specialised and integrated organisations can be considered as two opposite ideal types that are difficult to find in their purest form. In reality, various hybrid forms of organisational solutions may be found along a continuum between these two endpoints. *Cooperation* is used as an overarching and general concept to refer to different types of interaction that can take place between organisations, or between units within an organisation, although *intraorganizational* cooperation within the social services is the main focus of the study. To illustrate how the continuum between specialisation and integration contains varying degrees of such cooperation, the present article applies an established model and terminology (see Figure 2), used with some minor variations in previous research (e.g. Horwath & Morrison, 2007).

Starting at one end, independent and specialised units can exist side by side, with separate or common target groups, without any actual interaction between the units. A first step along the scale towards integration can be taken using the concept of *coordination*, where interventions by organisationally separate actors are synchronised in different ways: from interventions being implemented in a certain order to involved actors keeping each other informed of the activities within their respective units/organisations. However, the actors maintain their own areas of responsibility and their specific duties.

The next step, *collaboration*, means that the boundaries between different actors become less clear, and that those involved to a greater extent contribute their special skills to solve joint tasks. Finally, at the other end of the continuum, there is organisational integration or merging, where a wider range of target groups and duties are incorporated into one and the same organiation. The results reported hereafter have been thematized based on the above-described continuum. To clarify the differences between the poles of *specialisation* and *integration*, however, the presentation begins with the advantages and disadvantages of these two structures.

Results

The advantages of specialisation – rationality and expertise

Some arguments for specialisation within the field of social services are based on the inability of any individual organisation, unit, or social worker in the welfare sector to oversee and handle all tasks in the multifaceted field of social work. The basic assumption is that a certain degree of specialisation is more or less inevitable (Green et al., 2005).

Regarding empirical evidence in support of specialisation, there are a number of studies indicating that problem-based and function-based specialisation may result in better assessments. Skogens (2007) found that units working exclusively with financial aid were able to base their assessments more precisely on financial conditions, while integrated organisations tended to include other factors as well. Within the area of financial aid, intake units (i.e. a form of function-based specialisation) have proved to be better at helping clients find alternative solutions to their supply problems (Minas, 2005). The benefits of specialisation in the investigation phase have also been highlighted in studies on elderly care (Astvik & Aronsson, 1999) and work with psychosocially vulnerable adults (Cambridge et al., 2011).

One argument for function-based specialisation within the area of child welfare can be found in a study by Bell (1999) showing that it is difficult to combine the roles of investigator and treatment provider in the same case, thus implicitly recommending function-based specialisation. Marttila et al. (2012) arrived at a similar conclusion concerning the separation of assessment and treatment functions in dealing with financial aid.

Sundell and Humlesjö (1996) demonstrated that investigations conducted by specialised child welfare units were completed more quickly, framed the problem more clearly, and were easier to interpret compared with investigations conducted by child welfare units responsible for both assessments and treatment. A child perspective also tends to be more prominent in investigations conducted by specialised childcare units (Ostberg, 2014). Separating the exercise of public authority from treatment and support functions in social service organisations has proved to have a positive effect on the relationship between clients and social workers who have a purely treatment and supportive function (Blom, 2004; Ekström, 2018).

There is a certain amount of empirical evidence indicating that specialisation is preferable when it comes to specific target groups and their social problems (Sandlie et al., 2011; Willumsen & Leth, 2018). This aspect has been highlighted in relation to different areas, such as social services' work with infants who are born into substance abuse environments and diagnosed with serious medical conditions (Cohon et al., 2001), or refugees in vulnerable life situations (Engstrom & Okamura, 2007). There are many other studies indicating the need for such target group specialisation (e.g. Biehal, 2005; Hughes et al., 2013).

The disadvantages of specialisation – fragmentation and lack of a holistic view

While specialisation appears to be preferable when it comes to the specific problems of individuals or distinct target groups, this organisational solution makes it more difficult to conduct forms of social work that include a broader population, such as community service or social work in rural areas (Murty, 2005). However, the most frequent criticism of specialisation is that it leads to a fragmented welfare sector (Matos & Sousa, 2004; Matthiessen et al., 2017). Such fragmentation can make it difficult to both identify and assist clients with complex needs that overlap organisational boundaries (Grell et al., 2016; Ungar et al., 2012).

Another obstacle emerges in studies showing that specialised organisations, or units within the organisation, can differ in their values, their attitudes towards their professional role and duties, and how they view clients (Ellem et al., 2012; Grell et al., 2016). For instance, Meeuwisse et al. (2011) found that staff working with financial aid in the problem-based specialised social services were more demanding and prone to check up on their clients than were those working with substance abuse or child welfare.

Research has also shown that the work in specialised organisations or units may take on aspects of instrumentalism (Bømler, 2012), and that staff on such units may distance themselves from their clients to a greater extent (Grell et al., 2016; Meeuwisse et al., 2011). Minas (2005) found that a highly specialised organisation entails more administrative barriers for clients to overcome in gaining access to support and help. Studies have also shown that professionals in specialised child welfare have to spend an increasing amount of time on administration and cooperation with

other actors in the field, at the expense of direct contact with their clients (Christensen & Egelund, 2002).

Establishing a positive and sustainable relationship between the social worker and the client is seen as a decisive factor in successfully implementing various forms of support and intervention (Knei-Paz, 2009). The abovementioned downsides of organisational specialisation, along with the fact that it often results in several professionals being involved in the same case, have none the less proved to be an obstacle to the development of such relationships (Grell et al., 2020; Winter, 2009).

The advantages of integration – the holistic view

The idea of a *holistic view* is fundamental to organisational integration, which means that organisations working with people with social problems should not focus solely on individual symptoms, but should look at their life situation as a whole (Haack et al., 2018).

Some studies indicate that an integrated organisation is preferable to a specialised organisation when it comes to support and treatment interventions (Cambridge et al., 2011; Cambridge & Parkes, 2005). There is also evidence that it is preferable for an organisation to have the skills and mandate to deal with the whole life situation of their clients, even if the contact was made on the basis of a more limited problem area, such as financial problems (Marttila et al., 2012), complex needs in young people (Ungar et al., 2012), or juvenile crime (Ryan et al., 2001).

Regarding the conditions for developing sustainable relationships between social workers and clients, some studies show that integrated organisations are preferable (Perlinski et al., 2012). Blom et al. (2009) compared clients' perceptions of specialised and integrated organisations. They found that integrated organisations were easier to understand, entailed contact with fewer social workers, gave professionals a better holistic view, and led to clients being more involved in, and more satisfied with, the sustainable support process.

The disadvantages of integration – width at the expense of depth

The development towards increasing specialisation in the Swedish welfare sector can generally be interpreted as a reaction to the possible disadvantages of integration. Such disadvantages have emerged, for example, in child welfare investigations. Investigations conducted in an integrated organisational context tend to take more time and be less clear than those carried out by specialised child welfare units (Sundell & Humlesjö, 1996). Muñoz-Guzmán et al. (2015) drew similar conclusions in a study of child welfare in Chile.

In integrated organisations, there also seems to be a risk of pushing aside the child perspective in favour of a more general adult or family perspective (Ostberg, 2014). Moreover, the lack of a clear target group and specific knowledge of children may lead professionals to shift their focus to the adults, both in child welfare investigations and when planning interventions (Parton et al., 1997). With integrated investigation and treatment, there is also a risk of concealing the power inherent in the exercise of authority (Christensen & Egelund, 2002). Furthermore, some of the research presented above regarding target groups with problems of a 'unique' nature (e.g. Biehal, 2005; Engstrom & Okamura, 2007) indirectly speaks against the possibility of integration and generalist knowledge being able to handle all the essentially different problems included in social work.

Coordination and collaboration – strengths and weaknesses

While fragmented social services appear to be one of the most prominent disadvantages of specialisation, cooperation – in a broad, general sense – constitutes a central counterforce (Munday, 2007). The concept as such also has a strongly positive connotation, despite the fact that cooperation

between actors within the welfare sector has sometimes proved to be time-consuming, and despite the risk that it can take place at the expense of client contact (Helgøy et al., 2011).

Several authors have pointed out that cooperation should be considered a challenge in itself (Horwath & Morrison, 2007; Ungar et al., 2012). Regarding both *inter-organisational* and *intra-organisational* cooperation between specialised actors, obstacles such as simple misunderstandings, unclear division of tasks, and struggles over the preferential right of interpretation in various cooperative situations have been noted (Hitzler & Messmer, 2010; Matscheck et al., 2019).

The foremost difference between *coordination* and *collaboration* is in how elements of specialisation and integration are balanced and expressed (Horwath & Morrison, 2007). Both these organisational solutions are impaired by the abovementioned disadvantages associated with cooperation in general, but each of them also has its own documented advantages. To begin with, there is empirical support for *coordinating* measures within the social services, for example, in regard to clients with complex needs. Coordinated measures on the part of several specialised actors lead to a better outcome than does specialisation in the absence of any formal coordination initiatives (Buck et al., 2011; Ungar et al., 2012). Establishing special functions (such as case managers, welfare advisors, treatment coordinators, and service coordinators) that are responsible for the coordination of measures has also been shown to improve outcomes for clients, with parallel interventions involving multiple specialist actors (McArthur & Thomson, 2011; Willumsen & Leth, 2018).

In the next step towards integration, that is, *collaboration*, studies on social services have shown that actors in different parts of the organisation, with essentially different skills, can make a difference by working together. In this case, the boundaries between the different actors are dissolved to a certain extent. The integrative feature consists of the actors together forming a multidimensional support and treatment option, directed at a limited and shared target group.

This hybrid method between specialisation and integration has proved to be beneficial in work with particularly vulnerable target groups, for example, in the case of homeless people (Rosenheck et al., 2001), victims of intimate partner violence (Duke et al., 2015), or families in which child welfare needs to be combined with interventions intended to combat poverty, substance abuse, and mental and physical health problems (Robertson & Haight, 2012; Spratt, 2011).

Concluding discussion

The aim of the present article was to summarise and discuss empirical research on social services in Sweden and their international counterparts as a way to answer the question of how various organisational structures are associated with the social services' work with clients? The presented research review cannot be considered complete or comprehensive, and the observations made in this section should be considered tentative. With these reservations in mind, together with the considerations presented earlier in the *Method and material* section, some of the more central results can be summarised as below in Figure 3. The Figure lists the advantages (+) of specialisation, coordination, collaboration and integration (seen from both an organisational/professional perspective and a client perspective) above the arrow that represents a continuum of organisational solutions. The corresponding disadvantages (−) are described underneath the arrow.

A summarising answer to the research question is that various organisational structures are associated with the social services' work with clients in different ways, and that every type of organisational structures, has characteristics that entails advantages as well as disadvantages. Whether the characteristics of the organisation are perceived to lead to advantages or disadvantages to a great extent depends on the viewer's perspective (e.g. the social worker or the client), but also on the type of social problem (e.g. simple or complex), what part of the work task is in focus (e.g. investigation or support), and assumptions about the number of involved professionals (e.g. many or few social workers in a case). Since the answer to the research question largely is perspective-based, this, in turn, has implications for the practical question that policy makers are faced

with: How should the social service be organised? In the next section, we have a discussion based on that issue.

No clear-cut answers concerning how social services should be organized

The review of 25 years of research cannot provide any unambiguous answers to the question of how social services should be organised. Nevertheless, the results indicate that the primary advantage of the current use of widespread specialisation is the possibility to develop expertise within a limited area, with the expected consequences being higher quality and better outcomes. Increased specialisation and diversification of expertise also increase the social services' ability to respond to a greater number of 'unique' and separate target groups with specific needs. However, there is reason to question the appropriateness of far-reaching specialisation within the social services, since the literature contains fairly extensive criticism of the fragmentation of welfare services, especially for clients with complex needs. Conversely, it is difficult to find purely integrated organisations in contemporary social services.

Some clues as to how social services should be organised might be gained by considering both the character of the needs of different target groups, and the kind of task that is to be performed. Heuristically, using Hasenfeld's (2010) influential typology, organisational specialisation appears generally beneficial when it comes to the *people-processing* aspects of work, especially regarding assessments aimed at specific target groups. Conversely, organisational integration seems more preferable for *people-sustaining* tasks such as providing long-term care and support, particularly when aimed at clients with complex needs. Regarding *people-changing* tasks, specialisation again appears favourable when it comes to specific treatment interventions aimed at distinct needs, while integration or a comprehensive collaboration between specialised actors seems somewhat inevitable for treatment aimed at clients with needs of a more severe and multifaceted character.

The main answer to what the best organisational structure seems to be hidden somewhere inside the broad concepts of *service integration* and *cooperation*. The simple explanation for why cooperation is a crucial issue within the field of social services is that an individual's life situation,
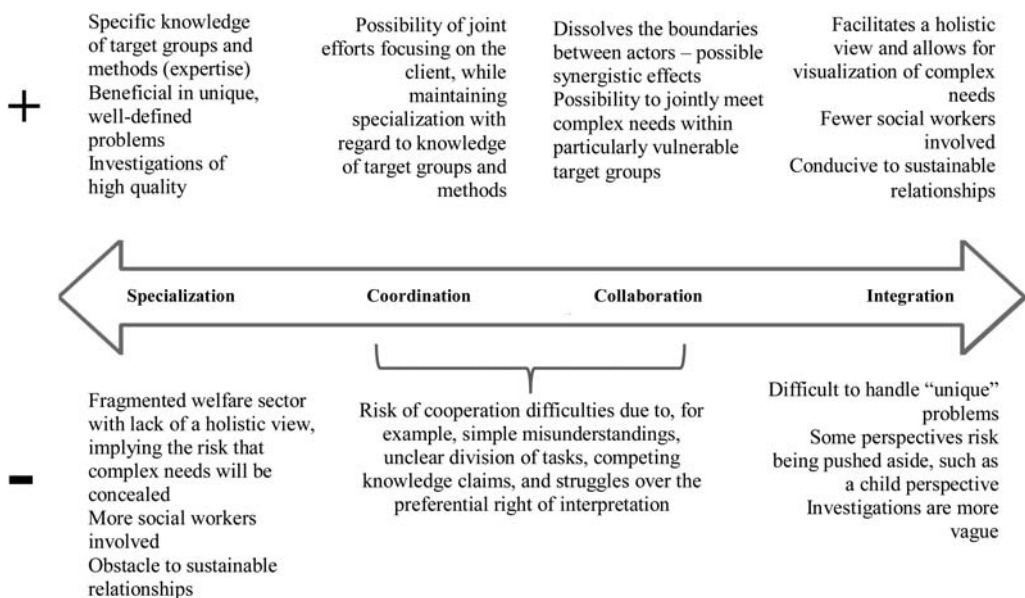
Figure 3. Tentative summary of the advantages (above the arrow) and disadvantages (below the arrow) of various organisational solutions on the continuum between specialisation and integration.

and thereby the scope and complexity of their social problems, cannot always be limited and categorised based on the organisational boundaries that have been established. In this regard, a positive outlook on cooperation would entail maintaining the benefits of separate areas of expertise and duties, while to some extent neutralising the disadvantages. However, achieving the right mix or balance between specialisation and integration in different situations appears to be desirable, although difficult (Raeymaeckers, 2016; Rose, 2011).

Policy makers and organisations in the social services area of today seem to be path dependent, insofar as they continue along the well-worn path toward specialisation, while organisational challenges such as fragmentation are met with 'more of the same', that is, continued specialisation and demands for more persistent attempts for collaboration between actors. (Buck et al., 2011; Munday, 2007). The actual complexity of social problems and client's needs seems, however, not fully reflected in current organisational structures, which raises the question if it is possible to do things differently?

An alternative approach would be to organise work on the basis of the character of clients' needs and problems. Glouberman and Zimmerman (2002) distinguish between *simple, complicated* and *complex* problems and claim that every type of problem requires a particular approach. In relation to the results of this review, 'traditional' specialised units seem more suitable for both simple problems (no expertise is required, the same problem-solving strategy can be used in all cases, probably with positive results) and complicated problems (various kinds of expertise are required, similar problems can be solved in similar ways, outcomes are probably predictable). Here, it is possible to maintain and develop specialised units for all cases where clients' needs are delimited, individual and specific. One of the main challenges is, however, to make sure that the expertise in different organisations and organisational units corresponds to the specific needs of the target group.

Complex problems (where expertise may help but not ensures a solution, every problem is unique, and outcomes are highly uncertain) require a rather different organisational approach. Here, it seems preferable to form a comprehensive intraorganisational collaboration, or even formally integrated units, involving professionals with diverse skills and expertise. The so called *Hackney model* may serve as an illustrative example of this from social work practice. In this model, small units of different professionals are working together as a team in complex cases. The team works with a high degree of professional autonomy and engages with the family as a whole instead of handling delimited aspects of the family's needs separately, which is usually the case in a specialised organisation (Chandler et al., 2017). These teams 'specialised in integration' have for instance been shown to reduce the number of professionals involved in one and the same family as well as the number of children taken into care in the Hackney area (Goodman & Trowler, 2012). Moreover, the model constitutes a promising rethinking of how to organise work, and an alternative to the prevailing norm of organisational specialisation. It offers also a way out of the 'first order solution-loop' where more specialisation leads to more fragmentation, which in turn calls for more collaboration between specialised actors.

The present literature review shows that there is still relatively little research explicitly looking at the influence of organisational structure on the social services' work with clients. Hence, there are several possible directions for future research on the subject. For example, how factors related to NPM and privatisation affect organisational structures which, in turn, influences client work. The review also indicates that different organisational solutions have their specific advantages and disadvantages depending on the nature of the social problems in question. In this connection, the match between clients' problems and the organisation of social services would also seem to be a matter that requires more in-depth study. Only a few of the studies referred to take a client perspective, in the sense that the clients themselves have been allowed to express their opinions on matters concerning the structure of social services organisations and the consequences of different structures. If our aim is to better understand what role organisational structure plays in the social services'

work with clients, trying to fill this knowledge gap should be one of the more urgent tasks for future research.

Disclosure statement

No potential conflict of interest was reported by the author(s).

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References

Astvik, W., & Aronsson, G. (1999). Home care workers as specialists or generalists – quality in work and care, *Proceedings/ Work, Stress and Health ´99, Organization of Work in a Global Economy*, March 11–13, Baltimore, Maryland, USA.

Axelsson, R., & Bihari Axelsson, S. (2006). Integration and collaboration in public health – a conceptual framework. *The International Journal of Health Planning and Management*, 21(1), 75–88. https://doi.org/10.1002/hpm.826

Bell, M. (1999). Working in partnership in child protection: The conflicts. *British Journal of Social Work*, 29(3), 437–455. https://doi.org/10.1093/oxfordjournals.bjsw.a011466

Bergmark, A., & Lundström, T. (2007). Unitarian ideals and professional diversity in social work practice – the case of sweden. *European Journal of Social Work*, 10(1), 55–72. https://doi.org/10.1080/13691450601143658

Biehal, N. (2005). Working with adolescents at risk of out of home care: The effectiveness of specialist teams. *Children and Youth Services Review*, 27(9), 1045–1059. https://doi.org/10.1016/j.childyouth.2004.12.031

Blom, B. (2004). Specialization in social work practice – effects on interventions in the personal social services. *Journal of Social Work*, 4(1), 25–46. https://doi.org/10.1177/1468017304042419

Blom, B., Perlinski, M., & Morén, S. (2009). Organisational structure as barrier or support in the personal social services? "Breaking Down the Barriers", Staffordshire University, September 10–11.

Boell, S. K., & Cecez-Kecmanovic, D. (2010). Literature reviews and the hermeneutic circle. *Australian Academic & Research Libraries*, 41(2), 129–144. https://doi.org/10.1080/00048623.2010.10721450

Bømler, T. (2012). Fra specialisering – og tilbage til specialisering. *Tidsskrift for forskning og praksis i socialt arbejde*, 24, 4–13.

Buck, A., Seale, E., Leiter, J., & Taylor, T. (2011). Differentiation and integration of welfare-to-work service delivery in North Carolina. *Administration in Social Work*, 35(5), 475–493. https://doi.org/10.1080/03643107.2011.614199

Byrne, J. A. (2016). Improving the peer review of narrative literature reviews. *Research Integrity and Peer Review*, 1(12), 1–4. https://doi.org/10.1186/s41073-016-0019-2

Cambridge, P., Beadle-Brown, J., Milne, A., Mansell, J., & Whelton, B. (2011). Adult protection: The processes and outcomes of adult protection referrals in two English local authorities. *Journal of Social Work*, 11(3), 247–267. https://doi.org/10.1177/1468017310379255

Cambridge, P., & Parkes, T. (2005). The tension between mainstream competence and specialization in adult protection: An evaluation of the role of the adult protection co-ordinator. *British Journal of Social Work*, *36*(2), 299–321. https://doi.org/10.1093/bjsw/bch245

Chandler, J., Berg, E., Ellison, M., & Barry, J. (2017). Reconfiguring professional autonomy? The case of social work in the UK. In B. Blom, L. Evertsson, & M. Perlinski (Eds.), *Social and caring professions in European welfare states: Policies, services and professional practices* (pp. 69–82). Policy Press.

Christensen, E., & Egelund, T. (2002). *Børnesager: Evaluering af den forebyggende indsats*. Danish National Centre for Social Research.

Cohon, J. D., Fritz, D., Brady, M., Cooper, B. A., Needell, B., & Smith, K. K. (2001). Specialized foster care for medically complex, drug-exposed, HIV positive infants: The baby moms program. *Children and Youth Services Review*, *23*(11), 831–863. https://doi.org/10.1016/S0190-7409(01)00163-3

Collins, J. A., & Fauser, B. C. J. M. (2005). Editorial: balancing the strengths of systematic and narrative reviews. *Human Reproduction Update*, *11*(2), 103–104. https://doi.org/10.1093/humupd/dmh058

Cronin, P., Ryan, F., & Coughlan, M. (2008). Undertaking a literature review: A step-by-step approach. *British Journal of Nursing*, *17*(1), 38–43. https://doi.org/10.12968/bjon.2008.17.1.28059

Duke, M. R., Schebler, K., & Ruhland-Petty, T. (2015). Workplace dynamics in affiliational organizations: A case study of a one-stop agency serving victims of intimate partner violence. *Journal of Workplace Behavioral Health*, *30*(4), 363–378. https://doi.org/10.1080/15555240.2015.1080597

Ekström, V. (2018). Carriers of the troublesome violence – the social services' support for female victims of domestic violence. *European Journal of Social Work*, *21*(1), 61–73. https://doi.org/10.1080/13691457.2016.1255930

Ellem, K., Wilson, J., & Chui, W. (2012). Effective responses to offenders with intellectual disabilities: Generalist and specialist services working together. *Australian Social Work*, *65*(3), 398–412. https://doi.org/10.1080/0312407X.2011.625433

Engstrom, D. W., & Okamura, A. (2007). A nation of immigrants: A call for a specialization in immigrant well-being. *Journal of Ethnic And Cultural Diversity in Social Work*, *16*(3-4), 103–111. https://doi.org/10.1300/J051v16n03_08

Ferrari, R. (2015). Writing narrative style literature reviews. *Medical Writing*, *24*(4), 230–235. https://doi.org/10.1179/2047480615Z.000000000329

Fisher, M. P., & Elnitsky, C. (2012). Health and social services integration: A review of concepts and models. *Social Work in Public Health*, *27*(5), 441–468. https://doi.org/10.1080/19371918.2010.525149

Glouberman, S., & Zimmerman, B. (2002). *Complicated and complex systems: What would successful reform of medicare look like?* Commission on the Future of Health Care in Canada, Discussion Paper 8.

Goodman, S., & Trowler, I. (2012). *Social work reclaimed: Innovative frameworks for child and family social work*. Jessica Kingsley.

Green, G., Thorpe, J., & Traupmann, M. (2005). The sprawling thicket: Knowledge and specialisation in forensic social work. *Australian Social Work*, *58*(2), 142–153. https://doi.org/10.1111/j.1447-0748.2005.00199.x

Grell, P., Ahmadi, N., & Blom, B. (2016). 'Sometimes it's really complicated!' – clients with complex needs on their encounters with specialised personal social service organisations in Sweden. *Nordic Social Work Research*, *6*(3), 188–200. https://doi.org/10.1080/2156857X.2016.1156017

Grell, P., Blom, B., & Ahmadi, N. (2020). Conditions for helping relations in specialized personal social services – a client perspective on the influence of organizational struc-ture. *Nordic Social Work Research*, *10*(4), 356–368. https://doi.org/10.1080/2156857X.2019.1596148

Haack, M., Matthiessen, A., & Zeeberg, B. (2018). Det bøjlige helhedssyn. In A. M. Willumsen (Ed.), *Helhedsorienteret socialt arbejde med udsatte familier* (pp. 73–89). Akademisk Forlag.

Hasenfeld, Y. (2010). *Human services as complex organizations (2nd ed.)*. Sage.

Helgøy, I., Kildal, A., & Nilssen, E. (2011). *Mot en spesialisert veilederrolle i Nav? Endokumentasjonsrapport*. UNI research, Notat 12, 2011.

Hitzler, S., & Messmer, H. (2010). Group decision-making in child welfare and the pursuit of participation. *Qualitative Social Work*, *9*(2), 205–226. https://doi.org/10.1177/1473325010372156

Horwath, J., & Morrison, T. (2007). Collaboration, integration and change in children's services: Critical issues and key ingredients. *Child Abuse & Neglect*, *31*(1), 55–69. https://doi.org/10.1016/j.chiabu.2006.01.007

Hsieh, H., & Shannon, S. E. (2005). Three approaches to qualitative content analysis. *Qualitative Health Research*, *15*(9), 1277–1288. https://doi.org/10.1177/1049732305276687

Hughes, A., Hope, R. L., Nwokolo, N., Ward, B., Jones, R., Von Schweitzer, M., & Boag, F. (2013). Meeting complex needs: Young people with HIV in London. *HIV Medicine*, *14*(3), 145–152. https://doi.org/10.1111/j.1468-1293.2012.01049.x

Knei-Paz, C. (2009). The central role of the therapeutic bond in a social Agency setting. *Journal of Social Work*, *9*(2), 178–198. https://doi.org/10.1177/1468017308101821

Kudret, S., Erdogan, B., & Bauer, T. N. (2019). Self-monitoring personality trait at work: An integrative narrative review and future research directions. *Journal of Organizational Behavior*, *40*(2), 193–208. https://doi.org/10.1002/job.2346

Martin, L., & Hazlett-Knudsen, R. (2012). Change and continuity in state human service agencies: 1986–2006. *Administration in Social Work*, *36*(1), 85–100. https://doi.org/10.1080/03643107.2011.562065

Marttila, A., Johansson, E., Whitehead, M., & Burström, B. (2012). Dilemmas in providing resilience-enhancing social ser-vices to long-term social assistance clients: A qualitative study of Swedish social workers. *BMC Public Health*, *12*(1), 517–527. https://doi.org/10.1186/1471-2458-12-517

Matos, A. R., & Sousa, L. M. (2004). How multiproblem families try to find support in social services. *Journal of Social Work Practice*, *18*(1), 65–80. https://doi.org/10.1080/0265053042000180590

Matscheck, D., Piuva, K., Eriksson, L., & Åberg, M. (2019). The coordinated individual plan – is this a solution for complex organizations to handle complex needs? *Nordic Social Work Research*, *9*(1), 55–71. https://doi.org/10.1080/2156857X.2018.1489886

Matthiessen, A., Zeeberg, B., & Haack, M. (2017). *Specialisering – et tveægget sværd? En undersøgelse af børn-og ungeaf-delinger set fra et sagsbehandler- og et familieperspektiv*. Metropols skriftserie.

Maxwell, N., Scourfield, J., Featherstone, B., Holland, S., & Tolman, R. (2012). Engaging fathers in child welfare services: A narrative review of recent research evidence. *Child & Family Social Work*, *17*(2), 160–169. https://doi.org/10.1111/j.1365-2206.2012.00827.x

McArthur, M., & Thomson, L. (2011). Families' views on a coordinated family support service. *Family Matters*, (89), 71–81.

Meeuwisse, A., Scaramuzzino, R., & Swärd, H. (2011). Everyday realities and visionary ideals among social workers in the Nordic countries: A matter of specialization and work tasks? *Nordic Social Work Research*, *1*(1), 5–23. https://doi.org/10.1080/2156857X.2011.562030

Minas, R. (2005). *Administrating poverty: Studies of intake organization and social assistance in Sweden* [dissertation]. Stockholm, Stockholm University.

Munday, B. (2007). *Group of specialists on user involvement in social services and Integrated Social service delivery (CS-US). Integrated Social services in Europe. Report*. Council of Europe.

Muñoz-Guzmán, C., Fischer, C., Chia, E., & LaBrenz, C. (2015). Child welfare in Chile: Learning from international experi-ences to improve family interventions. *Social Sciences*, *4*(1), 219–238. https://doi.org/10.3390/socsci4010219

Murty, S. A. (2005). The future of rural social work. *Advances in Social Work*, *6*(1), 132–144. https://doi.org/10.18060/86

Orme, J. G., & Buehler, C. (2001). Foster family characteristics and behavioral and emotional problems of foster children: A narrative review. *Family Relations*, *50*(1), 3–15. https://doi.org/10.1111/j.1741-3729.2001.00003.x

Ostberg, F. (2014). Using 'Consensual ideology': A way to sift reports in child welfare. *British Journal of Social Work*, *44*(1), 63–80. https://doi.org/10.1093/bjsw/bcs094

Parton, N. (2009). From seebohm to think family: Reflections on 40 years of policy change of statutory children's social work in England. *Child & Family Social Work*, *14*(1), 68–78. https://doi.org/10.1111/j.1365-2206.2008.00582.x

Parton, N., Thorpe, D., & Wattam, C. (1997). *Child protection: Risk and the moral order*. Macmillan.

Perlinski, M., Blom, B., & Morén, S. (2012). Different worlds within Swedish personal social services : Social worker's views on conditions for client work in different organisational models. *Social Work & Society*, *10*(2), 1–18.

Pope, C., Mays, N., & Popay, J. (2007). *Synthesizing qualitative and quantitative health evidence: A guide to methods. Maidenhead*. Open University Press, McGraw Hill Education.

Raeymaeckers, P. (2016). A specialist's perspective on the value of generalist practice: A qualitative network analysis. *Journal of Social Work*, *16*(5), 610–626. https://doi.org/10.1177/1468017316644693

Robertson, A. S., & Haight, W. (2012). Engaging child welfare-involved families impacted by substance misuse: Scottish policies and practices. *Children and Youth Services Review*, *34*(10), 1992–2001. https://doi.org/10.1016/j.childyouth.2012.06.006

Rose, J. (2011). Dilemmas of inter-professional collaboration: Can they be resolved? *Children & Society*, *25*(2), 151–163. https://doi.org/10.1111/j.1099-0860.2009.00268.x

Rosenheck, R., Morrissey, J., Lam, J., Calloway, M., Stolar, M., Johnsen, M., Randolph, F., Blasinsky, M., & Goldman, H. (2001). Service delivery and community: Social capital, service systems integration, and outcomes among homeless persons with severe mental illness. *Health Services Research*, *36*(4), 691–710.

Ryan, J. P., Davis, R. K., & Yang, H. (2001). Reintegration services and the likelihood of adult imprisonment: A longitudinal study of adjudicated delinquents. *Research on Social Work Practice*, *11*(3), 321–337. https://doi.org/10.1177/104973150101100303

Sandlie, H. C., Langsether, Å, Sørvoll, J., Skårberg, A., & Hansen, T. (2011). *Organisering og planlegging av boligsosialt arbeid i norske kommuner – fire casestudier*. NOVA Report 5/2011.

Skogens, L. (2007). *Hur bemöts manliga socialbidragstagare med alkoholproblem?* [dissertation]. Stockholm University, Stockholm.

Smith, C., Fallon, B., Fluke, J. D., Mishna, F., & Decker Pierce, B. (2019). Organizational structure and the ongoing service decision: The influence of role specialization and service integration. *Human Service Organizations: Management, Leadership & Governance*, *43*(5), 375–391. https://doi.org/10.1080/23303131.2019.1661928

Smith, C., Fluke, J. D., Fallon, B., Mishna, F., & Decker Pierce, B. (2017). Role specialization and service integration in child welfare: Does organizational structure influence the decision to refer to supportive services? *Children and Youth Services Review*, *82*, 139–148. https://doi.org/10.1016/j.childyouth.2017.08.031

Smith, C., Fluke, J., Fallon, B., Mishna, F., & Pierce, B. D. (2018). Child welfare organizations: Do specialization and service integration impact placement decisions? *Child Abuse & Neglect*, *76*, 573–582. https://doi.org/10.1016/j.chiabu.2017.09.032

Spratt, T. (2011). Families with multiple problems: Some challenges in identifying and providing services to those experiencing adversities across the life course. *Journal of Social Work*, *11*(4), 343–357. https://doi.org/10.1177/1468017310379256

Sundell, K., & Humlesjö, E. (1996). *Sociala utredningar med fokus på barn*. Social services, R&D unit.

Ungar, M., Liebenberg, L., & Ikeda, J. (2012). Young people with complex needs: Designing coordinated interventions to promote resilience across child welfare, juvenile corrections, mental health and education services. *British Journal of Social Work*, *44*(3), 1–19.

Willumsen, A. M., & Leth, L. A. (2018). Changing user-perspectives in a changing organisation of casework for families at risk. *Practice*, *30*(5), 359–379. https://doi.org/10.1080/09503153.2018.1461822

Winter, K. (2009). Relationships matter: The problems and prospects for social workers' relationships with young children in care. *Child & Family Social Work*, *14*(4), 450–460. https://doi.org/10.1111/j.1365-2206.2009.00628.x