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Nørup, Iben; Jacobsen, Betina

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**Construction of vulnerability among frontline workers; between “the usual suspects” and the political emphasize on prevention and early detection**

Iben Nørup<sup>a\*</sup> and Betina Jacobsen<sup>a</sup>

*<sup>a</sup>Department of Sociology and Social Work, Aalborg University, Aalborg, Denmark;*

*Iben Nørup*

*Department of Sociology and Social Work, Aalborg University,*

*Kroghstræde 7,*

*9220 Aalborg Ø,*

*Denmark*

*+45 99408169*

*[ibenn@socsi.aau.dk](mailto:ibenn@socsi.aau.dk)*

*Orchid ID: 0000-0002-6221-5416*

WORKING PAPER

## **Construction of vulnerability among frontline workers; between “the usual suspects” and the political emphasize on prevention and early detection**

In most European countries there is considerable political attention to key concepts like *preventive work and early intervention* in relation to vulnerable children and youth.

Ambitious investments in preventive policies have been made in many European countries. Yet the effects of these policies have been sparse. In this paper we investigate the role of frontline workers, and in particular their categorization and moral judgement, in the implementation of a new preventive policy focus within a large municipality. In a broader perspective the study investigates how the state through the eyes of the frontline workers perceives and categorizes its citizens and their needs and how the categorization becomes a barrier to implementing new policy goals.

Based on a large survey of almost 2000 frontline workers and using structural equation modelling the study analyses how the frontline workers categories children as in risk of becoming vulnerable or not and how they link observed symptoms of vulnerability among the children and youth to risk factors potentially causing them to become vulnerable. The findings show that vulnerability is linked to children with a certain socioeconomic background. This leads to identification of a certain group of children and young people already known to social services, rather than finding and identifying the group of children and young people that could benefit from an early and preventive intervention. We argue that the often overlooked categorization and judgement of the frontline workers represents a crucial factor when policies are transformed from strategies to the actual practice that the citizen meets. We argue that when this role is overlooked or when frontline workers are reduced to ‘instruments’ just ‘doing’ what is already defined in the policy the frontline workers become barriers to implementation because their part in transforming and defining the policy in practice are neglected.

## ***Introduction***

For the past decades the content of social policy has been given strong attention in the political practice as well as in research. The question of what is good social policy, what works and which policies successfully reduce the number of social problems and various aspects of social exclusion remains central to policy makers and researchers. Hence substantial knowledge has been gained of the content of the policies as well as of effects from particular strategies or programmes. Despite the strong focus on developing effective social policies, often accompanied by investments in policy strategies and programmes, in many cases no clear effect of the policies can be identified. This is particular the case when it comes to preventive strategies targeting vulnerable children and youth, topic which for the past decade has been strongly emphasized in most European countries as within the EU (European Commission 2013, Bradshaw and Bennett 2014; Eurochild 2016). In spite of a strengthened and changed legislative focus and strong investments, the strategies don't seem to work according to the intentions, as only little change can be observed when looking at the share of children and young people facing social problems and vulnerabilities (Cingano 2014, EUROSTAT 2015, Inchley et al 2016).

The content of these social policies have been subjects to discussion of their aim and outcome, especially in the cases where no effect of the programmes and strategies can be measured. At the same time little attention is been put on how the policies are implemented and especially how they are implemented into everyday practice of the frontline workers (FLWs) who are supposed to transform the policies into action and services and especially what role this transformation

plays when explaining why the preventive social policies do not seem to have the desired effect.

When the implementation of social policies are addressed, the process of implementation is often considered linear and if the frontline work is in focus the emphasize is put on the more technical aspects such as the use of specific tools, methods and guidelines rather than on how FLWs understand the policy, how they exercise discretion and make judgement in relation to policy intention and how they decide when and how to apply the tools and methods given (Zacka 2017). This means that FLWs are often reduced to staff that are just carrying out orders and following the law and the role they play in shaping the policy and how this policy is delivered to the citizen are overlooked (Lipsky 1980; Brodtkin 2012; Zacka 2017).

Even so studies argue that *how* a policy is in fact implemented in the frontline is just as important for how citizen perceive the welfare system as *what* is being implemented. In other words how and under which circumstances people receive a service is equally important as what they receive (Zacka 2015; Rothstein 2009, 2011). And here FLWs come to play a crucial role, as their judgement and priorities when 'doing' policy influence how the policy is delivered to the citizen. In other words, FLWs do not invent the policy but their actions shape the policy and transform it into practice (Lipsky 1980; Brodtkin 2012; Jørgensen et al 2015; Zacka 2017).

Yet little knowledge exists of how FLWs shape the policy and how judgements, priorities, categorizations and actions – or what is often referred to as their discretion – affect how a policy is implemented and the service delivered to citizen.

Using a Danish case this study investigates the implementation of a preventive social strategy in a large municipality aiming to prevent children and youth from becoming vulnerable and developing more serious social problems. The aim of the strategy is to identify the group of children and youth who are at risk of developing problems at an early stage where the potential problems can be prevented. As social work with children and youth in Denmark traditionally have been focused on helping the children already facing severe problems, the strategy includes a new and less clear defined target group in the work of the FLWs: the children and youth at risk of developing problems who are not already known within the system. This represents a changed focus from classic social work addressing already acknowledged social problems, to a higher priority on prevention and early detection, targeting problems in an early state or before they occur and where they might still be prevented. Hence, in order to do something other than looking at and for “the usual suspects” among the group of children and youth, the political level targets a new group of children, the potentially vulnerable who are not already facing severe social problems (Harrits & Møller 2013a, 2013b).

The aim of this study is to investigate how the FLWs identify these children by categorizing causes and symptoms and how they link these two in their perceptions and constructions of who the vulnerable children and young people are: Which problems are viewed as especially linked to being vulnerable and which are not? Which children are categorized as potentially vulnerable and therefore qualified for a preventive effort and which are not? And how do these categorizations of symptoms and causes affects how the preventive strategy is implemented?

In a larger perspective the study investigates, how the state through the eyes of the FLWs perceives and categorizes its citizens and their needs and how the categorization becomes a barrier to implementing new policy goals.

We argue that even though the strategy focusses on early prevention, when operationalizing it into practice and identifying the children and young people at risk, the categorization and in particular the moral judgements of FLWs create a situation, where a certain group of children is recognized as vulnerable while another group is overlooked. We argue that because the FLWs perceive vulnerability and risk among children and youth as something linked to what we called traditional social problems such as neglect and abuse and primarily found within families with low socioeconomic status and already facing precarious social situations, children from other family backgrounds who do not match the stereotypical client profile are not recognized as vulnerable. Hence we argue, that the FLWs' constructions of vulnerability and risk are strongly linked to the perception that social problems among children and youth are something that primarily occurs within families with low SES and who diverge from normality rather than something that could also occur in 'normal' (middleclass) homes with no apparent pre-existing social problems. We argue that despite the political intention of shifting the focus towards early prevention the FLWs' perceptions of vulnerability and risk have not changed accordingly and this creates a practice where it is still the same "usual suspects" or children and youth with a very certain family background and often already known to social services which are given the preventive effort rather than target group intended. We argue that this is one important explanatory factor in why early detection and prevention haven't

worked according to political intensions because it leads to a practice where a substantial share of the de facto vulnerable children and young people are not recognized as vulnerable and therefore not given the preventive or early help they much need. In this sense the FLWs categorization and in particular their moral judgement of who is in need of services becomes an obstacle for implementing the preventive social policies.

***What's the problem represented to be? A grip for analyzing frontline workers' constructions of vulnerability***

To investigate how FLWs perceive, categorize and judge the children potentially in need of a preventive effort we apply the *What's the problem represented to be* (WPR) approach (Bacchi 2009). Where suitable, the theory is supplemented with concepts of normality and doxa and with concepts of categorizations. This gives a reflective perspective on some of the paradoxes as described above. The WPR approach contains 6 questions to be addressed reflexively:

- (1) What's the problem represented to be in a specific policy? The aim is to identify implied problem representations in specific policies or policy proposals by "working backwards"
- (2) What presuppositions or assumptions underlie this representation of the problem? The aim is to identify and analyze the conceptual logics that underpin specific problem representations to make sense
- (3) How has this representation of the problem come about? The aim is to highlight conditions that allow a particular problem representation to take shape and to assume dominance.



- (4) What's left unproblematic in this problem representation? Where are the "silences"? Can the problem be thought about differently? The aim is to raise for reflection and consideration issues and perspectives silenced in specific problem representations
- (5) What effects are produced by this representation of the problem? The aim is to identify the effects (not outcome, but discursive effects, subjectification effects and lived effects) of a specific problem representation so that they need to be critically assessed
- (6) How/where is this representation of the problem produced, disseminated and defended? How could it be questioned, disrupted and replaced? The aim is to pay attention both to the means through which the problem representation becomes dominant, and to the possibility of challenging problem representations that are judged to be harmful (Bacchi, 2009).

Bacchi's WPR approach questions the causal and from-problem-to-solution logic that occurs in many political strategies and instead she puts weight on identifying the problem representation. Understanding problem representation in relation to our case means questioning how constructions of the problem affect FLWs' possibility to really work preventively. By moving backwards from the policy proposals (question 1); in this case early detection and preventive work, the problem representation seems to be FLWs ability to identify the vulnerable children and young people. Investigating what's underlying this assumption (question 2) gives rise to find out which understandings of vulnerability seems to be the basis for the FLW assessments to identify the group of vulnerable children and young people.

To understand what's at stake when categorizing or constructing the target group for the early and preventive efforts, Bourdieu's concepts on perceptions of normality and doxa plays a central role. Perceptions of normality (nomos) and doxa relate to the FLWs own habitual and cultural habits and views as well as to the structural and social environment in which our case is enrolled. Nomos is to be seen as an underlying grid that organizes both cognition and action and sets direction for which actions are possible. Identifying the nomos of the field is to identify structures that indicate ways that actors interact according to a particular set of issues or practices. (Bourdieu 1977, Adler-Nissen, 2013). The concepts on perception of normality and doxa contribute to reflect on the effects produced by the representation of the problem (question 5 and 6)

Precisely categorization – or division into categories – is essential in understanding how constructions take place. According to Harrits & Møller (2013a,b) it is possible to identify two different kinds of categories, the political category, which is constructed in the political system aiming to adjust the behavior of the citizens and the social category, which is constructed outside the political system to categorize groups of human beings or social relations (Harrits & Møller 2013a,b, Zacka 2017). Though these categories seem quite obvious and divided theoretically, in practice they are intertwined. Political categories affect and (re)produce social categories and political categories draw on different social categories.

The categorization perspective becomes a way to understand how political logics are merged into the FLWs understandings and practices and hereby intertwines the social and professional sphere. By combining the categorization perspective with Bacchi's WPR approach, we have created an analytic grip to

identify weaknesses or gaps in the from-problem-to solution logic by highlighting conditions that allow specific problem representations to form and to dominate (question 3)

Questioning the above-mentioned logic, it becomes possible to spot the “silences” (question 4) or unidentified challenges to current policies and raise new reflection and consideration on the at-risk perspective that might shed light on the lack of coherence between the preventive efforts and their results (reduction in the number of children and young people being in vulnerable life circumstances and the level of their vulnerability).

Based on the WPR approach, the theory of normality and doxa and the theory of categorization we test the following three hypotheses:

*Hypothesis 1: Behavioural and social vulnerability among children and young people are by FLWs closely linked to the risk originating from traditional social problems. This is to be understood in the sense that vulnerability are considered something non-normal and therefore found among children and young people growing up in families which diverge from normality.*

*Hypothesis 2: FLWs are aware that other risk factors besides traditional social problems do play a role when a child is at risk of becoming vulnerable, but because of the strong focus on traditional social problems these factors are primarily considered to be found in families with traditional social problems. Rather than playing an independent role, these other risk factors*

*are seen as additional risk factors for children and young people who are already at risk due to social problems.*

*Hypothesis 3: Because the FLWs perceive behavioural and social vulnerability as caused by traditional social problems, other factors triggering vulnerability are overlooked.*

***Case: The development strategy in a large Danish municipality, 2016-2020***

As study case, we use a development strategy, which is developed in collaboration between two public administrations in the same municipality; The School administration and The Family and Employment administration. The school administration includes 50 public schools, 5 schools for children with special needs, a unit for pedagogical and psychological counselling, and a unit for youth counselling. The school administration employs 3000 employees and the primary professions are; teachers, kindergarten teachers, psychologists, and a number of frontline leaders. The Family and Employment administration includes units of daycare in private homes, daycare in nurseries and kindergartens, dentistry, health care, Center for interdisciplinary prevention, Center for children, young people and families and, a center for social affairs. The Family and Employment administration employs 3200 employees and the primary professions are; kindergarten teachers, kindergarten assistants, nursery nurses, social workers, health care workers and a number of frontline leaders. The collaboration between the two departments specifically addresses the early detection and preventive work with children, who are at risk of developing special needs.

The development strategy is a policy strategy which describes the target groups as being, on the one hand all children and young people showing initial signs of being

vulnerable or at risk of developing special needs, and on the other hand those who are exposed to serious threats, are in obvious danger of permanent damage and disabled. The strategy concerns children and young people with social, personal, domestic or health related challenges and those who are disabled physically or mentally. The collaboration between the employees in the organization involves developing a common understanding of the target group; those who are the subjects for the early detection and preventive efforts, as a prerequisite for being able to work preventively.

Prior to constructing the survey, 9 qualitative interviews were conducted with the administrative directors of the two administrations as well as the political councilor in each administration. The interviews served as a pre-study to the survey, using the WPR approach. The problem representation that appeared from the interviews is that there are too many vulnerable children and young people who are not identified early enough by the FLW.

### ***Research design, data and methods***

The survey used for analysis is a cross sectional survey distributed to 50 % of all FLWs in the two administrations as well as all frontline leaders in both administrations (in total 403 frontline leaders). The leaders are organizationally placed in the frontline such as team leaders and practice leaders in daycare institutions or schools. In total, 3098 persons received the survey and 58 % or 1796 persons responded. The FLWs of the two administrations differ substantially when looking at professional background. The majority of FLW of the social administration are social workers, kindergarten teachers and nursery nurses while the main profession in the schooling administration is teachers. However, in both administrations a number of other professions are for instance physiotherapists, nurses, psychiatrists and care workers.

The survey measures the FLWs' perception of various risk factors that children and young people can be exposed to as well as the FLWs perceptions of symptoms indicating vulnerability and special needs. The statistical analysis then investigates how risk factors and symptoms are linked together and thereby answering the question of how the FLWs construct a causal connection between particular risk factors and the symptoms of vulnerability, and hence which children they categorize as potentially vulnerable and thereby eligible for a preventive effort.

*Variable description and methods used*

The perception of symptoms and risk factors are measured in two ways. Initially the respondents are asked to describe when they consider a child or young person in risk of becoming vulnerable and developing special needs. This variable is an open question with no maximum of word. The purpose is to capture the immediate understanding among the respondents of which children and young people they see as target groups for preventive social and early detection strategies. This question is then followed by two large batteries measuring 16 potential risk factors and 13 potential symptoms of vulnerability, respectively. The respondents are asked to rank each risk factor or symptom on a scale ranging from 1 to 10 in accordance to how big a risk or how alarming a symptom is.

In the analysis the open question variable is re-coded into seven broad categories:

- Traditional social problems
- Disabilities (including mental illnesses and disorders)
- Learning issues
- Children who are showing signs of not thriving (e.g. loneliness, social isolation or conflicts or psycho-social symptoms)
- Acute strain (e.g. divorce, death in the family)

- Other parental issues (e.g. parents are too busy with career, parents are pushing too much for performance in school etc.)
- Other issues (e.g. ethnicity, prematurely born children)

This categorization is used to describe who the FLWs see as the potential vulnerable children and young people. Especially in the category *Traditional social problems* deviations are to be found in relation to 'normal' middleclass families.

Furthermore, on the basis of the two batteries of questions two structural equation models (SEM) have been constructed in order to test the three hypotheses.

The first SEM model tests how the perception of risk factors are linked to social vulnerability while the second model tests how the perception of risk factors are linked to behavioural vulnerability. This means that all three hypotheses are tested in each model and that differences in the models is the dependent variable, the type of vulnerability. Hence, the two models are overall similar and consist of a number of observed variables and a number of latent variables measuring a "traditional social problem approach" to risk factors, a "disability approach" as well as the dependents variable "social vulnerability" and "behavioural vulnerability", respectively in model 1 and 2. In terms of causality, SEM is used to study the causal chains where various risk factors are linked to each other and to the symptoms of vulnerability. Both models are found to have sufficient model fit (see table 1 below, *Fit Statistics*).

\*\*\*Table 1 around here\*\*

### **The traditional social problem approach**

In both SEM models the independent variable is a latent variable named "The traditional social problem approach". The latent variable measures the problem of vulnerability as caused by traditional social problems found in marginalized

families. In the analysis this variable is measured using four interval-scaled single items that each captures one type of social problems:

- Substance abuse in the family (drugs, medicine, alcohol)
- At least one of the parents have a mental illness
- Suspicion of domestic violence in the family
- Placement in foster care

The study tries out the notion of normality. According to the FLWs the abovementioned families deviate from a common understanding of normality and are associated with lower classes. Hence, the latent variable “Traditional social problem approach” is seen as an operationalization of the concept of normality or rather what diverge from normality in the context of vulnerable children and young persons.

As shown in figure 2 and 3 all four items have factor loadings above 0.6 and are loading sufficiently on the underlying factor we have named “the social problem approach”.

Theoretically the aspect of financial hardship is also considered a risk factor categorized together with the traditional social problems (Ejernæs & Larsen, 2013; Ejernæs & Monrad 2013). However in our analysis the item measuring financial hardship as a risk factor does not load sufficiently enough on the underlying factor we have named “The traditional social problem approach”, and is therefore not included in the latent variable. Theoretically this is somewhat surprising but the decision not to include financial hardship in the latent variable is supported by recent Scandinavian qualitative studies that point to the fact, that FLWs do not consider financial hardship a social problem that should be addressed in the same way as other traditional social problems (Bülow et al 2016; Kildedal et al. 2011).



### **The disability approach**

Both models have several intervening variables, that all measure other potential risk factors. One of the intervening variables is a latent variable named “The disability approach”, and measures the approach that vulnerability is caused by disability. As disability is a complex phenomenon that both includes physical disabilities, mental disorders, cognitive disabilities as well as learning disabilities measuring disability using just one question would not have been a valid measure, as we would not have known which type of disability the respondents were basing their answer on. Instead we use four different measurements of disability as a risk factor and construct a latent variable. As shown in figure 2 and 3 all four items have factor loadings above 0.6 and are loading sufficiently on the underlying factor we have named “the disability approach”.

### **Other intervening variables**

Beside disability both models also include four single items that measure other potential risk factors. Because our hypothesis 2 is that these factors rather than playing an independent role are seen as additional risk factors for those children and young people already at risk due to social problems we have placed these items as well as the latent variable measuring the disability approach as intervening variable. In this way we can measure both their individual correlation with the dependent variable (the direct effect) as well as test the hypothesis that these factors primarily are considered to be found in families with traditional social problems.

The four risk factors are:

- Financial hardship
- Incidents causing acute strain on the family (divorce, death, serious illness)
- Bullying
- Lack of parental participation (e.g. in school activities, meetings, social activities etc.)

### **Social vulnerability (dependent variable model 1)**

The dependent variable of model 1 is a latent variable measuring social vulnerability. The latent variable is measured using five social symptoms. These are symptoms of a child or young person being vulnerable that manifest themselves in social situations regardless of what they are caused by. The five symptoms are:

- Difficulties with social relations (e.g. play, group work, friendship)
- Isolation or loneliness
- Absence from social activities (e.g. leisure time sports, birthday parties, social gatherings or activities)
- Behavioural changes (e.g. aggression, mood swings, sadness)
- Difficulties with “youth life” (e.g. troubles navigating in love- and friendship relations, parties etc.)

As shown in figure 2 and 3 all four items have factor loadings above 0.7 and are loading sufficiently on the underlying factor we have named “social vulnerability”.

### **Behavioural vulnerability (dependent variable model 2)**

The dependent variable of model 2 is a latent variable measuring behavioural vulnerability. The latent variable is measured using four social symptoms. These are symptoms of a child or young person being vulnerable that manifest themselves in behavioural patterns regardless of what they are caused by. The four symptoms are:

- Criminal activities ore suspicion hereof
- Excessive use of alcohol, drugs or medicine

- School drop-out, absence from school or youth unemployment
- Sexual behavior that attracts attention (e.g. behaving too mature, having troubles setting boundaries etc.)

As shown in figure 2 and 3 all four items have factor loadings above 0.7 and are loading sufficiently on the underlying factor we have named “behavioural vulnerability”.

### **Place of employment**

The last variable in the models is a binary variable measuring in which of the two administrations the leader or FLW is employed. As the two administrations employs rather different professions that can be expected to have different professional focus and cultures, the variable is used as a control variable.

### ***Findings***

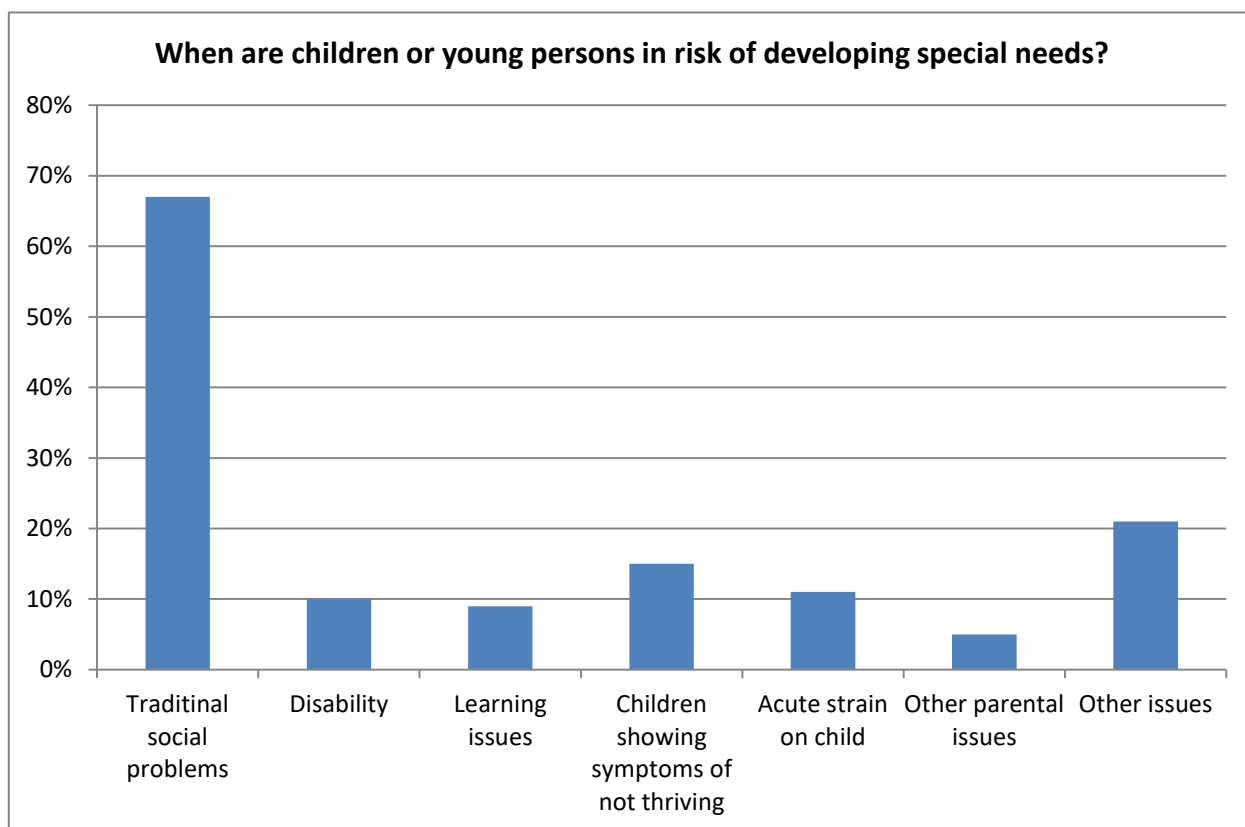
When the FLWs are asked when they consider a child or young person in risk of developing special needs, the pattern is very clear. A large majority of 67 % of the respondents point to traditional social problems within the family such as neglect, violence, substance abuse, mental illness or unemployment among the parents.

The remaining risk factors are mentioned much less frequent with “children showing symptoms of not thriving” as the second most frequent (15 %) and “other parental issue” as the least frequent (5%). As the categories are recoded categories from an open, qualitative variable where the respondents were allowed to mention more than one situation, the percentage do not sum up to 100 %.

From a qualitative perspective many of the answers also link traditional social problems to the remaining risk factors for instance by expressing that

*“Children with learning disabilities or problems are in risk if they grow up in families with problems and little resources”.*

Figure 1: FLWs perception of risk factors

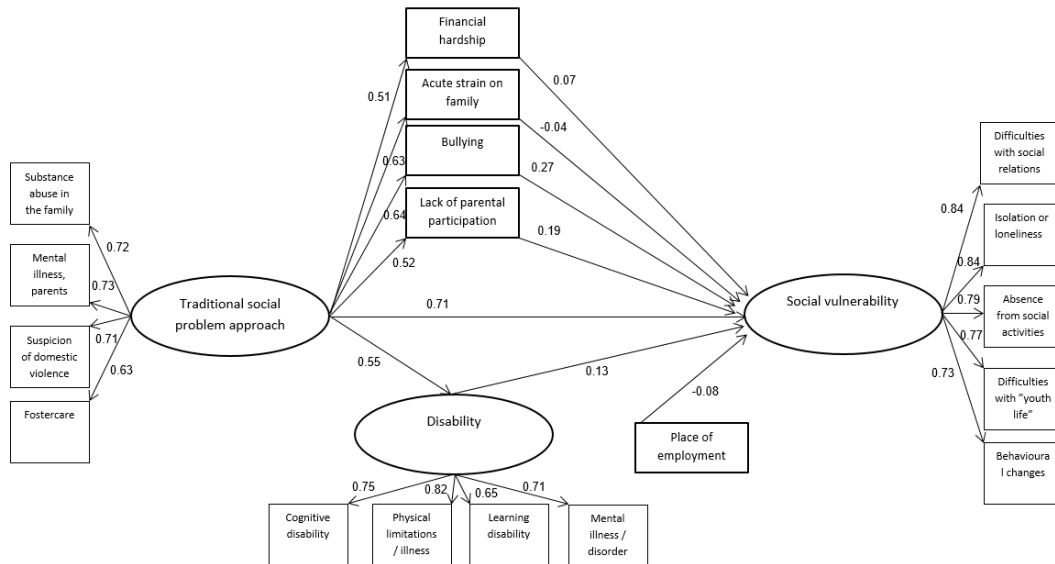


*Based on Nørup & Jacobsen 2020*

Though descriptive, figure 1 gives a strong indication that traditional social problems are the primary focus, also when doing preventive social work and early detection. This finding is very much in line with the results from the initial qualitative interviews that also revealed a strong focus on families with traditional social problems, typically the ones already known to the social administration – “the usual suspects”.

The statistical analysis begins with a test of model 1, shown in figure 2 below. The model analyzes the effects of risk factors on social vulnerability.

Figure 2: Model 1, Social Vulnerability, non-recursive, structural equation model, total effects.



As shown in figure 2 very strong total effects of “the traditional social problem approach” is found on social vulnerability. This supports hypothesis 1 as social vulnerability is in fact strongly linked to traditional social problems in the perception of FLWs. “The traditional social problem approach” is also found to have strong direct effects on all other risk factors, supporting hypothesis 2 and the argument that these other risk factors, though perceived as independent risk factors, are heavily linked to families with traditional social problems.

When looking at direct and total effects of the risk factors (see appendix table A1), support for hypothesis 3 is also found. There is no effect of financial hardship and acute strain on the family on social vulnerability and the latter is even insignificant. Likewise, there are only relatively small effects of disability and

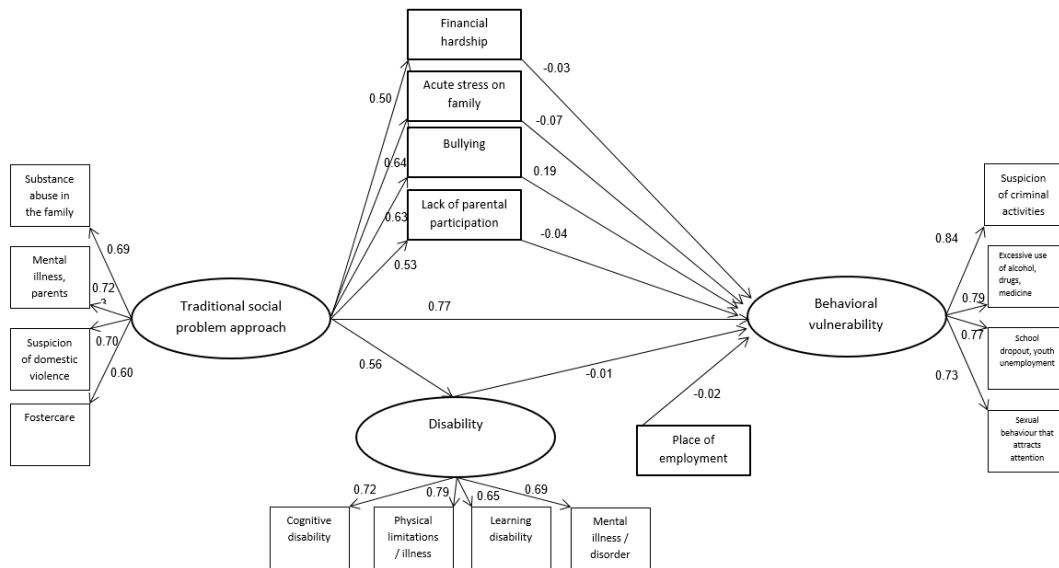
lack of parental participation. Only bullying has a relatively strong effect on social vulnerability. There is however a strong indirect effect of the traditional social problem approach through all the intervening variables. This indicates the FLWs link other potential risk factors such as disability and lack of parental participation to the traditional social problems, and that they therefore rather are considered additional risk factors for those children already exposed to severe social problems than independent risk factors for all children regardless of social background. Only bullying have strong independent effects on symptoms of social vulnerability.

No significant difference is found between respondents employed in the social administration and the schooling administration.

The model explains 62 % of the variance on the dependent variable "Social vulnerability" (see appendix table A1) and high shares of the variance (between 26 % and 65 %) on all intervening variables (see appendix). This also supports hypothesis 1 and 2 stating that traditional social problems are highly linked to symptoms of vulnerability in the perception of the FLWs.

In model 2 a similar analysis is conducted testing the effects on behavioural vulnerability. Hence, the model analyzes the effects of risk factors on behavioural vulnerability.

Figure 3: Model 2, Behavioral Vulnerability, non-recursive, structural equation model, total effects.



Once again the results are clear and similar to the results of model 1. Very strong effects of the traditional social problem approach on the behavioural vulnerability can be observed (see figure 3 and appendix table A1), confirming that the symptoms of behavioural vulnerability are strongly linked to the traditional social problems in the perception of FLWs. Similar to model 1, the traditional social problem approach also has very strong direct effects on all intervening variables, supporting the statement from hypothesis 2, that other risk factors besides social problems are either seen as a result of social problems or only as risk factors if the traditional social problems are pre-existing.

Turning the attention to the intervening variables a similar pattern to the pattern of model 1 can be observed. The only intervening variable that has an independent effect is bullying, but in model 2 the effect is only moderate. The remaining intervening variables are all without effect and disability, and financial hardship is even insignificant, whereas lack of parental participation and acute strain on the family is significant but not highly significant. These findings support

hypothesis 3 stating that other risk factors besides traditional social problems are overlooked or not causally linked to the symptoms of behavioural vulnerability.

The model explains 63 % of the variance on the dependent variable “Behavioural vulnerability” and high shares of the variance (between 25 % and 66 %) on all intervening variables (see appendix). This also supports hypothesis 1 and 2 stating that traditional social problems are highly linked to symptoms of vulnerability in the perception of the FLWs.

As in model 1, no significant difference is found between respondents employed in the social administration and the schooling administration.

***Discussion and conclusion: Are FLWs only looking for “the usual suspects”?***

This study has examined how FLWs perceive the causal link between risk factors and vulnerability among children and young people in relation to preventive social work and early detection. This means that the study investigates how the FLWs understand the problem of vulnerability among children and young people by examining their understandings of the causes for vulnerability.

The study takes its points of departure from a recent preventive policy strategy that are in the process of being implemented in a large Danish municipality as well as 9 qualitative interviews with the administrative and political leaders of the two administrations affected by the new strategy. From this initial point of departure it has become clear that though the policy aims at doing something other than “more of the same”, the focus, especially in the interviews, is still very much on the children already known to the two administrations because of the severe social problems their families are faced with. One of the core aspects in the policy is that the professions working with “normal” children who do not



currently have special needs should be more involved in the early detection and preventive work – this partly by strengthening the interdisciplinary collaboration in the municipality and partly by developing efforts and methods to working preventively in daycare institutions, schools and among healthcare professionals. This idea of involving those professions who are in contact with all children and not just the ones already in need of special care or attention, alongside with the idea of initiating detection of potential problems and thereby following preventive work before it becomes a case for the social service, is very much in line with the understanding of prevention and early detection as presented in the European policies on the topic (European Commission 2013,2014, Eurochild 2016).

However, even though there is great awareness of the concepts of early detection and prevention, when it comes to the target group – the children or young people to whom the early preventive effort should be given – both the written policy strategy and the leaders in the municipality points to children and young people already known to social services. This means that there, in the policy and among the leaders, is a clear conflict between on the one hand the aim of developing practices for early prevention and detection targeting all children and on the other hand the perception of whom the vulnerable children are and what causes them to be vulnerable. In other words: despite the aim of early prevention the problem of vulnerability is very much represented to be something that primarily occurs among those children and young people already faced with severe social problems because they are growing up in highly marginalized families. Vulnerability is therefore highly linked to children and young people already living in so precarious situations that early prevention or detection in most cases is too late.

When looking to the statistical results from the frontline this problem representation becomes even clearer. When asked in their own words to define which children are *in risk* of becoming vulnerable and thereby developing special needs, the very large majority of the FLWs' point to the children already facing severe social problems in their home environment. They point to children and young people growing up as witnesses to or victims of domestic violence, abuse, substance abuse, severe mental illness and neglect. In other words they point to children and young people facing very severe social situations.

The two SEM models linking different types of risk factors to symptoms of vulnerability tell the same story. In both models the effects of the traditional social problem approach is extremely strong. This goes both when looking at the link to the two dimensions of vulnerability as well as their explanatory power in relation to all the risk factors in the model. These findings strongly support hypotheses 1 and 2. Hence, the results confirm the problem representation identified within the policy and in the initial interviews. Like their leaders, the FLWs across both administrations seem to perceive both symptoms of social and behavioural vulnerability as something that is either caused by or primarily found among the group of children and young people who are living with social problems to an extent where the family either already is a case at social services or should be, according to legislation. When it comes to other risk factors that could trigger the same symptoms of vulnerability, only bullying has moderate to strong effects on both dimensions of vulnerability. When looking at the social vulnerability, lack of parental participation and disability are also seen as factors that could cause vulnerability. But the effect sizes are relatively small. For the behavioural vulnerability, no other risk factors besides traditional social problems and to some

extend bullying are seen as drivers for vulnerability. In this light, also hypothesis 3 must be considered supported by the findings.

*Implications of the findings – silences and underlying assumptions*

But what do these findings mean in a larger perspective. First of all it is clear when using the framework of Bacchi (2009) that the problem representation found in the frontline as well as in the policy and among the leaders leave some important aspects of what causes of vulnerability are left unproblematized (question 4).

When focusing so heavily on traditional and severe social problems as the trigger of vulnerability and the development of special needs as the case is among the FLWs in this study is, the risk of overlooking vulnerable children or young people who do not match this profile or are exposed to these specific social problems is imminent. Because the FLW are “gate keepers” and play a crucial role in defining who gets what and under which circumstances (Lipsky 1980, Brodtkin 1997) a narrow and biased construction of what it means to be vulnerable (question 1) could potentially mean that children and young people are not detected early and therefore not given the preventive effort. Not because they do not show symptoms of vulnerability but because they do not match the profile of “the usual suspects”.

It also means that because children and young people perceived vulnerable to a large degree are the children who already are known to social services (question 1), or at least should be, the concept of prevention gets a different meaning. Rather than detecting and addressing the vulnerability at early stages when the first symptoms occur, the term prevention is indirectly given the meaning of preventing a worsening of the situation for those children and young people already in deep trouble. Though this is also an important task for the FLWs,

it means firstly that the early prevention, as it is understood in the policy, is not being implemented. Secondly, it means that preventive work to a large degree is something carried out by social workers from social services rather than being a core task for the FLWs working with “normal” children and young people in daycare institutions, schools etc. The problem representation then also becomes a barrier to the interdisciplinary collaboration on the task of early detection and prevention. An underlying and persistent assumption (knowingly or unknowingly) could be that early detection and prevention of vulnerability is primarily a social work issue rather than an issue of acquisition, performance pressure in school settings, poverty or the like (question 2). If the assumption continues to be that the social workers, and not the entire group of FLWs, hold the primary responsibility for prevention, it is likely that the categorizations of vulnerability continue almost unchanged. Hence, a change in categorizations is likely to originate from the other professions (question 6).

These blind spots to problem representation of what vulnerability means and what causes it amongst children and young people are very common and important, though overlooked barriers to implementing early detection followed by early prevention as it is intended in the policy. If the same tendencies are found elsewhere, this could be a central explanation as to why we are not seeing better results in relation policies aiming to prevent children and young people from becoming vulnerable in the first place, and why the share of children and young people hasn't decreased. Despite intentions of the opposite, we might simply be doing more of the same rather than something new.

### ***Reproductions and path-dependencies***

The question is, then, why it is so difficult to change the construction of what it means to be a vulnerable child or young person? One explanation, the results of this study could point to, is the FLWs' understanding of normality and vulnerability. Both the open, qualitative question (recoded in figure 1) as well as the two SEM models show that even though the social and behavioural symptoms of vulnerability is something all children and young people potentially could risk experiencing, the constructed categorizations of what causes these symptoms are clearly linked to families diverging from the societal norms. In particular the norms associated with the middleclass normality, which the FLWs themselves are likely to be part of.

Hence, vulnerability seems to be something associated with "the others", in this case children and young people from families in marginalized positions in society (question 3)(Neumann 2009). This is particularly the case when looking at the behavioural symptoms of vulnerability. Troubled and to some extent morally divergent behavior (criminality, certain sexual behavior, drugs / alcohol and unemployment or school absence / dropout) is very strongly linked to children and young people from very troubled families and with only little indications, that these behavioural symptoms are perceived also to be found among children and young people elsewhere. In this regard it seems as if the doxa of traditional middle-class-based views is continuously reproduced without much indication of the FLWs questioning why it is so. This also causes reproduction of "the usual suspects" as the problems we are used to look for becomes more recognizable in time, especially if they occur in social groups other than our own.

Finally, looking at “the usual suspects” could be convenient in that we have experienced what to do with these problems (question 5). For example, if the problem is substance abuse within the family, the abuser could be offered detox, or if the problem is mental illness within the family, the diagnosed person could be offered medication. The suggested responses to these problems can be somewhat manageable. Contrary to this, if the problem is financial hardship/poverty in the family, it might be a more extensive and time consuming problem to solve. The same goes with lack of parental participation, which could be more of a structural problem, often located in financially well-off families as well as in the rest of the population. Nomos as well as path dependencies direct the traditional and possible actions within the field. Working backwards from these possible actions, the usual problem representations become the easier and more convenient ones to identify. Suggestions on how to bring FLWs’ construction of vulnerability up to date and more in line with the intentions at the policy level (question 6) could include a more explicit focus on definition and operationalization of who the vulnerable children and young people are, which symptoms to look for and why. Included could also be a focus on detecting the problems early on while they are still preventable.

#### ***Lost in transformation into practice***

This study shed light on an, in many cases, overlooked factor when explaining why the often ambitious policy investments in early prevention are not given the expected results. Rather than claiming that preventive social policy doesn’t work, the results point to the explanation that the effects are sparse, simply because early prevention is not implemented in the frontline where the actual effort is

supposed to be transformed into practice. In this sense the study also provides insight to how the FLWs categorization and moral judgement of who is in need of services strongly influences not only *how* a policy is delivered to the citizens but also de facto *what* policy is delivered. What the analysis here shows is that the categorization of children and youth and in particular how categories are linked to observed symptoms of vulnerability plays a central role in defining the content and outcome of the policy implemented. Because the FLWs reconstruct the target group for early prevention as the children and youth already in need of help and care due to precarious situation in their family environment, the FLWs also transform the concept of early prevention. The idea of early prevention in the preventive social policies in general and in the specific strategy within in the analysed municipality is about detecting the children who for various reasons might be at risk of becoming vulnerable if nothing is done to prevent it. But when the FLWs apply the idea of early prevention to a group of children and youth already facing severe social problems and who are already in serious need of help to overcome these problems, they also alters the meaning of early prevention. Early prevention then becomes the ability to detect the often very serious social problems faster or at earlier stages in the life of the child or young person rather than identifying potential risks before actual problems occur. In this way the early prevention becomes a tool to a potentially more efficient identification of the children and youth in abnormal social situations and not a tool to prevent normal or everyday problems from turning into something more severe.

One can argue that early prevention as a policy concept is rather weak. While it is clear that the political aim is to address obstacles before they develop into serious social problems, at the same time it is less clear which everyday

problems or symptoms indicating that a child or young person could be at risk that should be addressed by the preventive effort. This leaves the FLWs with the task of interpreting the concept and deciding who is in need of help and who is not. And in this case, because the policy concept is vague and because little effort has been done to transform the policy concept to frontline practice, the FLWs adapt the policy to their already existing practice rather than adjusting the practice according to the policy. This means in this case that when identifying behavioural or social symptoms of vulnerability among children and youth they explain these symptoms with already known social problems and thereby turning the focus towards the children and youth already in serious need and away from those whose problems are more trivial or 'normal' and at a stage where they are still preventable. In other words they focus on the often endless needs of 'the drowning ones' rather than trying to prevent 'the ones with the wet feet' from getting further into the water. They do so because the task of helping the drowning ones or the usual suspects, as we have named them, is much clearer and well defined, than the task of preventing vague or diffuse symptoms of vulnerability in a child from developing into something much more serious. And they do so probably also because the moral and legally defined obligation to 'save' the usual suspects weighs heavier than addressing problems that have not yet fully occurred.

In a larger perspective, when the policy concepts are vague and it becomes unclear what should be done differently the FLWs adapt the policy concepts to match the already well-established need of the children and youth whose problems are already at a level of severity where one could argue that moral obligation for the FLWs to do something is present. In other words if implementation and in particular the role of FLWs and their perception, constructions and judgements



are not taking very much into consideration when a policy is implemented, the risk is that FLWs becomes a barrier to changing the policy. Not because they oppose changes but because they act within the boundaries of their existing knowledge and their already existing norms and understanding of the world and the social problems they are supposed to ease.

From the results of the analysis it is clear that the categorization and judgement of the FLWs becomes of crucial importance to *what* policy is implemented. How the categorize the citizens become a key factor in deciding who get what and under what circumstances. By categorizing and judging the citizen they give the policy meaning in practice and they therefore also to some extent transform the content of policy when they decide when to act and how to act. When this role is overlooked or when frontline workers are reduced to 'instruments' just 'doing' what is already defined in the policy the frontline workers become barriers to implementation because their part in transforming and defining the policy in practice are neglected.

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## Appendix

Table 1: Fit statistics

	<b>Model 1, Social Vulnerability</b>	<b>Model 2, Behavioral Vulnerability</b>	<b>Criterion for good fit</b>
<i>Fit measure</i>			
P>Chi2	0.000	0.000	$\leq 0.05$
Root Mean Squared Error of approximation (RMSEA)	0.068	0.07	< 0.05
Comparative Fit Index (CFI)	0.9	0.93	> 0.9
Standardized Root Mean squared residual (SRMR)	0.07	0.08	< 0.1