Talking to the child snappers

- A qualitative study on social workers’ reflections around their communication with children who live in families with addiction problems

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Abstract

This thesis aim was to investigate how social workers reflect around their communication with children who live with parents or guardians who have addiction problems. How the social workers manage to enable the child’s legally right to be heard in a decision-making process. What methods the social workers are using and what that is perceived as limitations and capabilities in the communication with children who live with parents with addiction problems. The method used in the study is qualitative with interviews. There were five interviews conducted with social workers within the same municipality. Theories for analysing were Family System theory and Attachment theory. Primarily the study has called for a deeper understanding of how complex social work and authority assessing is when related to children. This study reveals how difficult it is for social workers to enable for children to be heard about their situation without their parent’s permission and approval to communicate with the social worker. Importance was also emphasised and expressed on building and maintaining a trusting relationship with the child and stakeholders involved. In the municipality where the study took place they all stated that they are working according Swedish legislation and got training in and used the method Signs of Safety, which enables to get an image over the children's situation. Other methods for communicating with children were used different by different social worker due to different trainings, abilities and depending on the needs from the individual child.

Keywords: Communication, Interviews, Addiction Problems, Social Services, Sweden
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1. Introduction

Today there are no certain numbers of evidence of how many children in Sweden who live with parents or guardians with addiction problems. What we do know is that 90% of the Swedish population is using alcohol and henceforth there is a thin line between when the use of alcohol is of risk and when it is an abuse and/or addiction. According to a study made by the institute of Public Health (FHI) approximately a fifth of all children living in Sweden have one or two parents that have an addiction problem or a hazardous use of alcohol. But since the problems of addiction often are hidden it is hard to say how many children that join their parents with their secret of an addiction problem (Socialstyrelsen, 2009).

An addiction problem within a family entails significant risks for a child. Research shows a number of known risk factors among children within families with addiction problems. Apart from mental illness and violence the children are also at higher risk to get physically and mentally punished by their parents. It can also have significant consequences for the child in long-term perspective since it increases the risk for the child to develop behavioural disorder, a substance use disorder themselves and problems within school and employment. Children living in families with addiction problems are therefore particularly vulnerable and may also have difficulties to understand the situation they are in, since they may not know of any other reality than the one present (Staton-Tindall et. al. 2013).

But it is possible to improve the outcomes for these children, to first of all eliminate risk factors such as violence, conflicts, parents’ addiction and mental illness but also to provide the whole family support. By helping the children with support and comfort, the parents can get the support needed to change their behaviour and habits, and thereby the children are also being helped (Socialstyrelsen, 2013).

When an investigation regarding children and families is in progress at the Social Services the children have legal right to be heard. Their opinion and views shall be respected and taken into account when decisions are made regarding their situation. According to the UNs Child Convention a child have the right to have an active voice and freedom of expression. The Child Convention Article 12 expresses clearly the child’s right to be heard in a decision-making process, as for instance in an investigation at the social services: "When adults are making decisions that affect children, children
has the right to say what they think should happen and have their opinions taken into account” (Unicef, 1989).

In a review from 2009 of the provisions to protect and support children and young people in the Social Services Act it is in more detail about what applies (SOU 2009:68). Children and adolescence have according to Swedish legislation the right to have their say about their situation when an investigation is in progress, their views and opinion shall be taken into account in relation to their age. With a supplement in the Law from 2008 in 3 Chapter 5§ Social Services Act; 1§ sixth entry Care of Young Persons Act their right to be assigned relevant information is also emphasised. This applies in all respects in children’s contact with the Social Services; the child’s opinion shall be weighed in the decision basis.

All stakeholders who are being affected by an investigation in progress shall be informed according to Chapter 11 2§ third entry Social Services Act, this was decided due to the fact that the Social Services received criticism for doing investigations behind stakeholders back. The social services should therefore always strive to have the communication with the child in agreement with the guardians or the child’s parents. This is also emphasised as important in order to facilitate the communication with the child, so that the child does not end up in a conflict of loyalties (SOU 2009:68).

Though there is a lot of information to be found in what ways to best communicate with children in vulnerable situations there is a shortage of studies about how social workers are communicating and interviewing children (Cederborg, 2010). Neither are there any evidence-based methods in how to work with children who live with parents or guardians who have addiction problems (Socialstyrelsen, 2009). Still social workers have a great responsibility to make sure that the children obtains the right to be heard about their situation. The social workers are also those who conduct investigations around the child’s condition that might affect the whole family and the individual child.

Working with children can for many reasons be challenging because they are a vulnerable and exposed group and unfamiliar with their own rights. The surroundings of the children are the one responsible to make sure that the child is provided with what is needed to have a safe environment and up bringing. It can therefore be very stressful for social workers that are working with this particular group to have all the responsibility that it entails. And to cope with the dilemmas of what the social worker think would be the best for the child from their perspective, and what the children consider to be best from their own perspective. Today a national knowledge support of how to make a
preliminary assessment and what to be particularly alert to when investigating the current situation for the child is missing, something that the municipalities would be helped by (SKL, 2014).

Social workers within the social services and child protection are often met with fear and prejudices, as if they were social controllers walking into families and abducting children. In an essay that Bengt Börjesson has written and is an annex to the Governments review from 2009 of the provisions to protect and support children and young people (SOU 2009:68 bilaga 7) Börjesson addresses how difficult it is to work within child protection for a social worker. It could easily be considered as the most important role of a professional social worker. Börjesson also brings up that there is no concrete collective knowledge of the out-coming results of the Social Services interventions regarding children. The main objective of Börjessons text is to reflect around what circumstances are of importance, to be able to achieve positive results within child protection. In the discussion of Börjessons text he is highlighting the collaboration between the social worker and the client as an important factor to achieve positive results. When both parties have a shared objective, mutual commitment and hope for the situation - that is the best condition to achieve a positive result, according to Börjesson (2009).

The focus in this thesis is on the communication between social workers and the children who have gotten into contact with the social services. More specifically, how the social workers communicate with children who live with a parent or guardian with an addiction problem. What methods and guidelines do they have and what are the capabilities and limitations for the social workers that are in contact with the child? The objective of the study will be to gather social workers experiences and thoughts on the topic, and reflect around how social workers enable for children to have a say about their situation and express their feelings and thoughts.
2. Aim and Research questions

2.1 Aim
The aim of this study is to investigate how social workers reflect around their communication with children who live with parents or guardians that have addiction problems and how they manage to enable for the child to be heard.

2.1.1 Research Questions

- What methods and guidelines are social workers using to enable for the child to talk when getting in contact with a child who live with parents with addiction problems?

- What do social workers perceive as their capabilities and limitations in the communication with a child that is maltreated or suffer due to parental problems with addiction?

2.2 Motivation for the study
The topic of this thesis aroused when attending a lecture about addiction from a family perspective performed by the child-psychologist Frid Hansen. She has also written a book on the topic. Frid Hansen has a long experience of working with children in vulnerable situations and the lecture was addressed to employees working within the Social Services, schools and other organisations that are in contact with children. The lecture figured around how professionals talk and communicate with children about addiction problems. How professionals can enable for these children to talk about their situation to get the help needed. Another emphasised theme was that for a child it doesn't matter to what extent their parents are using alcohol; it is the consequences of the drinking that affect the child. Most commonly an addiction problem is considered to be one when it has had consequences on the physical health or devastating economic or social consequences. But such consequences might take years to surface. With other words a whole childhood might pass without the children having been heard or without
their thoughts and emotions being acknowledged, in short how they have been affected by their parents drinking habits (Hansen, 1995).

### 2.2.1 Central Concepts

**Addiction problem** – In the thesis addiction problems means drinking or substance use that has negative effects or impact on children and the families. I have chosen to use the term *addiction problem* instead of the term substance use disorder or substance abuse. Since I do not want to exclude that a periodic dependence, a hazardous use of alcohol and/or substance once a month or once a year with major consequences, can have just as negative impact on the child and the family as a continuous use of alcohol or drugs. By using the term addiction problems it also opens up for behavioural dysfunctions as an effect with negative impact for the children and family, due to a previous hazardous use of alcohol and/or substance.

**Communication with children** – this refer to the conversations that social workers have with children with the purpose of enabling them to have a say about their situation; the conversations between social workers and the child when investigating their situation or assessing authority, and being obliged to start a decision-making process. It also refers to the communication when helping children processing their emotions, thoughts and experiences.

### 2.2.2 Essay disposition

In following Chapter 3 there is a presentation of the previous research related to the topic of this thesis. Chapter 4 contains the chosen theories and the theoretical framework; my arguments for chosen theories and my criticism. In chapter 4 the methodology of the thesis will be presented and discussed, how it was implemented and performed. Chapter 5 the results and analysis related to my research questions is presented together. And following chapter 6 is the discussion about the findings in the results and analysis section. Also the result are discussed in relation to the previous research presented, my preliminary understanding and last some suggestions for further research.
3. Previous research

Following is a presentation of what a sampling of earlier research conducted for this study say about; how an addiction problem may affect the entire family system. This to get an image of what struggles these children may be exposed to and also how the entire family-system is affected by an addiction problem, or how that one part of the system can help the entire system by changing behaviour.

After that is the heading with the importance of social workers’ communication with children living under difficult circumstances; which is the main topic of this thesis. With this theme the emphasis is also on how social workers enable for children to be heard and why the communication with children is of importance. It will also bring up some ethical dilemmas and difficulties for social workers working with children who live under these circumstances.

3.1 Consequences of addiction problems within a family

Addiction problems in a family often lead to marital conflicts, economical problems, higher risk of physical and psychological abuse, conflicts, family break-ups or early death of a parent. Children to addictive parents also have an increased risk of getting behavioural problems, problems in school and fall into substance abuse themselves (Daley et. al. 2013).

The article the impact of Substance Use Disorders on Families and Children: From Theory to Practice (Lander et. al. 2013) gives a wider image of how everyone in a family system are being uniquely affected by an addiction problem within the family. How treatment is most successful when not ignoring the impact of addiction problems on the entire system. By acknowledging the entire system as a support for the individual with an addiction problem it increases the possibility to make a change. It is a stressful situation for the entire family system to bear on a secret like an addiction problem. The whole family is at risk to develop a co-dependency that facilitates the father, mother or both of the parents’ addiction problems. The case might also be that the parents end up with facilitating their child’s addiction problem.

Children develop their first social skills within the family and for children living with parents with addiction problems it may have an impact on their ability of developing a
good attachment (Broberg, et. al., 2006). The article also emphasise the importance that social workers, for the treatment to be the most successful, understand that the addiction problem or substance use disorder impact the whole family. It is also important to see to the whole family around the individual with addiction problem in order not to neglect the devastating impact it might have on the entire system (Lander et. al. 2013).

Parent’s addiction problems may in short and long-term affect children negatively in behaviour and development. But there is no simple way to investigate it since addiction problems look different. The impact on the children might be different if one parent is sober and have the ability to take care of the children in a healthy way. The fundamental factor is the parent’s ability to take care of their children. As well as how much the parents’ are working with their own problem (Socialstyrelsen, 2012).

Problems with drinking habits are also associated with increased marital conflicts, which also affects the environment that the children grow up in, since it reduces family functioning (Keller et. al. 2005). Children that live with parents or guardians that have an addiction problem might have to take on a role of taking care of the adult instead of being the child that is taken care of. This might lead to future confusion about the self-awareness and make the child an expert of taking care of others’ needs instead of her/himself (Lander et. al. 2013).

3.2 Social Workers’ communication with children

Studies have shown that children are not always as satisfied with their contact with social workers as they would like to be. The social workers are often described by the children as hard to get a hold of, that they do not keep promises and appointments that have been made. Moreover, their contact is often described by the children as non-continuous, meaning that the child might meet different social workers from time to time. But most importantly for this thesis; many children have expressed that they feel that their social worker do not listen to them properly. These things mentioned are also what children seem to appreciate most with their social worker; when they meet as arranged, and when they pay them attention and show genuine interest for listening to what they have to say (Winter, 2009). All these are actually realistic expectations from children who are in contact with the social services. They should meet a professional who truly wants to hear what they have to say. The child convention clearly states that
when children are in contact with an authority such as the social services they shall be listened to and their views taken into account. The child convention has also affected Swedish legislation for this to be followed but still it is not fully complied (Cederborg, 2010).

Karen Winter who has written the paper "Relationships matter: the problems and prospects for social workers’ relationships with young children in care" (2009), which is based on a qualitative case study, highlighting some struggles that social workers have to encounter when working with children. The social workers might want to keep a boundary to the child to avoid emotional situations when assessing authority. Interpersonal problems between different social workers were also a stated factor that could hinder effective communication. For instance between therapeutic social workers and social workers assessing authority. Since they can have an insight in the children’s life from different angles and might have bad communication in-between, their view on the children’s situation may differ. It is therefore important that all social workers are accepted as equally important and that the children have the ability to develop trusting and long-term relationships with all social workers involved.

Developing good relationships with the children in care is also time-consuming, which is an organisational and structural problem. But as the paper highlights - it is not only organisational problems that hinder the social workers to develop good relationships with their children in care, but also personal attitude and values. Some social workers in the study expressed that they were afraid to create trusting and emotional relationships with the children since that might cause them a risk to be exposed to charged emotional situations in the decision-making processes. Also social workers expressed a fear that it would be perceived as unprofessional to have close relationships to the children in care.

The paper also mention that social workers neglect younger children to some extent since they do not consider them to be as aware of their situation as older children, and they might not be able to express themselves through language. Therefore it could be perceived as easier to make a decision when a smaller child is at target since their view is more difficult to take into account and consider while making decisions.

Haldor Övreeide who has written the book Samtal med barn (2010) (Conversations with children, my translation) that is addressed to professionals who meet children and families in difficult situations in life. Highlights three important effects on children who get to communicate their emotions, thoughts and experiences. When the children share
their experiences and emotions with someone else they become easier to cope with and to regulate. The child can henceforth put less energy on the difficulties and struggles in life and focus their attention on important development areas instead. In the dialogue the children develop an understanding between their own emotions and thoughts, which help them to see the connection between the two. This is important in order to help the children see their thoughts and emotions in a connecting context. When they can start to regulate their own behaviour, it increases the ability for the children to concentrate on what they need to focus on. And the third effect highlighted is the importance that the child’s experiences get confirmed in a dialogue. Because of that it gets easier for the child to cope with their situation. When children experience a context of their experiences, thoughts and emotions and they get shared and acknowledged by others it is easier for them to accept the situation they are in. Övreeide also bring up the issue that conversations between professionals and children often are for investigating reasons. The children’s parents, who actually are the ones who need to know what their children are thinking and experiencing, are often left outside. Parents’ are the important adults in the children’s life who can give them a permission to talk about what they experience. With this Övreeide emphasises that if we communicate with children in a triangulation, this can increase the important adults’ ability to understand their children better. The book tries to inspire to more intersubjective conversations with children, that professionals and adults have a collective understanding with the child. Övreeide means that this is a way to increase the knowledge needed to understand the children’s perspective about their situation.
4. Theoretical Framework

In this part I will present, explain and argue for my choice of theories for analysing the data collected for this thesis. I have selected to analyse my empirical data with Bowlby's Attachment theory (Broberg, et. al., 2006). and Family System theory (Healy, 2005).

Attachment theory is useful in the analysis to get an image of how children's ability to build a relationship with their social worker might be affected by the circumstances they are raised in. Also, to be able to discuss how the effects of their parents' addiction problems might affect the children’s future ability to bond to others (Wennerberg, 2010). Family System theory is of use to see how the behaviour of each individual affects the whole family (Parrish, 2009). Family system theory is compatible with general system theory. The meaning of the theory is that an individual cannot be fully understood or successfully treated without the knowledge and understanding of how that individual functions within its system (Healy, 2005). Both theories are therefore important and useful to analyse the experiences and thoughts that social workers describe when working with children living with parents with addiction problems. My criticism for my chosen theories will also be presented in this section.

4.1 Attachment Theory

Attachment Theory concerns human beings propensity to bond with other human beings. How it affects the personality development and why that propensity to bond to others has arisen (Broberg, et. al., 2006). It was explored and invented by the child psychologist and psychoanalyst John Bowlby (1907-1990). It was further developed from a method invented by Bowlby’s co-worker Mary Salter Ainsworth (1913-1999) in 1964. The method Ainsworth invented, strange situation, is based on separating the child from its mother and study the child’s reaction. Depending on how the child responds to the separation and the reunification; one can distinguish what sort of attachment the child is developing (Wennerberg, 2010). Ainsworth’s discovery when taking the Attachment theory one step further and inventing the strange situation method, was that the child’s reaction was depending on how the parent previously had responded to the child’s search for closeness (Ainsworth et al. 1978).

The theory refers to how our early relationships affect how we relate to other human beings and to ourselves in the future. If we consider ourselves to be worth of loving or
unwanted – if we are confident and secure in our relationships or if we are insecure and act precarious in our connection to other humans.

In the book *Vi är våra relationer* (2010) (*We are our relationships, my translation*) the author and psychologist Tor Wennerberg describes how attachment is developed and how it affects us. The book is primarily focused on disorganized attachment. The disorganised attachment model develops when the person that the child attaches to in early age is both the person that the child needs to entrust to provide them love and comfort but also is frightening them or acts unpredictable. The attachment figure for a child in early age is primarily the mother since she is closest to the child the first period of time in the child’s life, because of biological reasons. But of course the father and other adults around the child also have an impact. Disorganised or unsafe attachment is hence when the child is both attached and frightened of the person they are relying on for protection, comforting and feeding. The person the child is longing for the most when crying, being scared or needing help is also the person who they suffer most harm from or cannot rely on to be there when they are in need. Children growing up in unstable homes or not given the affection needed and hence develop a disorganised attachment also have a high risk to develop personality disorders.

A child's survival instinct triggered by fear or need to get help is to be physically close to their attachment figure (Bowlby, 1973). But what if the attachment figure is so affected by alcohol or drugs that it is unable to meet the child's needs? Perhaps the attachment figure isn't even at home or in another room so affected by substance that he or she does not perceive the child's screaming and signals for help and comfort.

To use Attachment theory as a theoretical framework will be useful to see how the child’s ability to connect to other humans and their ability to understand other people’s feelings might be affected by their parent or parents’ addiction problems (Karlsson, 2012). Children growing up with parents with addiction problem might be at higher risk to develop a disorganised attachment which in future will impact both how they see themselves but also how they relate to other human beings. This also emphasises the need to develop a good and trusting relationship to their social workers since they might come into the child’s life as a safe and present figure. Even though a children might suffer harm from being with their parents’ children are still very loyal to their attachment figure, depending on the attachment figure to take care of them and offer them security. It is therefore important that children feel that they can trust their social
worker to be able to have an open relationship and dare to express their feelings and thoughts.

Some criticism about Attachment theory is that it might be interpreted as if you have grown up in a certain way and developed an attachment according to that you are in theory doomed to always relate to other humans in the way that your attachment model tells you. The only option is that you therapeutically learn to work against the reactions from your attachment model, which might tell you to avoid relationships with other humans or having a superior need of control over your partner since you might be terrified of being left or getting hurt. The whole theory might be interpreted, as there is an easy solution to the problems that the attachment might cause – do the contrary to what your attachment model tells you to do.

My intention with using Attachment Theory as a theory for my analysis is not to claim that there is an only truth for children growing up with parents with addiction problems and that they all develop a disorganised or unstable attachment. Nor is my intention to indicate that there is an easy solution to change the behaviour that a disorganised or unsafe attachment might bring. But I found it useful as a tool to explain how the relationships between children and parents, and children and social workers, might be affected due to the circumstances the children are in or have been raised in.

4.2 Family System Theory
Social work is often defined through social systems; it is and has always been a part of the definition of the profession to work with problem solving in human relationships and social change (IFSW, 2012). Therefore some would say that social work would not have been possible to proceed with if social systems were not coherent and could be in comparison to compositions that are non-functioning or leads to harm for someone within the system.

Family system is the microsystem of the closest persons around the individual – the family with parents and siblings. Outside that system there are meso, macro and sub-systems that are all linked together, but closest to the individual is the family. What we relate to a family could differ but for a child it is obviously the one providing the necessities for survival and the love needed to healthily develop as a person (Healy, 2005).
In the family system as well as all other systems there are boundaries and roles for each member. The parts – or individuals – fulfil each other and each part react to the others (Parrish, 2009). In a well-functioning family system it could be that for instance the parents or parent are the one protecting their small children, fulfil their needs of comfort and safety and all primary necessities for a decent life. In dysfunctional family’s parents might not talk to each other but communicate through their child or children, or the older child might be the one taking care of their siblings. In total imbalance the children might grow up to be the ones taking care of their parent or parents.

When analysing the data collected for this thesis – social workers communication with children that live with parents with addiction problems, I found it inevitable not to use family system theory. When working with children within the social care it is to a large extent necessary to have parental permission to approach and communicate with the children. Children develop certain behaviour or are at risk to developing it, due to the system they perceive themselves within. They might be at risk of getting harmed due to their parents’ addiction, substance abuse or the behavioural problems that an addiction problem have caused. It is never the child’s fault that a parent has an addiction problem and hence they cannot and shall not be treated for a problem which is caused by their parents and not by them.

My personal criticism to family system theory and all sorts of system theories that I might share with some other students in social work or social workers in practice, is that even though a system might seem non-functioning from the outside the members of the system still can be pleased with the situation. Children living with parents with addiction problems might not perceive themselves at risk and even though a parent have an addiction problem they might still be able to offer the child a lot of what is needed. But the family system is often loyal to its members and as well as most parents actually do not want to harm their children and never have that intention, children to the largest extent want to protect their parents. My criticism is therefore somewhat contradictory since it is hard to rely on that all parts in the system are telling the truth about their situation without the other parts being involved or given a permission to speak openly about the situation.

In this thesis the communication with social workers is focused on children living with parents with addiction problems. Working with the whole system might help social workers to find solutions to the individuals’ problem by referring to the whole system. It
is important to communicate both with parents and children and acknowledge they are interdependent and all affected by the circumstances within the system (Parrish, 2009).

5. Methods

In this section I will describe how I have carried out the execution of my thesis. All parts of the thesis will be described and how I have delimited my field of topic for this thesis. I will explain how I have conducted the previous research and literature, how I created the interview guide, the implementation of the interviews and how they were analysed. Furthermore, I will present my considerations of the essays credibility and my ethical considerations. Theories I have chosen for the analysis is Attachment theory and Family system theory.

5.1 Literature

When searching for previous research I used the sites SocIndex and Discovery. Once I found scientific articles connected to the topic of the thesis the references used in articles were helpful to find further research. Since I had already decided on my research area I could make a selection to search for research connected to addiction, children, addiction in families and social work concentrated on children. During my search for previous research I found a lot of information and dissertations on how social workers best should communicate with children. I found many texts about methods and tools to be used. Through the social boards and Sweden’s municipality and county councils (SKL) websites I also found information about how social work connected to children should be developed and improved. But I found less about how social workers actually are communicating with children in practice. This I found both interesting and troubling since it made me questioning my choice of topic. Until I found a study about how relationships matter between social workers and children in care (Winter, 2009) and realised that this is an important research field that probably is not discussed enough. Once I found the book *Samtal med barn* (2010) (*conversations with children, my translation*) which was very suitable for this study, I became even more confident with my chosen topic.

When selecting literature for analysing my material I decided for Family System Theory rather early in the research process since addiction in a family is something that impacts the entire system and above all children involved, since they are both
emotionally and lively dependent on their parents. I realised that it is difficult to investigate my topic about communication with children without involving the children’s parents or important adults around them. Especially since the parents’ addiction problems are the main reasons for social workers communication with children in this thesis.

Attachment Theory is of my own personal interest but also I found that most useful in analysing both the attachment between parents and their children to find an explanation as to how children can trust, rely and defend their parents to such a large extent even though they cannot fulfil their needs. It is also an interesting theory for analysing the relationship between social workers and the children, since it can help to explain how children can open themselves to someone outside their own system.

5.2 Preliminary understanding
My expectations of the results before conducting the interviews was to make findings of when reality collides with established guidelines and methods for social workers working with children. How different methods might be used by different social workers in the communication with children. Results that I thought would be given priority in advance was expressions of limitations or abilities in the communication with children. The social workers emotions and compassion or lack of those towards the children and how the social workers perceive that the child’s feeling and thoughts are being expressed.

5.3 Research design
I was very sure from the beginning of the thesis that a qualitative study would be best suitable to get answers to my research questions, since the objective is to capture and reflect around the social workers experiences by communicating with children who live with parents with addiction problems. This in order to find the underlying meaning of what might be the struggles and what is enabling for social workers when communicating with children – the capabilities and limitations for social workers in their communication with the children.

Hence I decided to do a qualitative study with semi-structured questions and combining hermeneutic and phenomenological approaches when interviewing. The data was collected from five interviews with social workers that directly work with children.
in different ages. Two of the interviews were with social workers within child protection and assessing authority. The three others were conducted from social workers working with processing with children, adolescences and above all - families. I found, as mentioned, this method to be suitable to capture the social workers’ experiences and to interpret what possible struggles and limitations they might experience in the communication with children (Kvale & Brinkman, 2009).

This thesis is not an evaluation of how the employees work with children but an investigation to gain more knowledge of what might be the difficulties and/or abilities when dealing with communication with children. Since the interviews were conducted at the Social Services in Sweden they were carried out in Swedish and the parts of relevance for the study translated to English.

When constructing the interview guide I created three different themes that I considered would bring answers to my research questions. The themes include 6-7 semi-structured questions and were about the professional role and work situation, guidelines and methods, and dilemmas experienced in work. All questions and themes are connected to children living with parents with addiction problems. The interview guide is added in the appendix part (Appendix 2).

5.4 Mode of procedure
In this part of the methodology section I will try to re-account for the procedure of how the study was implemented and how the interviewees was contacted. I will explain how the interviews were conducted and which tools of analysis that was used.

5.4.1 Interviewees
I received help from the manager of the social department in the chosen municipality for my study to help me get in contact with persons to interview. I received a list of persons who were interested to participating in the study and contacted them individually by e-mail. Meetings for interviews were booked with two social workers working within child protection at the social welfare office and assessing authority, and three interviews with social workers working with processing with family and children. When choosing participants for the study I mostly considered that the participants should be interested in participating and also that I wanted them to be working closely to children.
All participants are working for the Social Services, the difference is that the three social workers working with processing with family and children are not assessing authority, but they are working closely to the social workers at the social welfare office. The interviewees’ answers are not divided in the result and analysis section if their different work tasks were not affecting their answers to a significant degree.

5.4.2 The conducting of interviews and transcribing

The interviews were conducted in different locations. One interview took place in a visiting room at the social services. One was in an office at the social services, and three at the facilities for processing with families and children. The participants were informed briefly about the study and asked to sign a letter of consent about the study and that it is fully anonymous and that they could end the interview whenever they wanted if that was desired. I perceived my interviewees as very accommodating, attentive and present. I had in advance informed that the interview would take about one hour and they lasted for 40-60 minutes each, so there was no stress and we had plenty of time. I used every question from the interview guide, asked follow-up questions when needed and followed the interviewees in the direction of their answers. I experienced my interviewees as very open and generous with their experiences and thoughts on the topic, which has provided me with a large amount of data.

The interviews were recorded with a Dictaphone application in my cell phone. I did a fictive interview before conducting the interviews for the study to see if the sound and recording worked all right. There have not been any difficulties in hearing what the interviewees are saying.

The transcriptions of the interviews commenced shortly after the interviews were done. The transcriptions were done by listening to the interviews and pausing between the sentences to have time to type down what was being said. After I listened to the interview to make sure that I got everything right. This was a very time-consuming process and gave me a large amount of data. In retrospect I wondered if it would have been wiser to just transcribe the most relevant parts for the analysis. But when reading the interviews again after transcribing I still feel sure that it was a good choice to get it all down on paper.
5.4.3 Tools of Analysis

When starting to conduct the interviews I did not have any analytical method in mind, which in retrospective cost me a lot of unnecessary stress. When starting to figure out what I was actually doing I understood when reading Kvale and Brinkman (2009) that I was aiming to do an eclectic and theoretical analysis, combining the two. The interview guide had different themes addressed to give answers to my research questions, and in advance I had Attachment Theory and Family System Theory in mind. Since those were the theories I experienced, when reading previous research and collecting knowledge about the topic, were the best suitable to describe the problems that the children and families might experience, and hence what struggles the social workers might encounter.

When transcribing and reading the interviews over and over again I found interesting parts in the text, which is the eclectic method of analysis. To first get a general impression of the interviews and then go back to find interesting parts, themes, metaphors or patterns in the interviews. At the same time I had my theoretical perspectives in mind when reading the interviews so that I during the process looked at what was being said with a theoretical base (Kvale & Brinkman, 2009). I was thereby able to note after reading the interviews where I had found expressions for my theoretical point of view. I found the analysis quite difficult since I felt that the results and the quotations from the interviews spoke highly for themselves.
5.5 Essay credibility

Following I will present my considerations of the thesis reliability, validity, generalization and some limitations of the study.

5.5.1 Reliability

Reliability refers to the trustworthiness of the thesis and if some other researcher could make the same findings and conclusions in a different location (Kvale & Brinkman, 2009). The persons interviewed for this study were five persons with different working tasks but yet employees in the same municipality and at the social welfare office. They are all working according to the same legislation and are working closely to each other. All interviewees were asked the same questions and sometimes during the interviews we entered a new track or I had to ask follow-up questions to make sure that I understood the meaning of what was being said. There was nothing major divergent in the interviewees’ answers but some slight differences could sometimes be perceived related to if the social worker was assessing authority or working with processing with children and families.

Since I am not a professional researcher and only had a little experience in interviewing that could be taken into account for the thesis reliability. I also did the interviews, the transcription, developed the themes and made the analysis all by myself, (which I experienced that as something positive for the full understanding of the process, the interviewees’ answers and the topic of the thesis). But it is inevitable that the thesis reliability could have been improved if a second person to consult would have been involved in the process so that the transcribing and the themes developed in the results and analysis section of the thesis would have been in a triangulation (Patton, 2002).

5.5.2 Validity

The validity in a research does not belong to one single section but is embodied though out the whole research process (Kvale & Brinkman, 2009). The method chosen was selected to best meet the objective of this thesis and the interview guide was developed in the same manner. The interviews resulted in a lot of empirical data and the themes developed in the result and analysis part are to enable for the reader to understand the
most important themes when communicating with children within social work. The interview guide was made in order to get answers to the research questions and was slightly modified after the first interview conducted in order to make the interviewees answer more freely. Often the interviewees’ answers lead to a smaller discussion between us which I think strengthens the validity. The discussions and the follow-up questions increased my ability of understanding the full meaning of the interviewees’ answers.

5.5.3 Generalization
This study does not demonstrate any statistics but provides a deeper understanding for the social workers complex role when working with children. I consider it to be able to generalize to some extent, but only in that matter that it creates a deeper understanding for the complex situations that a social worker may encounter. Methods and approaches when working with children may differ from one municipality to another so the thesis does not demonstrate an absolute truth in how social workers are always working with children to parents with addiction problems.

5.5.4 Ethical considerations
To protect the participants of the study the interviewees will be presented fully anonymous and the thesis will not mention in which municipality the interviews have been conducted in since that has no relevance for the thesis objective. The interviewees were asked to sign a letter of consent that provided information about the objective of the study, that it will be fully anonymous and that the interviews not will be used in other purposes than for this thesis. The letter of consent is added in the appendix of the thesis (Appendix 1).

5.5.5 Limitations of the study
A limitation that might be perceived in using this method is that the interviewees will give results in how social workers themselves experience that they work and the interviewees can most definitely recount for how they are coping with different sorts of
dilemmas and communication with children. But since no observations are included in the study it cannot be proven how and what they actually do. This I consider to be a slight sort of limitation since the thesis focus is based on social workers experiences of communicating with children living in families with addiction problems and not an evaluation of their work, but it is worth mentioning as a limitation.

I made it very obvious by informing the interviewees that this is not an evaluation of how they work but a capturing of their reflections and experiences from communication with children. The interview guide was hence made in that order. In some areas it was difficult to pinpoint that the communication with children are with children living with parents with addiction problems. Since the interviews were conducted from social workers working in a broad area with various experiences in communication with children, other problematic circumstances not related to this study also raised.
6. Results and Analysis

In this part I will present the results and analysis of my empirical data conducted for this thesis. The five interviews resulted in a large amount of material. Based on this data three different themes have grown regarding social workers communication with children. I will present them and explain them in relation to my research questions. The themes you will find are *Methods and Guidelines, Permission and Recognition* and *Trust*. They will be presented under different headings and are the themes I interpreted as consistently recurrent in the empirical data. For the convenience of the reader, parts in relation to the themes have been divided into smaller headings.

To begin with I will present the interviewees in more detail and make a brief summary of what the reader will find as results.

### 6.1.1 The interviewees

All interviewees are educated in social work. Three of the interviewees have a bachelor degree in social work and two are educated treatment assistants and with further education within conversation and processing. All the interviewees work within the Social Services. Two are social workers within child protection and hence assessing authority, and three are social workers working with processing with families, children and adolescents, two of the interviewees also work with a support group focused on children to parents with addiction problems. The quotations from interviews in the text are therefore referred to different types of social work and communication with children who live with parents with addiction problems. They all have in variety of experiences from working with children in different ages; some of the quotations in the result will refer to working with younger children and some with adolescents. Since they do not solely work with children who live with parents with addiction problems some quotations may refer to different sorts of work with families and children. It will be mentioned in the text if a quotation not only refers to children living with parents with addiction problems but to a wider perspective of social work with families and children.
6.1.2 The results

The social workers interviewed expressed that they work according to Swedish legislation and the guidelines of an investigation process when getting in contact with children that live with parents with addiction problems. The methods the interviewees stated that they used for enabling children to express themselves were different and implemented to meet the specific situation or person. However, they all used a method called *Signs of Safety*, which will be described below in the text. All of the interviewees expressed that it was difficult to communicate with children whose parents had not recognized their own addiction problems or had not given the children a permission to talk about the problem within the family with someone outside the family. The social workers interviewed expressed a necessity of building trusting relationships and being honest with the children. To listen more than they talk and to be pedagogic and informative about the children’s situation. It was expressed by the interviewees as important to acknowledge the children’s experiences, thoughts and emotions and to remove a potential sense of shame that the children might feel.

6.2 Methods and Guidelines when communicating with children to parents with addiction problems

One of my research questions addressed what methods and guidelines social workers are following when in contact to and communicating with children who live with parents with addiction problems. Following theme will be presented in relation to that research question.

6.2.1 Methods and Guidelines

All interviewees answered that they do not have any specific guidelines to follow when getting in contact with children living with parents with addiction problems. But of course they said that they work according to Swedish legislation. All interviewees also referred to the method *Signs of Safety* that they all used and got training in. They also have a model to use for investigating the children’s situation when working within child
protection at the Social Services and assessing authority. Within that model they are assigned to keep a journal of their communication with the child.

We are required by law to let the child be heard. So we always have conversations with the children. So that they can express their view. That is really important. […] In our investigation model it also says ‘the social workers contact with the child’ so there you have to describe how much you have met and if you have met in the first place. There it should state that you have been sitting down with the child.

6.2.1.1 Various methods

The interviewees declared that methods for communicating with children were being used. The methods were different for each different social worker and their personal ability and different trainings regarding conversations with children. It was also depending on the age of the child. Both when communicating with younger children and adolescences there was an emphasis on being in an environment where the child or adolescence felt comfortable. When communicating with adolescences less tools was used, instead the social workers said that they could sit down with the adolescence and drink coffee, go for a walk or take a ride in the car to make the atmosphere more casual. When communicating with smaller children drawings and toy figures could be used to make it easier both for the child and the social worker to get an image of important persons and adults around the child. The toy figures or tools were used to enable for the child to express their situation.

If I see that the child needs to tell me something. That the children have something on their mind and I can feel that. Then I try to ask them 'what do you like? Do you like to make drawings?' and I bring a paper and pen and we can start with talking about colours and pictures. And if it is older children I often go out for a ride in the car with them. 'Let's go and have some coffee' or 'we can go for a ride'. Because then you are car-talking and you are not looking at each other. Then it is easier to talk and not so charged since you're not looking at each other. If it is younger children I can bring out some toys, figures of people, since that makes it easier to explain the situation when you can use the figures. And then you can play together and continue to make drawings and illustrate, in that way it becomes easier to talk to the children. And they understand that too. You don't make it a big thing like 'now we are going to talk' but you do it very simple.
The interviewees expressed that they considered all ages in children equally easy and/or difficult to work with. However, there were some expressions that working with younger children could be perceived as easier due to the fact that they have a closer relationship to their parents. That could hence enable for the social workers to create an interaction with the parents and the system around the child - the school and relatives e.g. in order to change the circumstances for the child. On the contrary some interviewees expressed that it sometimes was preferable to work with adolescences since the parents’ did not have to be involved to the same extent.

6.2.1.2 Signs of Safety

One method they all were using and got training in is called *Signs of Safety*. The method’s objective is to identify how the child’s situation looks like together with the child. It is often implemented with three fictive houses which represents different situations. One house stands for how the situation is right now, one house for when the situation is perceived as bad or worse and the third house is called the wishing house. In the wishing house or section you should draw or write how you wish the situation was like. The child is given the task to draw or write in words in each house with or without the social workers help how their situation is or how the most desirable situation would look like for the child.

Well, we have different models where they can draw or write because then it is usually easier for them to express themselves. We have something we call the three-house-model where there is one wishing house, one for how it is right now, and then they get to draw how they would like it to be and how they wish their situation was. [...] Usually it reveals quite a lot when they get to draw on their own. It gets easier for them. And then you can see in the wishing house for instance that they wish that daddy would stop drinking. So, then they haven't said that daddy is drinking but they wish him to stop doing it, so.

6.2.1.3 The necessity of being pedagogical

In relation to the research questions regarding methods for enabling for the children to express themselves there were findings on how important it is to just acknowledge the
children’s experiences and offer them information in order to be more pedagogical than therapeutic when working with children who lives with parents with addiction problems. Interviewees expressed that the offering of information and knowledge becomes a source of security for the children. One interviewee further explained that being pedagogical about the situation may in long-term conduce to therapeutic effects. When the interviewee had met children in care after a year or several they could refer to parts in the treatment that were very helpful even though the social worker was not sure at the time if it lead to any results at all. The interviewee emphasised the need for the children to understand their situation and be given help to think out strategies to handle situations of fear that could occur.

What we are thinking when we're working with the children is to offer them information and knowledge, that is a source of security for the children. To understand their situation, emotions and thoughts. […] The idea is never to do therapy on small children, never. But they should get help to understand their situation. And find those strategies I think that the child should know about, for instance 'where can I turn to if something happens' what safe adults do I have around me that I can turn to in my network. If the worst would happen – what would that be? How can I deal with it? So you talk a lot about fears, everyone has fears and especially if you grow up in a family with addiction problems. There are always a lot of fear scenarios, they are full of them. And just to find strategies for them, even though it might never happen, but just to know that 'okay, if that should happen I can call my grandmother […] or I can call you'.

When communicating with children some of the interviewees also expressed that the best way to enable the children to talk about their situation, is to mostly listen and not express themselves emotionally. Since that might frighten the children and make them shameful if they make someone else upset because of their emotional distress or situation.

If they tell me any dreadful things, because some things they tell me are dreadful, then I can just acknowledge that by saying 'yes, you know, it can be like that as well' without making it a big thing. You just try to confirm that 'yes, life can be like that too'. Because sometimes life is really unfair. […] Often children say half-truths just to see how I react, if I don't react that much but just confirm that I am listening THEN they dare to tell me
the truth. If I react like 'oh my, what are you telling me? Have you experienced that?' then they feel like 'okay, this was dangerous to tell its better I stay in silence'. You can also say things like 'do you know anyone that have experienced something like that?' Or say that 'you know what, I know someone that has experienced something like this'. You can talk in third-person like it was regarding someone else. And at last, you get an image over the situation.

According to Wennerberg (2010) children easily take on responsibility for adults’ emotions, especially children that might have grown up in an unstable environment and not had a sound development of their ability to understand other people’s feelings. When the children have gotten upset their parents might have respond with getting upset as well. Which only have reinforced their feelings.

Instead of that the parents reflecting their children’s emotions and show that they understand why they are upset. Which increases the child’s development in understanding their own and other people’s feelings (Karlsson, 2012). This makes it difficult for children who have had an unstable and unpredictable upbringing to understand what other people’s emotions mean. So if the child expressed something that might make the social worker sad, instead of getting the feeling that someone get sad for them, they feel that someone is getting sad because of them.

Even though they tell me dreadful things I should not get upset […] Children take on blame very easily. So if I sit and talk with a child and they see that I get sad because of what they tell me they can stop themselves and become introvert. ‘I make someone sad when I am talking about this’, that’s no good.

6.2.1.4 To remove the shame from the children

One important part of the communication which was described by the social workers interviewed was the need to emphasise that it is not the children’s fault that their parents are abusing alcohol or drugs and it is not them breaking up the family. One social worker in child protection explained the importance of telling the child that it is not him or hers fault, and trying to explain for the child that the parents need to grasp their own problems. That it is not the child’s responsibility to ensure that the parents are well and that the family stays together.
[...] they are frightened that we maybe will separate them from their mum and dad so I try to make it less dramatic by saying that mum and dad need help and we will try together [...] It is often like that, that they feel that they have something to do with it. These children are often very grown up, they help to clean and protect, take care of their siblings and... You know, they grow up really fast.

This social worker further explained that these children when reaching adolescence instead might feel let down by their social worker. When they have reached adolescence and started to realize the responsibility that they have been forced to take on during their childhood and that they have not been given the same security and opportunities as other adolescence in their age they can start to question why the social services did not intervene earlier.

Then there can be a bitterness instead [...] 'why haven't I received any help earlier and why haven't anyone seen this and I would never do this to my future children' and things like that [...] I had a girl here and she said that 'I am a child of the social services but no one have seen this or helped me during my up-bringing even though everyone knew what was wrong' like that... So she felt really let down. I think it often can be like that.

I think this quotation reveals a great difficulty when working with children and families. Social workers involved might have tried to the largest extent to meet the child’s and family’s wishes but instead that lead to the child feeling let down in an older age.

6.3 What capabilities and limitations did the Social Workers describe?

Following themes, Permission and Recognition and Trust will be presented in relation to the research question of what social workers perceive as their capabilities and limitations when communicating with children who live with parents with addiction problems.

6.3.1 Permission and Recognition

In most cases parental permission is required for social workers to have contact with children. According to Chapter 11 2§ third entry Social Services Act all stakeholders
shall be informed when an investigation is in progress. But even though social workers have the legal right to communicate with children, that is often not enough for enabling them to talk and express themselves about their situation at home. This was a reoccurring theme that I encountered during the interviews, that the child meeting the social worker needs the parents’ permission to be able to talk about how they feel or what they experience. This theme permission and recognition is related to my research question about what way social workers experience that they manage to enable the child to be heard. What social workers perceive as their capabilities and limitations in the communication with a child that suffers due to parental problems with addiction.

The interviewees described parental permission for the child to talk with their social worker as essential. The interviewees also described it as a difficult limitation when the children had not been given permission to talk about their situation. When permission for the child was received it created ability for the social worker to perform a constructive work. This type of problem is touched upon by a social worker in following quotation when I asked how the interviewee enables for the children to talk about their thoughts, feelings and experiences.

"It has been a little different from time to time I think... sometimes the children don't want to sit alone. And then it gets really difficult if the parents are present. Because children are very loyal. So it is not certain that it will be... well... the whole reality or the entire truth if you put it like that... but you have to try. But it is the same if the parents isn't present and the child is here alone, as a child you don't want to bust your own parents. So sometimes it can be really difficult to... reach the child."

So even though the child on legal basis is permitted to have contact with the social worker and the parents are forced or voluntarily allows the child to have the contact with the social services, the child might still not be fully allowed or feel that he or she can talk to the social worker. As described in the quotation above, the children might feel that they are talking bad about their parents. Even though they know there is something wrong at home or that it is not perfectly fine with mum or dad they protect their parents.

This can be related to the two faces of fear in the Attachment Theory (Wennerberg, 2010). All humans feel fear sometimes; it is one of our deep-rooted instincts. The effect to that is to get ourselves into protection for survival. For a child that is to seek contact with your attachment figure – your parent. And despite that your attachment figure
might be the one making you harm or scares you the bond to your attachment figure wins the internal battle. The sense of fear is not a rapid process but some things might trigger our senses that fear or something dangerous is approaching, this process gives us clues that something bad is going to happen so that we have time to react and seek for safety before it is too late. For a lot of humans clues of fear or danger are to be in unfamiliar environments, exposed to a loud noise or noises, exposed to darkness, to be around strangers or to be left alone. Of course these clues of fear and danger are not always enough for us and not always necessary for us to react upon, but especially for a child the certain proof that something bad is going to happen is to be left alone or separated from the attachment figure (Wennerberg, 2010).

Consider then that the parent might have explained for the child before meeting a social worker that if he or she tells the social worker about something that have happened or that mum or dad have a harmful use of alcohol the social worker might decide to take the child, him or her, into custody. Following is a quotation that describes how difficult it can be to reach children that have that sort of influence from its parents.

Sometimes it is written 'The Social Services' in our forehead. And then... Well, some children are brought up with 'watch out so that the social services don't come and take you away from us' or something like that... and then... well... if it says 'The Social Services' in our forehead it gets very hard. And then you have to... Because the parents have made such a strong impact on the child regarding who I am so it doesn't matter what I do... to show that I am human and not just a person assessing authority. Then it is scary anyway.

6.3.1.1 Working in uncertainty

The case might also be that the social worker notices that something is wrong within this family, it is non-functioning but still the family itself consider themselves to be functioning. A social worker interviewed, who works with processing expressed this sort of dilemma when a social worker assessing authority have an intuition that something is wrong and want the family to receive help from the social workers with processing with children and families.

Let’s say that you get a case from a social worker at the social welfare office. Who sees that 'within this family there is a problem' uh... but the family don't think that there is
any problem. They consider themselves to be on the right track. And you don't agree that we should come into the family and do or job... with a problem that the client don't recognize. Then it will be damn hard.

My interpretation of what this social worker is referring to is that from the outside it is obvious that the family has a problem. But they, or the person or parent who has the problem refuses to recognize it, and refuses to receive the help that is offered for the family. This sort of situation the interviewees expressed makes it very difficult for the social workers to find the core of the problem, and also to investigate how the children are doing and offer them the help that they might need. A part of their work is to motivate the parents’ and make them involved in the process.

One of the social workers assessing authority below describes a case with that scenario. I asked the interviewee to give an example of a dilemma experienced in work and the interviewee described a case where the interviewee could see the problem, but the parents’ refused to recognize it. Which made it difficult for the interviewee to provide the children the support the interviewee perceived that they were in need of and should be offered.

I had a case that I investigated but had to end without any actions had been made. Even though I saw that these children got in between their parents, because one of the parents was... an alcoholic, but that person didn't recognize it. And the other parent wanted a divorce, and these battles between them and the one who was an alcoholic promised to stop drinking and then it is fine for a while and up and down and here and there. And the children were in between. Even though they were not involved in the conflicts but they understood anyway that there was something wrong. In that situation it is really hard when one of them is describing the situation. And that one wants a divorce and wants the other to move away. And the other one doesn't see the same issue and refuses to divorce and refuses to move out. And we can't tell people that they should get divorced or separated. They have to decide that themselves [...] I could also see that these children are in need of something, because there is a support group for children to parents’ addiction problems. But then the parents have to approve. And these two children would have fit so well in that group. Because there they can talk about how it is to have a parent with addiction problems. And get a chance to see that they are not alone in this situation and I think that they both would have had a use of that you know. But these two parents didn't agree to that. THEN you have a dilemma. When you see a need but you do not reach all the way.
This case identifies the problem of how difficult it is to reach the family and offer help to the children if the parents or the one parent who have an addiction problem refuses to recognize it. When refusing to recognize it he or she does not give the rest of the family permission to talk about it either. The situation in the case described was not so severe that the children needed to be separated from their parents. But the social worker interviewed succeeded well in expressing the frustration and dilemma that this sort of situation entails when the whole family does not agree to that they have a problem.

If one person in the family system starts to change his or her behaviour it affects all the others in the system. This family that the case describes does not succeed to find a balance or equilibrium in the system since one of the parents is abusing alcohol and the other is considering to get separated from the one who is abusing alcohol. But when that person promises to stop drinking and might manage to do so for some time the family presumably attains a balance for a while until the one parent who is abusing alcohol have a relapse (Parrish, 2009).

6.3.1.2 Keeping a secret
The interviewees expressed the difficulty when the children need to maintain the secret about their parents’ addiction problems or hazardous use of alcohol and drugs. Following quotation is from a discussion about how the interviewee explains and talks with the child about addiction problems and what it is. Even though the interviewee had a very clear image of how to talk with the child about addiction and open up for the child to discuss its experiences, thoughts and emotions, the interviewee referred to the dilemma when the parents have not recognized their problems and not given the child permission to talk about their parents’ misuse of alcohol.

It is a difficult part. It is really hard. Because it is, it is so various strong within children and even though they are willing to tell... they also must have received a permission to talk about their mum or dad, that they have a problem and that they are drinking. Otherwise it is still a secret and then it should be preserved, they have of course learned that we don't talk to others about that, we have to protect that secret.

To be able to reach the children and enable for them to express their feelings and thoughts it is therefore important that the parents agree and recognize that they have a
problem. It is not certain that it is sufficient that the social worker tells the child that they are free to express themselves if the parents have not given them the permission and recognized that their problems are affecting their children. Following quote is from a social worker working with processing with children and families describing how this can be done in order to be sufficient for the child.

When sitting at the enrolment to the supporting group for the child, our first conversation there, then the parents are also attending and one of the questions is 'who is it that own the problem?' And then, let’s say it’s the mum, say something like this: 'well, they keep saying that I am drinking, I don't agree to that, but the others think that I do that'. And then the mum has given the child her permission that it is okay to talk about this. Because the child hears that. And then there’s no problem. It can be difficult in the beginning but when you start talking about how it is, they are starting to talk. But you have to have given the children permission to talk about it. Otherwise if you bring this out of them anyway and you do nothing about it, then you let them down. Because then you know about it but you don't do anything about it. And if you start something then the child might feel that 'oh, now I’ve said something I wasn't allowed to do, now I have started something... now it is going to be a mess'. So it is really important that the child has received permission to talk about it because otherwise, it is this thing that you should protect, then you reinforce that even more.

This reveals a complex situation for social workers when coming in contact with children that live with parents with addiction problems. It is not only complex in the sense that it is hard to enable the children to express themselves without their parents’ permission and recognition for the problem. But my interpretation is that in order to make a change for these children the parents have to be motivated to change their behaviour as well. The children’s dysfunctions are only symptoms that there is something with the parents and in the family system that is not fully functioning. This is not only concerning children living with parents with addiction problems but under other non-functioning circumstances as well. Following is a quotation from a social worker that expresses how the main core of working with children is based on parents’ involvement.

Well we are working with, we are working with parents that in their turn need to work with their children, we never work... or yes there are adolescents that you can sit and talk to, but if it concerns younger children it isn't us that should raise them. That's their
parents’ job. So then you have to work with the parents that in their turn work with their children.

6.3.1.3 Parental presence

One of the questions in the interview guide was if parents were present when social workers are communicating with children. The question was attempting to get information about how social workers perceive that parents’ presence could limit the conversation or how they handle such a situation. But what is strengthened by previous quotes is that parents’ presence actually is essential to a large extent to be able to communicate with children at all, since the children are seeking for their parents’ permission to be able to communicate with someone outside the family. Following quotation is from a social worker working with processing with children and families and also with the support group for children to parents with addiction problems. The quotation is referring to the question of how the social worker perceives parents’ presence when communicating with children.

I see it as something very important! Just because that is when you bring up... how shall say this, the BIG key question. WHO is it in the family that has an addiction or problem? And that it is the parent that answer to that. I see that as an approval to the child so that the child feels that 'this person you can talk to, because now I have told this'. So I see it as a key. After that the parents’ don't need to be present anymore. After that it should be free for the child to express themselves and be as you like and have your own narrative.

The social worker here expressed that when children have been given their parents’ permission to express themselves about their situation the children feel that it is okay to talk to the social worker. It is important that the children get to express themselves freely without parental presence also but at the start it is important with parents’ permission for the children to be able to communicate about their parents’ behaviour with someone outside the family system. This social worker further expressed the necessity for the children to have the opportunity to simply be children and not have to talk about their situation all the time. It can be very helpful just to know that someone else know what their situation is like.
It was a boy who said. [...] We had received questions from a newspaper who asked if they could interview the children but I said no to that but told them that we could do the interviews our self and send it back to them. And then it was a question... 'What is the best thing about attending the supporting group?' A really big question. But then a boy said like this; 'Well, I think the best is... that we know that you know. So because of that we don't need to nag about it all the time'. What a good thing! [...] You don't need to protect anything. If something comes up we all know what it is regarding and then we can deal with that. It was one of those fantastic things I think.

6.3.2 Trust

Following on from the first theme of parents recognizing and giving their children permission to talk and communicate with the social workers. The following theme which enables the children to express themselves was identified as trust. The social workers interviewed emphasized the necessity to build trusting relationships with the children in care before being able to question them about their situation at home, feelings, thoughts and experiences. This is an example that a social worker brought up when I was asking the interviewee how to create a good atmosphere for communicating;

Well, many times you need to meet the child several times, before you are ready to start talking and questioning things. I have now met, how old is she again, five years old I think. That I, would like to talk to about, the circumstances at home and things like that... but now I have only met her a couple of times and we haven't gotten any further than to painting and playing. We are not there yet. Well, she wants to, sure she is telling me about her pre-school and things like that but she is not willing to answer the questions I am asking... I have to give her a little more time.

6.3.2.1 The professional role

Some interviewees also expressed how their professional role could damage a trusting and good relationship with a child or adolescence. As a professional social worker at a public authority with legal frameworks it is also a part of the tasks to make decisions. As described in previous theme this might be one of the causes as to why children and families have difficulties in admitting a social worker to get involved in the families or the child’s/adolescence problems. The prejudice might be that the social services is simply breaking up families and taking children into custody. Therefore it might have
been a long process to create a good and continuous contact with a client and a threat to that relationship can be to have to make decisions that are for the client’s best but might be experienced by the client as a betrayal.

I will take a CYPA (Care of Young Persons Act) now for example. And I think it feels really tough. I've gotten a really good relationship with this girl and she doesn't know it yet so it feels a bit like walking behind her back... so I think that we will lose our relationship as well.

Other expressions of this as interpreted from the interviews is that when a social worker has been able to build a good and trusting relationship they should not take advantage of the situation so that children might say things that they actually do not want to share. This was expressed in various forms but it was referring to that some things the social workers, due to the frameworks of their capacity and their professional role, are not able to help the children with. But when the children have developed a trusting bond to their social worker they might want to tell them things that the social worker cannot help them to resolve. This might make the children feel let down since they have communicated something with their social worker but still do not get the help they were hoping for.

Sometimes it’s also like... or let’s say that this is nothing that I should talk with the child about, because I shouldn't communicate everything with the child. No. But, I understand that there is something, but then I also have to pass that on to a social worker at the social welfare office. And, maybe we can see that we should bring in a child-psychologist or something because this child needs to talk about something, because there is... […] well I should not, I should not awaken something that I can't take care off.

In conversations with children things might become revealed that need to be reported further to another authority, discussed with a colleague and lead to a decision making process. Some children in contact with the social services might be aware of that in advance and therefore do not fully express themselves. Others might not be fully aware of where the information can end up. Parents have the right to demand excerpts from journals to find out what have been said during a meeting between the social worker and the child. Some information might also be so severe that other authorities or units at the
social services need to be involved. When questioning the interviewees how they tend to inform the child about this everyone replied that they inform the child both before and after they have received information that have to be reported further. Why it is important for maintaining a trusting relationship with the child is here described by one of the interviewees after asking whether the interviewee informs the child about this.

I think it is really important so that they don't feel like you are walking behind their back or like you have tricked them. But then it gets really difficult sometimes when they tell me things and afterwards says that 'this you can't tell my mum' or something like that... But then I just have to inform them that I will have to do it anyway […] Often it is that they are frightened that mum is going to get angry with them because of something they’ve said. Then it’s really important that you talk with the parents as well. That they shouldn't get upset because of what the child have told me. […] in almost all my conversations I tell them that they need to be prepared that what they tell me might be written in the investigation or that I have to tell someone else about it. Just because otherwise I think they might feel tricked and like they have let it slip when they weren't supposed to. […] it can happen that they choose not to tell me, that's how it is. But I am thinking that that's the way it has to be because that is better than that you lose... because otherwise it might lead to that our relationship burst and then they won’t trust me at all... later on.

My interpretation is that all interviewees emphasised the importance of being honest right from the start to the child about that they might have to report something they say further or inform the parents because, even though it might lead to the child not revealing the entire truth, it is essential to have a trusting relationship to the child. And also to acknowledge their rights and that they are free to choose to tell or not.

Another interpretation is that if you have informed the child that depending on what they say and how the situation at home develops, the social worker might have to make a decision to separate parents and children. By being honest from the start and informing the child, based on what conversations and other things reveals. If the parents continue to drink for instance or do not succeed to fulfil their children’s needs. The social worker have warned that they might have to separate the children from their parents. Therefore the social worker do not need to feel that they have tricked, walked behind the child or the families back and somehow expressed that I might be forced to separate you from each other.
Following quotation is a social worker assessing authority describing how difficult it can be when the situation has gone so severe that the family need to be separated.

It’s hard when you get to that point that the child cannot live with their mother anymore. Because they might have done everything possible to protect... and still you get to this point that they can't continue to live at home. And to get them to understand that it isn't their fault and they get really sad. Of course. And they are worried about what will happen to their mother. […] because we have focus on the children. But... it is actually hard to have that sometimes. Because there is a dilemma that you should consider what is best for the child but the child often thinks that their best isn't the same as I think. They want to be with their mother. Even though I don't think so. And to try to explain to the child why we don't think that is good […] because we often don't have the same view about what is best for the child. And perhaps the parents don't have that either and then it gets really hard and then we often get to hear this... Well, 'the social services don't think that I can take care of you' like that... and then it is a really hard starting position. […] But it is good that we have the social workers that work with processing with children and families because then we try to have them present during these conversations and then... well, we social workers at the social welfare office get to be the 'bad cop' and they can take the supporting role and come in and explain a bit more... so that they at least have one person that they can entrust to.

This quotation explains how difficult it can be to focus on the child’s perspective but still not being able to meet their request. This shows the battle between what the children wants and what the social worker concludes would be the best for the child to insure that they are safe and their needs being fulfilled. Even though the child or children may have tried to the largest extent to hold the family together and protect their parents it still might come to this point when they have to be separated. As the interviewee expressed, it is helpful that a second social worker that works with processing with children and families are present. My interpretation is that this strengthens the fact that all social workers and adults involved in the child’s situation are equally important to ensure that the child gets the best help and support. The shared involvement increases the social workers ability to build and maintain a trusting relationship with the child and the family.
7. Discussion

In this final section I will discuss what I consider to be the most interesting findings from the study, in relation to my results and analysis, my preliminary understanding and the literature and previous research chosen. I will also give some suggestions for further research.

Primarily I think this study and the results given have called for a deeper understanding of how complex social work and authority assessing is when related to children. Even though children on legal basis should be able to express themselves freely and have their views taken into account, it is hard to comply without parents’ involvement or their given permission to their children. That is also according to Börjesson (2009) the most important factor that indicates when interventions in families regarding children have the most positive results: when there is a shared commitment between the client and the social worker, in this case; between the child, the family and the social worker. This is also strengthened by the interviewees’ expressions that parents’ involvement often could be crucial to be able to communicate with the children.

To be able to build a trusting relationship with the child it is also crucial to inform them of the consequences that what they say might lead to. The shared method that the social workers interviewed used and received training in to investigate and get an image about the child’s situation was Signs of Safety. Other methods for communicating with children were used differently from different social worker. Primarily the emphasis was on implementing the appropriate method to communicate with that individual child and be flexible to meet different needs.

7.1 Discussion in relation to the results and analysis

The social worker role when working with children is undeniably very complex. As mentioned in the result under the heading permission and recognition and in quotations from the interviews it is hard to enable for the child to be heard without parental permission to the child. And to a large extent the social workers interviewed expressed that they are working a lot with the parents that in their turn work with their children. In other words – it is often necessary to work with the entire family system. So even though there should be a child perspective and according to Swedish legislation the
children should be free to express themselves and give their point of view of their situation it is very difficult to comply. This is the finding that I consider most interesting from the study. My interpretation is that it is not only due to organisational matters like lack of time or evidence based methods. But rather due to that it is hard to communicate with children who feel like they are walking behind their parents’ back. Since parents also can demand excerpts from the journal and the investigation concerning the child, it is impossible for the children to freely express themselves without that it gets into their parents’ knowledge. My research question was to find out how social workers enable for children to be heard and the finding turned out to be that a child alone cannot be heard or is very difficult to be heard.

Following on from that was that the social workers interviewed expressed that they always inform the child that what they say might be reported further. This was considered important since otherwise the child might feel let down, when it reveals that things they have told has led to consequences for themselves and their family. Still it can make the children reconsider what they should and should not tell the social worker. I think results and analysis show that it has to be like that anyway to maintain a trusting relationship to the child. But this also underlines what a difficult profession it is. Since you cannot know if the child ren are telling the entire truth about how they feel and how the situation is at home or if they are protecting their parents and family.

Another interesting finding under the theme trust in relation to the capabilities and limitations the social workers described. Was that some social workers expressed a distress if the children tell them things that they cannot help them with. This could also damage their relationship. Since the children might have built such a trusting bond to their social worker, that they rely on them to be able to help them with everything. My interpretation from this is that the social workers, to prevent the child from feeling let down, should try to be alert to when some other professionals or important adults for the child should be involved. Someone that is better suited to communicate that particular concern with the child. To recognize for themselves that due to their profession and professional role they are not able to help the child to resolve all of their problems. Some things are better suited for another person to hear, maybe someone in a closer position to the child or another professional.

The using of methods was as mentioned different from different social workers. I experienced that the more training a social worker had the more confident they felt in their communication with children. All children are different and require to be treated
differently. I think the interviewees’ answers indicate that it would be difficult to have a fixed model that should be best suitable and work according to that. The social workers need to be very flexible to meet the child in the best way. And it could be anything from playing, go for a ride in the car or simply small talk the first meetings to give the child time to open up for someone new.

Above all I think that the study gives a deeper understanding for how complex the social workers role is when assessing authority or working with processing with children and families. Often social workers within child protection are experienced and portrayed as child snappers that cold-heartedly walk into families and take their children. But under that there is a really great commitment of wanting the children’s best. Although the child’s perspective should be in focus I think this study somewhat reveals how difficult that can be. To avoid for the child to end up in a conflict of loyalties it is much easier when the parents’ are involved. When parents’ recognise their problems and give their child a permission to communicate that enables for an agreement between the child, the family and the social worker.

7.1.1 In relation to my preliminary understanding

I thought before the study was conducted that I would make findings in how established guidelines for communicating with children who live with parents with addiction problems collides with reality. Since the social workers interviewed expressed that they do not have any established guidelines or methods to work according, except for the legislation, the investigation model and Signs of Safety. That was not one of my findings.

Another preliminary understanding was to make findings of the social workers capabilities and limitations when communicating with children who live under these circumstances. In relation to that preliminary understanding I think the most important finding was the necessity of the parents’ permission and recognising of their own problem as the most important capability. In reverse when permission not was given, as the most difficult limitation.

7.2 Discussion in relation to the previous research and literature

An interesting difference between this study and the previous research was that the interviewees for this study did not prefer any age in children to work with. Some
interviewees expressed that it was easier to work with younger children since then they were able to work more with the parents and the system around the children to resolve the problem and best understand and meet the child’s needs. However, some interviewees expressed that it was preferable to work with adolescences since you did not have to involve the parents to the same extent. These expressions was the direct opposite from the findings in Relationships matter: the problems and prospects for social workers’ relationships with young children in care (Winter, 2009) where social workers indicated that it was preferable to work with younger children, since their views was easier to not take into account when assessing authority, and for avoiding emotional discussions with the child.

The social workers interviewed were working a lot with the family system. Parents’ involvement was expressed and considered as very important. Haldor Övreeide is also urging in his book Samtal med Barn (2013) (Conversations with children, my translation) that involving important adults, or parents, increases the parents’ ability to understand what their children go through. Övreeide also argue for that the dialogue with children should help them to get an understanding between their emotions and thoughts, which also is strengthened, in this study. The communication between the social workers and children was a lot regarded to listen to the child, remove their shame, acknowledge their feelings and thoughts and help them cope with their experiences.

The impact of Substance Use Disorders on Families and Children: From Theory to Practice (Lander et. al. 2013) also encourage that working with the entire system when a substance use disorder or addiction problem is revealed in a family is important. Partly because all parts in the family system are interdependent. When one part change behaviour the rest of the system get affected. But also because it is important not to neglect the impact that a substance use disorder or addiction problem have on the entire system.
7.3 Suggestions for further research

One recurrent issue was the existing prejudices in society about the social services and how that made it difficult for social workers to perform their job. Families can endeavour to a great extent to not let the social workers into their problems even though it is for their and their children’s own sake. A literature study about how the social services and their employees are presented in the media would hence be interesting to see on which basis mistakes within the social services are being examined.

But above all I think that more research in how to facilitate for social workers to perform their work would be of interest.
8. References


Socialstyrelsen (2012) – Föräldraskap och missbruk – att ta upp frågor om föräldraskap I missbruks och beroendevården
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Appendix 1

Brev om samtycke

"To see and hear the child”

- a qualitative study about social workers reflections around their communication with children who live in families with addiction problems”


Jag har läst igenom ovanstående information och samtycker till att delta i studien

Namn:........................................................... Ort/Datum:............................................

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Appendix 2

Intervju guide

Yrkesroll/arbetssituation:

− Hur länge har du arbetat som socialarbetare?
− Har du läst socionomprogrammet eller har du någon annan utbildning inom socialt arbete?
− Har du gått någon utbildning eller kurs i samtal med barn?
− Hur upplever du din roll som socialarbetare? Upplever du att du har möjligheten att arbeta på det sättet som du önskade eller föreställde dig när du började jobba med barn och ungdomar?
− Kan du beskriva ärenden eller tillfällen då du upplever det som lättare att ha din yrkesroll?
− Kan du beskriva något ärende eller tillfälle då du har upplevt det som svårare att ha din yrkesroll?
− Upplever du att det är någon ålder eller åldrar på barn som är lättare att arbeta med?

Om en specifik ålder upplevs som lättare: Varför?

Riktlinjer/metoder:

− Kan du förklara vilka riktlinjer du jobbar efter när du kommer i kontakt med barn som lever i missbruksförhållanden? Finns det någon modell/plan som du använder för att få en bild över barnets situation?
− Hur tycker du att du möjliggör för barnet att berätta om sina känslor, tankar och upplevelser?
− Finns det något speciellt du brukar göra för att skapa en bra atmosfär för att kommunicera med barnet? Något/några hjälpmedel?
− Kan du beskriva något tillfälle då du känt att kommunikationen fungerade väldigt bra och försöka tänka på vad det var som gjorde att det gick så bra då?
- Hur pratar du med barnet om missbruk och vad det innebär att vara missbrukare?

- Om barnet berättar saker som du vet att du måste delge vidare till en annan kollega, barnets förälder eller en annan myndighet att du kommer att göra det?

  Om du berättar det: gör du det före eller efter du fått reda på informationen?

Dilemman i arbetet:

- Kan du beskriva någon gång eller ett ärende då du upplevt det som utmärkande svårt att prata med ett barn om missbruk och vad det innebär?

- Kan du beskriva något arbetstillfälle eller ärende då det uppstod ett svårt dilemma för dig?

- Finns det något i din arbetssituation som du tycker försvårar för dig att kommunicera med barnet på det sätt som du önskar?

- Kan du beskriva någon gång då du upplevt dig begränsad av din yrkesroll för att kommunicera med barn på det sättet du önskar?

- Brukar föräldrar vara med i rummet när du pratar med barn?
  Eller har det uppstått någon sådan situation?

- När du upplever svåra dilemma på jobbet, har du någon du kan vända dig till och få stöd och handledning?