

Bo Davidsson

# Development of social work with multi-challenged families

## Evaluation of the Family Pilot project in Sweden

*An evaluation of the Family Pilot development project is presented. The project was organised in the form of a social investment fund in Linköping municipality in Sweden with the objective for social services to develop better and earlier support for children, young people and their parents, and to prevent placements. The project started in August 2014 and continued until July 2017 and included 18 families. The evaluation aimed to study the Family Pilot project on three levels, namely, family, process and method, and structural level, based on theory and previous research on social work and multi-challenged families, case management and complexity theory. The main focus of the evaluation was on the effects on the families' living situation and how it can be improved as a result of the development of the Family Pilot working method. The analysis involved qualitative analysis of interviews, field notes and logbooks, as well as quantitative analysis of surveys, records and costs for efforts. The project has largely succeeded in developing a working method for Family Pilots, a role that involves a holistic perspective and the ability to coordinate efforts from other providers in a flexible way. The results show that the families' contacts with social services change and become more functional and effective, costs for the social services are reduced and placements of children are avoided, parents go from unemployment to daily activities/work training, work and studies, the school situation for children and young people is improved and the families receive better and more adapted health care.*

*Keywords: complexity, case management, social services, support, holistic perspective.*

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### Razvoj socialnega dela z družinami s številnimi izzivi – Evalvacija švedskega projekta Družinski pilot

*V članku je predstavljena evalvacija razvojnega projekta »Družinski pilot« (angl. The Family Pilot). Projekt je bil organiziran kot socialno investicijski sklad v Občini Linköping na Švedskem z namenom, da bi lahko socialne službe razvile boljše in zgodnejšo podporo za otroke, mlade in njihove starše ter da bi se s tem preprečile namestitve otrok in mladih zunaj družine. Izvajati se je začel avgusta 2014 in je trajal do julija 2017. V njem je sodelovalo 18 družin. Evalvacija projekta je potekala na treh ravneh: družinski, procesno-metodološki in strukturni, in je temeljila na teoriji in raziskavah o socialnem delu in družinah s številnimi izzivi, vodenju primera in na teoriji o kompleksnosti. Pri evalvaciji je bila osrednja pozornost namenjena temu, kako lahko sodelovanje v projektu izboljša življenjske razmere družin. Podatki so bili pridobljeni s kvalitativno analizo intervjujev, terenskih zapiskov in dnevnikov ter s kvantitativno analizo anket, evidenc in stroškov. Projektu je večinoma uspelo razviti način dela, ustrezen za družinske pilote. Ta temelji na holistični perspektivi in sposobnosti za koordinacijo vseh ponudnikov, ki lahko podprejo družino. Izsledki raziskave so pokazali, da se je sodelovanje družin s socialnimi službami spremenilo in postalo učinkovitejše. Stroški za socialne storitve so se zmanjšali, prav tako ni več potreb po namestitvah otrok zunaj družin. Zmanjšala se je tudi brezposelnost staršev, saj so se začeli ukvarjati z vsakodnevnimi dejavnostmi oz. so se vključili v delovno usposabljanje, študij ali se zaposlili. Izboljšala se je tudi šolska situacija otrok, družine pa so začele prejemati boljše in njihovim potrebam bolj prilagojeno zdravstveno oskrbo.*

*Ključne besede: kompleksnost, vodenje primera, socialna služba, podpora, holistično gledanje.*

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### Introduction

The Family Pilot project was organised in the form of a social investment fund in Linköping municipality in Sweden with the aim of finding ways to coordinate support for multi-challenged families where children and/or parents

have a neuropsychiatric diagnosis and were in contact with the social services. Furthermore, the purpose was to develop and adapt working methods in social services in order to meet the needs of the families, to prevent placements of children and to reduce costs for the municipality.

The project started in August 2014 and continued until July 2017. The need for development work derives from results from the R & D project “Families in Social Services” (Davidson and Bredmar, 2012; Bredmar, Davidson, Leinhard and Petersson, 2014). In this context, the term multi-challenged families is introduced – a multi-challenged family can be characterised by multiple problems that occur at the same time and interact in different ways, such as unemployment, bad economy, physical and/or mental health problems, poor network, and poor relations between parents and school, and problems at school for the children with anxiety and high absenteeism.

The development work in the Family Pilot was cross-sectoral and involved social services, school and job training, and is characterized by a holistic approach. The support for the families was based on the needs of the families and would include: the new role of Family Pilot, school support, and support for work or education for the parents.

The evaluation aimed to study the Family Pilot project based on theory and previous research on social work and multi-challenged families, case management and complexity theory. The main focus of the evaluation was to describe the Family Pilot working method in social work with multi-challenged families, the effects on the families’ living situation and to analyse economical aspects of the project regarding costs for social services, financial support and placements of children.

## Theoretical background

### *Multi-challenged families, social work and complexity*

One way to approach the problem of understanding, analysing and outlining possible ways of developing social work with multi-challenged families is to link to complexity theory as both the organisation of the social services and the living situation of the families in question can be considered as complex (Grell, 2016).

Complexity theory provides an alternative way of looking at the dynamics of systems with many interacting units/components (Glouberman & Zimmerman, 2002; Stoehrel, 2010). Regarding complex systems, interaction within systems and with the outside world is assumed to result in spontaneous self-organisation and the emergence of new structures that cannot be easily derived from the individual components. Complex problems can be linked to complex systems in such a way that the system is non-linear and has emergent properties that are difficult to predict (Ellström & Hultman, 2004; Davidson & Svedin, 1999).

The Swedish researcher Grell (2016) has applied complexity theory to analyse the interaction between the social service and its clients. Grell describes and analyses the consequences that an organisational specialized social service

can have for clients with complex needs (i.e. multi-challenged families). The conclusions show that the organisational specialization contributes to fragmentation of the social service in terms of responsibilities and tasks that become difficult to handle for the clients. Based on Grell (2016) this can be summarized as follows:

- Clients have difficulties in understanding and orient themselves in their contacts with social services as well as finding the help they need.
- Clients are confronted by a variety of confusing parallel contacts, which consume their time and energy.
- There is an unclear division in social services of responsibilities, both between different units and between different social workers.
- There is a paradox in social services as there are both overlaps and gaps in the help provided.
- The clients need to perform a balancing act in order to manage intricately interconnected interventions from several different actors within social services, where the nature of each unit's intervention ranges from purely voluntary to interventions of more or less compelling character.
- Clients have difficulties in establishing close, helping relationships with individual social workers.

Grell (2016) points out that these conclusions are found in international as well as in Swedish studies. Grell further argues that complexity theory can be used to analyse the relationship/ tension between the organisational conditions in the social service and the clients' living conditions. He believes that an organisational specialised social service is primarily suitable for dealing with simple, or to some extent complicated problems, which is true of many of the problems handled by social services. The specialized and fragmented social services, with overlapping organisational units as well as gaps, find it more difficult to deal with complex problems where the outcome of interventions is more difficult to predict and where the specialization can become counter-productive. Grell (2016, p. 50) describes it as:

In unfavourable cases, the client ends up in a professional crossfire where various actors within social services are pushing their own respective agendas too much.

The conclusion will be to change perspectives and to consider the client as an agent, who just like the social worker is seen as a subject, and to see the organisational specialization and its consequences from a client perspective.

### *Case management and social work with multi-challenged families*

Case management is a way of organising the work and treatment of a client or family in social work and health care by social workers, treatment assistants, nurses and psychotherapists (Ballew & Mink, 1996; Gurskansky, Harvey & Kennedy, 2003; Summers, 2006; Woodside & McClam, 2006; Treadwell *et al.*, 2014). The Case Management Society of America (CMSA), which is a certified entity for professional case managers in the United States, defines case management as follows (Treadwell *et al.*, 2014, p. 4):

Case management is a collaborative process of assessment, planning, facilitation, care coordination, evaluation, and advocacy for options and services to meet an individual's and family's comprehensive health needs through communication and available resources to promote quality cost effective outcomes.

Case management is characterised by a joint process between client and case manager. The case manager's task is to assess the client's resources, plan interventions with the client according to the specific needs, have a coordinating function, coordinate the client's social network, coordinate the client's contact with other professionals and different authorities, develop the client's own resources, negotiate for the client and defend him/her in contact with professionals as well as dealing with, and managing, barriers that exist to provide the client with adequate support and assistance (Ballew and Mink, 1996; Gursansky, Harvey and Kennedy, 2003; Woodside and McClam, 2006; Mas-Expósito, Amador-Campos, Gómez-Benito and Lalucat-Jo, 2014; Summers, 2006, 2014; Treadwell *et al.*, 2014). Some important differences between the case manager's way of working and a traditional social worker role include the following (Kanter and Vogt, 2012, pp. 254–255):

- The case manager interacts with the client in the home, in the immediate area and in other environments around the client.
- The case manager initiates various efforts and leaves the office to meet the client.
- These meetings are not standardised but vary in length and intensity.
- The case manager has direct contact with the individual and the family's social network.
- The case manager works without detailed intervention protocols.

The hallmark of case managers' tasks is thus always based on the client's needs, and to plan efforts together with the client (Ballew and Mink, 1996; Gursansky *et al.*, 2003; Woodside and McClam, 2006; Mas-Expósito, Amador-Campos, Gómez-Benito and Lalucat-Jo, 2014; Summers, 2014; Treadwell *et al.*, 2014). The basic principles for case managers' working methods are continuity over time, availability, to tailor efforts to the client's needs and to be an agent for the client. Also important is that the case manager coordinates social services around the client, provides support and is a spokesperson for the client in contact with social service, and not least addresses the obstacles that prevent the client from receiving adequate support.

### *Previous research on social work and multi-challenged families*

The Family Pilot development project is to a large extent based on two research projects, namely the project Families in Social Service and the collaboration with the Norwegian national research project The New Child Welfare (Davidson and Bredmar, 2012; Bredmar, Davidson, Leinhard and Petersson, 2014; Clifford, Fauske, Lichtwarck and Marthinsen, 2015). These projects aimed overall to increase the knowledge of families' living conditions, their contacts and experiences with social service and preceded the Family Pilot and greatly contributed to how the project was organised.

The theoretical framework was based on theories of social capital, research on social work and what vulnerability can mean in a changing welfare state (Davidson and Bredmar, 2012; Bredmar, Davidson, Leinhard and Petersson, 2014; Clifford, Fauske, Lichtwarck and Marthinsen, 2015; Davidsson, 2017a, 2017b). The results showed that there was a clear pattern in terms of family type, problem, but also of respondents' experiences of contacts with the social services and the effects of the help they receive.

The conclusion is that multi-challenged families, that is, the most vulnerable families with the smallest resources, are those who feel they have been least helped by the support of social services (Davidsson, 2017a; Clifford, Fauske, Lichtwarck and Marthinsen, 2015). An implication of this is that the social service's work with multi-challenged families need to consider the family's problems from a more holistic perspective, which also includes structural factors in relation to the family's social capital, and to be able to organise support in a better way (Bredmar, Davidson, Leinhard and Petersson, 2014).

Furthermore, the organisational specialisation in the social services, characterised by many and weakly coordinated efforts and contacts that the client must manage, has negative consequences for this group of clients and contributes to fragmentation of social services in terms of responsibilities and tasks which makes the social services themselves complex (Grell, 2016).

### *Implications for social work with multi-challenged families*

Against the background of the results obtained in the research project Families in Social Services and from theory on social work and case management, some conclusions and suggestions can be made on how social work with multi-challenged families can be developed (Bredmar, Davidson, Leinhard and Petersson, 2014). In this context, the focus is also on the organisation of social services.

A central point of departure for these changes should be a conscious effort to start from the family's perspective, rather than just the individual child or parent. This, in turn, means adopting a holistic perspective on the family's needs and situation, but without losing focus on the individuals in the family. A holistic perspective, where contextual and socio-economic factors are taken into account, also leads to questions relating to coordination of different providers' efforts and how to consider the family as a unit in a wider context.

- A holistic approach to working with the family.
- Co-creation of solutions with the family, valuing their perceptions.
- The need for a multi-disciplinary approach to address the fragmented nature of multiple professional interventions.
- Case management and an understanding of the challenge that this represents to professional and management hierarchies.
- Understanding innovation in social work in a family environment.
- Identifying areas with potential for change in the family.
- Generic skills e.g. analysing needs of families, reflection on theory and practice, problem solving, teamwork, communication.

The development proposals outlined above require structural changes and priorities at the organisational level and cannot therefore be implemented by individual professionals at the local operational level, no matter how good the knowledge and the intentions. This also means strengthening a holistic perspective in the social service's work with multi-challenged families and individuals with complex needs – a holistic perspective that also means being able to take into account the social and cultural capital of families in relation to a complex welfare system.

## Methods

### *The organisation of the Family Pilot project*

The project started in August 2014 and continued until July 2017. In the project, a team comprising two project managers, three Family Pilots and five coordinators were organised. The three Family Pilots recruited for the project had long experience from social work and two were social workers and one was occupational therapist. The coordinators worked in social services as administrators, at schools or at a job center. The Family Pilot's task was to work from a holistic perspective and in close collaboration with the family to form an understanding of the family's situation, to represent the family and to improve the family's situation. The coordinators' task was to coordinate the work with social services, school and job center. The budget of the project was approximately 750,000 Euros. A project management team with representatives from participating providers was also organised.

The participating families were recruited by asking social service employees if they had client families who met the criteria for inclusion, that is: contact with social services, children in elementary school and diagnosed neuropsychiatric disability in the family. When a number of families was identified, these families were informed about the project and asked if they wanted to participate. The project included 18 families of a total of 61 persons (26 adults and 35 children) divided into 20 households. All families met the criteria for participation in the project.

### *The evaluation of the Family Pilot project – aim, data collection and analysis*

In the evaluation of the Family Pilot project, a variety of data was collected and analysed (Davidsson, 2017a). In this article, only part of this data is presented. The project was approved by the ethics review board.<sup>1</sup> The main focus

<sup>1</sup> The Regional Ethics Review Board in Linköping, 2015/58-31. All information about the identities of the research subjects has been handled in such a way that the researchers have only had access to de-identified data. The research subjects have been informed about the evaluation and how information about personal data is handled and they have given written consent for their participation. Parents have given consent to how information and data about the children are handled. All interviewers have expertise and experience from research on vulnerable groups and from child interviews. In the reporting of results, the researchers have ensured that no individual respondent can be identified. Finally, the possibility of support for the families was organised from the social service should a need arise, which was not needed, however.

of the evaluation was on the effects on the families' living situation and how it can be improved as a result of the development of the Family Pilot working method. In this article the focus is on three aspects of the evaluation, namely:

1. Describe the Family Pilots' model of work.
2. Describe the psycho-social and occupational situation for the parents and the psycho-social situation for the children in relation to the Family Pilot work model.
3. Analyse economical aspects of the project regarding costs for social services, financial support, placements of children and support for the children at school in relation to the Family Pilot work model.

It should be noted that the study group is so small that it is not suitable for testing significance among subgroups or as a basis for generalisations. The selection method used to recruit families to the project means that the sample does not meet the requirement to be representative of a population of multi-challenged families.

In the data collection, quantitative and qualitative information was combined in the form of survey based interviews with parents (pre- and post-measurement), qualitative interviews with parents and children, interviews and focus groups with participators in the project, protocols and field notes from the project group and records of the families' situation regarding interventions from different providers, contacts and costs for social services and support, and statistics about the children's absence in school. The analysis involved qualitative analysis of interviews, field notes, as well as quantitative analysis of surveys, records and costs for support and placements of children.

The survey based interviews with parents were conducted by the project managers in the Family Pilot unit using a structured form. Field notes were collected by the project managers and Family Pilots. The qualitative interviews with the parents were conducted by an experienced coworker at the R&D center. The child interviews were conducted by a researcher in specialised pedagogy with experience of interviews with children and young people with NP-diagnosis. The interviews with the project management group, project managers, Family Pilots and coordinators were conducted by researchers from the R&D center. A planning officer at the Care and Social Administration conducted the collection of register data from the social services on the contacts and costs for efforts for the families. Statistics for children's absence at school were collected by coordinators at schools.

The analysis of the data is qualitative with regard to interviews and field notes, and quantitative with regard to the surveys and registers. The qualitative analysis meant that transcripts of interviews and field notes were categorised under different themes, which then constitute the outcome of the analysis (Brinkmann and Kvale, 2014). This choice of analysis was considered appropriate due to the multitude of components, sources and respondents and the inductive character of the project and the evaluation. The quantitative analysis was mainly descriptive and variables or indexes are reported in the form of averages or percentages and analysed regarding trends over time in order to highlight possible effects on the families' psycho-social situation,

the children's situation at school, parents' occupation, health, costs for social services and placement of children. Given that the participating families have not been randomly selected from a population and that the sample is small, it is not appropriate to apply hypothesis-testing analysis.

## Results

In this section the main findings in the evaluation are presented, that is a description of the working method developed in the Family Pilot, the psycho-social and occupational situation for the parents, the psycho-social situation for the children and the economic aspects of the project in relation to the Family Pilot work model.

### *The Family Pilot model of work*

The role of Family Pilot can be said to be more flexible, freer, more coordinating and more compensatory than the existing efforts that families receive from social service and school. Family Pilots need to be responsive and able to provide both emotional and practical support. A decisive factor is that the Family Pilots can work flexibly with the whole family in terms of time, roles and skills. In order to be able to work flexibly the limit is 6–10 families per Family Pilot.

Regarding skills and competence, a Family Pilot must be able to provide flexible and mobile support and have a coordinating function focusing on the whole family. Family Pilots do not take over a treatment from other professionals but primarily coordinate the existing support and compensate for what is missing pending necessary interventions. An academic degree is desirable in regard to contact with other professions as well as knowledge about other providers in the support system, disabilities, as well as relevant laws and regulations. Experience of social work as well as social skills are of utmost importance.

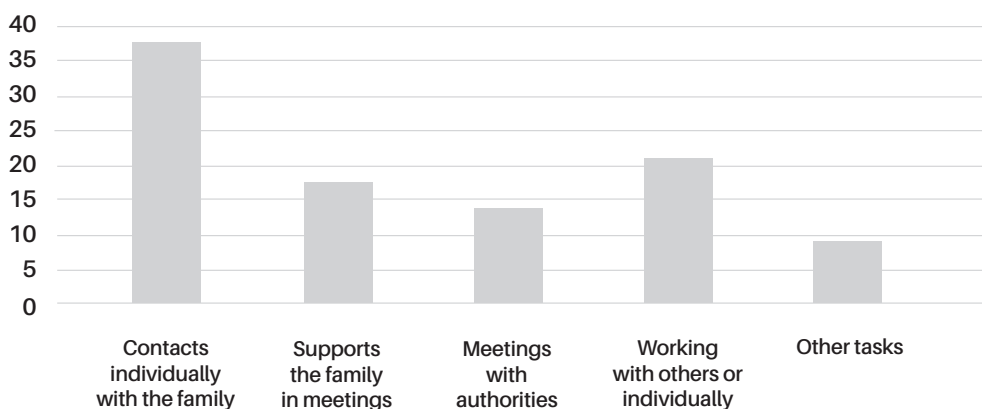
The Family Pilot's main task is to take the perspective of the family, to represent the family and to coordinate the support the family receives. The families give consent to the Family Pilot to make the contacts needed to be able to cooperate with the various support and care contacts that exist around the families. The work of a Family Pilot is characterised by being compensatory and proactive depending on the family's situation and to give support in order to prevent breakdowns to occur. Based on surveys and interviews the Family Pilots way of working can be summarized as follows:

- The work method is flexible in terms of time, location, working methods and tasks.
- Family Pilots see the family as a whole, working on the family's assignment, and spend a great deal of time with the families.
- Family Pilots can remit to social support but do not work specifically with treatment.
- Family Pilots coordinate and interact with other activities and can provide families with advice, interpretation and "translation" of documents and support during crisis.



- Family Pilots work as a team combining different skills and experiences, and have knowledge of society, social services, the rights of the family and can give “legitimacy” to the family.
  - The working method of the Family Pilots is compensatory.
  - Family Pilots document and follow up but do not make formal assessments.
- Figure 1 shows how Family Pilots allocate their working hours to different tasks (based on logbooks).

Figure 1: Family Pilots allocation of working hours to different tasks (percent).



This means that Family Pilots allocate approximately half of their time together with the families. Each Family Pilot works with 6 families which means that they spend in average 3 to 4 hours with each family per week. Family Pilots can support the families with practical things, such as washing dishes, cleaning up the apartment, making sure there is food and medicine at home, accompany parents and/or children to meetings and activities. Often, the work involves organising contacts with authorities, taking notes at meetings and give feedback of what has been decided to the family and having a cohesive function when several professionals are involved. The Family Pilot can “speak the language of the authorities” and provide information about the rights of family members, assist with applications, explain and reduce stress. Below are some examples of how flexibility is expressed in the Family Pilot’s work based on Family Pilot’s logbooks.

- A family has no food at home and no money. The Family Pilot buys food for the family, so that they can manage over the weekend.
- Family Pilots help the family to make a schedule of activities to be done and by who in the family, which reduces conflicts.
- Family Pilots fetches and leaves children in preschool when the parent is unable to cope due to illness.
- The Family Pilot organises the family’s move to a new home and helps the family by moving, carrying boxes, running stuff etc.
- Family Pilots support children into leisure activities, such as swimming, gymnastics, football, summer camp activities, weekend school activities etc.

- A parent is taking a driver's license and is allowed to use the computer at the Family Pilot's office to practice answering questions before the run-up. The parent takes a driving license and buys a car, which improves the family situation, both for work and leisure.
- A parent who lives in the countryside has many meetings in town. The parent is worried about driving a car in the town, worried about the parking garage, diversion of streets and changes that make it hard to find the way. The Family Pilot and the parent meet up at a gathering place and together they go to the meeting.
- A parent needs the high school diploma in order to apply for an education. The parent cannot find the diploma and becomes stressed and worried. The Family Pilot manage in obtaining the diploma from the county archives.

There are many examples of situations in families' everyday lives where problems, often seemingly banal and simple, can pose obstacles that can cause major problems. A central part of the Family Pilot's work is to prepare families and other professionals for different meetings so that they are aware of difficulties and possible obstacles and what is stressful for the family.

- A teenager asks the Family Pilot to accompany him/her to a neuro-psychiatric investigation.
- The rules of the Social Insurance Agency are difficult to understand. The Family Pilot contacts different attorneys to clarify questions that the families need help with.
- A parent distrusts the school where the child is going to. The parent does not feel understood and feels that the school thinks they are bad parents. The Family Pilot is present at meetings, helping to explain both to parents and school staff so that they can support the child.

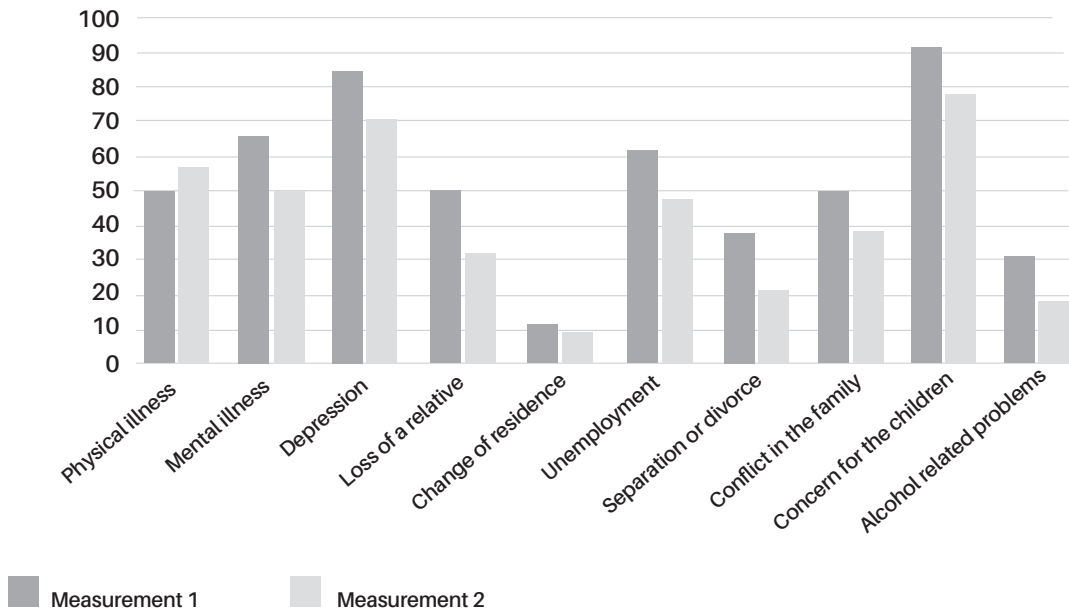
The Family Pilots has a flexible way of working, which means that they can adapt the work together with the families in time, location and function, to reduce the complexity of the families' contacts with authorities and other partners.

### *The families' situation*

In this section results on the effects for the participating families are presented. The psychosocial situation of parents and children, parents' work and employment, and changes in the costs of social assistance are presented. The presentation is based on the survey conducted with parents at the beginning and end of the project. The support from the Family Pilots have resulted in changes for the families in different ways.

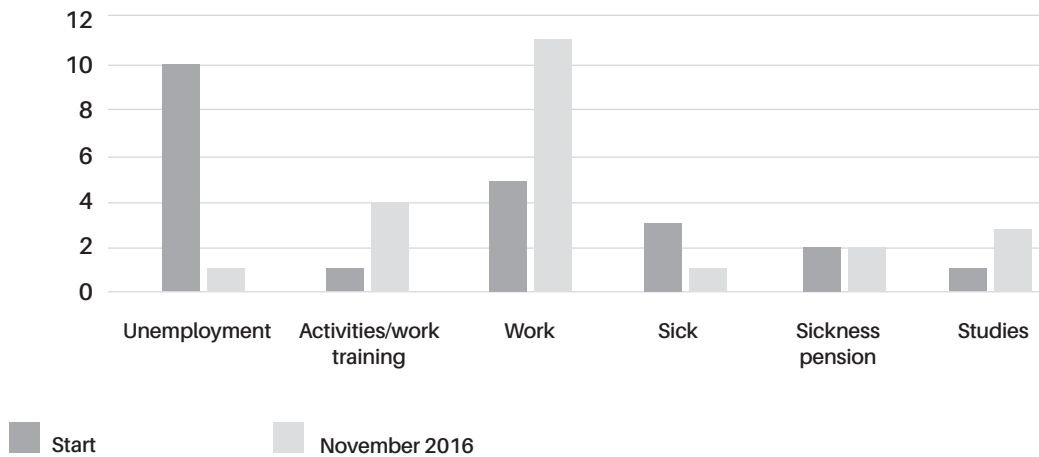
The families report that they experience practical support and relief in everyday life, but regarding their social network and help from relatives there is very little change. Stress-related factors have diminished for parents, as described in Figure 2.

Figure 2: Parent’s psycho-social situation at the beginning and end of the project (percent values, high values means a high level of stress and low values a low level).



It is worth noting that this is the parents’ description of how they perceive different psycho-social aspects of their life situation. For several of these aspects, the life situation has changed, for example in terms of unemployment and mental health. For other aspects, the answers could be interpreted as the parents being better able to handle their everyday lives, for example with regard to loss of a relative, since no deaths occurred in the participating families during the project. Overall, however, the outcome can be interpreted as an improvement in the parents’ psycho-social situation. Even with regard to parents’ employment the project has led to positive changes.

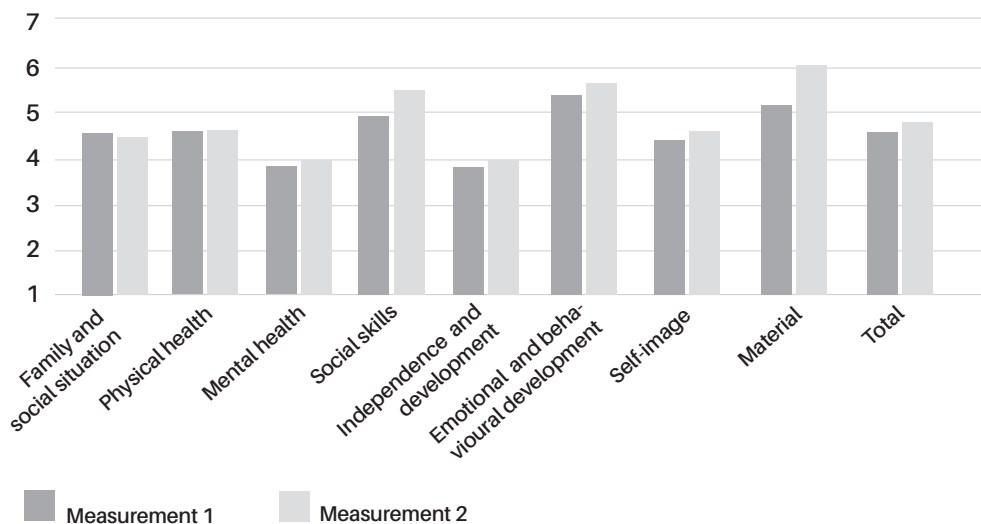
Figure 3: Parent’s employment at the beginning and end of the project.



In the period from when the families were recruited until November 2016, 9 out of 10 parents who were unemployed have gone to daily activities, work or studies, even though this do not apply to full-time or permanent employment for all. Six parents already had previous daily activities, work or studied. Sick leave decreased from 3 to 1.

If we consider the situation of the children we can see both positive changes and conditions that have not changed so much. In the qualitative interviews with parents and children, almost all statements regarding change and development are positive. But when the parents are asked to rate the psycho-social situation for their children on a Likert scale, we can see very little change in the measurements, as described in Figure 4.

Figure 4: Children's psycho-social situation at the beginning and end of the project (mean values, high values mean a good psycho-social situation and low values a bad psycho-social situation).



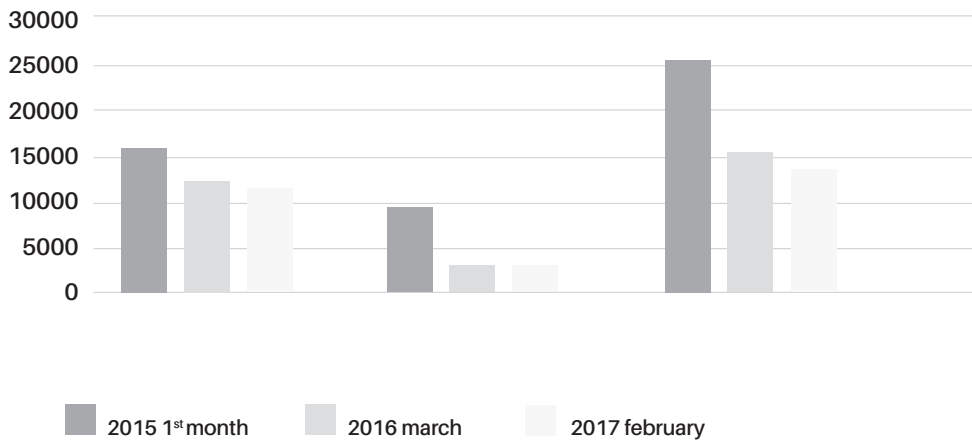
There are several possible interpretations of the children's psycho-social situation. The first impression that the children's situation has only marginally changed is obviously possible. But it must be remembered that this is based on the parent's description and that it is quite possible that the outcome could be different if the child or any third party made the assessment. Perhaps the children have the same problems as before, but with support and help they can manage better in their everyday lives. This interpretation may be likely given the fact that many of the children have a neuropsychiatric diagnosis and the problems will not go away or can be remedied by training.

On the other hand, the interviews indicate that the children get more recreational activities/leisure activities, better everyday structure, and that they can identify better with others. The families' contacts with social services have changed from rather fragmented support to family related and leisure support. Families also receive better and more adapted health care.

### *Economical aspects on the project*

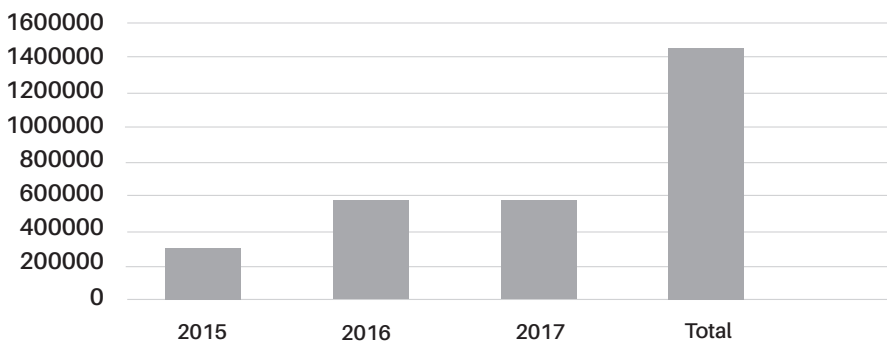
Costs for social services and financial support are reduced and costs for placements are expected to be avoided. Note that costs for health care have not been studied in the evaluation. In Figure 5 costs for social services for the participating families (outpatient and placements) measured at 3 occasions are presented.

Figure 5: Changes in costs for the social services and financial support for the families (Euros).



The project group estimates that 7 placements (closed and family home placements) could be avoided. This estimate has been made by experienced social secretaries whose assessment is that the children would have been placed by the social service if the family had not been supported by the Family Pilot.

Figure 6: Costs for placements that could be avoided (Euros).



If we summarize financial support, placements and costs that could have been avoided, the total reduction of expenses for social services is approximately 1,700,000 Euros. Support for the children at school increased by 120,000 Euros. The cost for project management, Family Pilots and coordinators amounted to

750,000 Euros. This means that during the 2015–2017 period the project could save approximately 830,000 Euros. In this context, it should be noted that the estimate regarding costs that could be avoided is difficult. The calculation for placements that could be avoided is a maximum amount based on the fact that the children would be placed for the remainder of the project period. Another scenario may, of course, be that the placements ended after some time, and the children could move home or could be provided reinforced support at home, thus avoiding placements. The savings had then also been significantly lower.

## Discussion

### *The Family Pilot model of work*

The working model of the Family Pilot is to a large degree in line with social work inspired by case management (Ballew and Mink, 1996; Gursansky, Harvey and Kennedy, 2003; Woodside and McClam, 2006; Mas-Expósito, Amador-Campos, Gómez-Benito and Lalucat-Jo, 2014; Summers, 2006, 2014; Treadwell *et al.*, 2014). At the heart of the role of Family Pilot is a flexible and coordinating function that constitutes a bridge between the families and the community. On average, a Family Pilot works with six families continuously and spends just over half the working hours on contacts with the families. Other important tasks include assisting the family, both parents and children, in contacts and meetings with social services, school, health care, the Social Insurance Office, the Employment Agency etc. The Family Pilot becomes the family's communicator, translator and memory. This requires that a Family Pilot is well acquainted with how the municipality and society are structured, the family's rights and obligations and that they can communicate this to the family. The work also means enabling meetings by preparing and giving feedback to individuals and professionals, and to follow up and support in implementation of what has been decided. Even in families' everyday lives, Family Pilots play an important role by creating structure, give support, tangible help and relief.

However, the picture of the Family Pilot's work will not be complete unless taking into account the various coordinator functions in the project, i.e. with the social services, the school and the employment agency. The project has largely depended on the fact that the contacts between Family Pilots and coordinators could be a link to their respective organisations. In this regard, the Family Pilot differs from how case management is described in the literature in that the project also included functions designed to deal with the complexity that arises due to how the welfare system is organised with a variety of often specialized actors (Grell, 2016).

### *The families' situation*

The outcome indicates that the complexity of the family's life situation is reduced and that the families' everyday life situation is improved. The families experience practical relief in their everyday life. Parents experience a better

psycho-social situation and go from unemployment to daily activities, work training, work or studies. The children's school situation improves as well as their leisure activities, and in the interviews they express an increase in self-confidence, even though there is very little change in the children's psycho-social situation based on the parents' description. This obvious contradiction can possibly be understood in the light of the fact that problems with neuropsychiatric diagnoses do not disappear, but that the situation can generally get better with appropriate support. Contacts with the social services change and the families receive better and more adapted care. Costs for support from the social services are reduced and placements are expected to be avoided.

### *Economical aspects of the Family Pilot model of work*

In the short term, i.e. during the project period, the project appears to have succeeded in reducing the total costs for services, including reduction of financial support, support that could be terminated, primarily because placements could be avoided. The costs for the school increased, although children received increased and better adapted support. In line with the reasoning of Nilsson, Wadeskog, Hök and Sanandaji (2015), an improved school situation should be a factor that in the long run should yield returns on investment, both in terms of reducing suffering and counteracting the probability of exclusion in life. On the other hand, the evaluation did not take into account the costs of health care. Even in this context, however, the changes in the direction and scope of health care interventions can be interpreted as having the potential to counter future exclusion. If the parents' improved situation, either in the form of studies or work, is not temporary, then this should mean reduced expenditure on society.

### *Conclusion*

Overall the project seems to have succeeded in developing and testing the Family Pilot work model in relation to multi-challenged families in line with the recommendations proposed by Bredmar, Davidson, Leinhard and Petersson (2014) and Davidson (2017a). However, in the light of the design of the project and the evaluation some critical aspects need to be considered.

One question is whether the positive results achieved by the Family Pilot project can be generalised to other groups of families or individuals or not. The design used in the evaluation of the project, when there is no control group or alternative family-focused efforts, means that it is not possible to clearly identify success factors. Could it be that the outcome is unique to these particular families or that the specific Family Pilots are unique? In other words, we cannot say with certainty whether there are alternative ways of working that are just as good, whether it is precisely the family representatives who worked in the project that made a difference or whether others can succeed just as well. The positive statements from the interviews can come from a bias caused by an "alliance" between agents and families. Nor is it possible

to extrapolate with certainty the calculations of how costs can be reduced to other parts and activities in a municipality. It is also difficult to speculate on the possible long-term effects that the project may have. In order to test the validity of the work method it needs to be tested on a larger group, preferably in a randomised controlled study.

But has the project succeeded in reducing complexity in the social services (see Grell, 2016)? Here the answer is not quite clear. One argument is that the working method should have potential to be applicable in other contexts in the light of complexity theory (Grell, 2016). But the function of the Family Pilot unit in the project can be said to be “outside” of the regular social services and rather to complement it. The Family Pilot unit is a “filter”, a bridge between families and social services, school, social insurance, the Employment Agency etc. It is this filter that reduces the complexity by sorting, compensating and bridging the gap.

A possible cautious conclusion is that these particular families are probably in need of long-term, compensatory support, since the problems related to the diagnoses are often of a long-term nature. Against this background, the approach should be applicable to other families in the same situation. However, the organisation of social services, as well as the welfare system at large, is still largely divided into several parallel subdivisions. If we consider the families’ needs as complex then the function of Family Pilot seems to be able to reduce complexity, at least in the case of the families. In order to fundamentally reduce the complexity of the system, more radical changes are required so that different functions and support are based on a holistic perspective focusing on the entire life situation of the client or family, and are coordinated more effectively.

Other aspects that may be worth reflecting on when it comes to working with families with complex problems are to link to concepts such as marginalisation (Clifford, Fauske, Lichtwarck and Marthinsen, 2015). We have chosen to describe the target group with the help of a number of “problems” that entail challenges and needs. This can lead to the idea that these different problems can be solved individually and that the family would then cease to have these needs.

If, on the other hand, one chooses to regard families as marginalised, it is likely that it is not as simple as changing some parameters in the families’ life situation in order for them to cease to be marginalised – marginalisation means more to be in a position in society than having a set of individual problems. The reasoning linked to the social service’s change towards specialisation and the management of risk can also be linked to this. The hope is that the reader, if you have come this far, can create for yourself a picture of the project, the way of working with Family Pilots and what opportunities this offers for development of social work.



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