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MANAGING ADVERSITY

QUALITATIVE STUDIES OF LONG-TERM SOCIAL ASSISTANCE RECIPIENCY IN SWEDEN IN A RESILIENCE PERSPECTIVE

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ABSTRACT

This thesis is based on four qualitative studies and aimed to explore the experiences of living long term on social assistance, and to increase knowledge on how social workers providing social assistance perceive their possibilities to support their clients. The findings were reflected from a resilience perspective, focusing on processes and features that help (or hinder), the positive functioning of individuals and families in adverse situations. Data consisted of interviews with 33 social assistance recipients (Study I-III), interviews with 23 social workers and observations in one of the study sites (Study IV). Interviews were carried out in Stockholm County during 2005-2006.

Four research questions were explored. The first concerned consequences for well-being of living long term on social assistance (Study I-III). It was described as possible to manage to live on social assistance for a short time, but it allowed for nothing extra. In the long run, difficulties with money were unavoidable, resulting in financial stress. Psychosocial consequences of living on social assistance included feelings of powerlessness, exclusion, hopelessness, shame, stigma and dependency on authorities which adversely affected their perceived well-being. Among those with chronic illness (Study II) and those who had long lasting difficulties and adversity (Study III), the consequences for well-being were modified by their interaction with health and social services and how they as clients and patients were treated, in combination with the support available through the welfare system. The negative consequences of long lasting adversity included limited possibilities to make choices in their lives, increased isolation, feelings of hopelessness and not finding a way out.

The second research question concerned the responses and strategies of social assistance recipients (Study II and III) to maintain or improve their well-being, including living one day at a time, taking steps forwards and backwards and making attempts to find ways out of the situation (Study II). Benefit levels, access to and quality of services as well as the overall construct of the welfare system, the quality of the neighbourhood and social networks all influenced the level of well-being. Strategies to manage long lasting adversity (Study III) included to focus on the well-being of the children and the family and to put one's own needs behind. Another strategy concerned searching for balance in life, especially among those who reported mental ill-health. Those who reported addiction and struggled to "start a new life" focused day by day on staying away from drugs/alcohol, to find and keep a flat and try to create a new social life.

The third research question was about ways out of social assistance (Study I-III), which required help from the society and professionals. Employment and education were common aspirations, but often beyond reach. Getting other benefits like unemployment benefit or sickness benefit was seen as "a better alternative" to enable improved access to rehabilitation and labour market activities. To be recognised as individuals, getting help and continuous support based on their individual needs were key aspects.

The fourth research question concerned dilemmas in providing social services to long-term recipients (Study IV). Dilemmas related to the interaction between social workers and their clients, and to the societal context in which they operated. Benefit levels and cooperation between different public agencies further influenced the daily practice of social workers.

Social workers balanced in a dual role between supporting clients and making demands on them as an authority. The importance of treating clients as individuals instead of seeing them as “categories” was highlighted.

Resilience in the conducted studies, was about keeping going, managing adversity and resisting difficulties, and facilitated by supportive social contacts, access to adequate interventions with good quality and professionals who recognised them as individuals. As emphasised by social workers, structural measures such as improvements in co-operation between public agencies and in the overall construction of the benefit system combined with increase in labour market opportunities for different groups, would facilitate resilience among the clients. The thesis underlines the importance of developing strategies that prevent social exclusion and poverty in the society, combined with long-term targeted, individually tailored interventions.

LIST OF PUBLICATIONS

I. Marttila A, Whitehead M, Canvin K, Burström B. Controlled and dependent: experiences of living on social assistance in Sweden. *International Journal of Social Welfare* 2010, 19(2): 142-151.

II. Marttila A, Johansson E, Whitehead M, Burström B. Living on social assistance with chronic illness: buffering and undermining features to well-being. *BMC Public Health* 2010, 10: 754.

III. Marttila A, Johansson E, Whitehead M, Burström B. Keep going in adversity – narratives of long-term social assistance recipients in Sweden in a resilience perspective. *Submitted*.

IV. Marttila A, Johansson E, Whitehead M, Burström B. Dilemmas in providing resilience enhancing social services to long-term social assistance clients. A qualitative study of Swedish social workers. Provisionally published, *BMC Public Health* 2012, 12: 517.

CONTENTS

1 INTRODUCTION

In Sweden, as in most welfare states, social assistance serves as a last resort for households who have no other options to resolve their subsistence. Levels of social assistance recipiency in Sweden in the 20th century have been characterised by stability, with some variation following variations in unemployment rates and business cycles. However, during the economic recession, at the beginning of the 1990s, unemployment rates reached levels unknown in Sweden since the depression in the 1930s, and there was a sharp increase of households receiving social assistance. By the end of the 1990s the Swedish economy started to recover, which resulted in improved living conditions for the majority of the population. Some groups, such as young adults, immigrants and lone mothers were already in unfavourable positions before the recession and were more affected by the recession. Among those groups, social assistance recipiency rates remained high. In recent years the duration of social assistance recipiency has increased and stabilised at higher levels than previously in Sweden. (1, 2)

Internationally, Sweden has been seen as a good example of how to organise a welfare state in order to minimise the exclusion of individuals and households at the bottom of the income distribution (1, 3). Recent developments with increasing income inequalities (4) and increase in the duration of social assistance recipiency (1) have raised concern in Sweden. Are certain groups at risk of becoming socially and economically excluded in the Swedish society? How do they experience and manage their daily lives, and what are their prospects?

This thesis concerns one group at risk for social exclusion, long-term social assistance recipients. The aim of the thesis was to study how individuals experience living on social assistance long term and how social workers providing social assistance perceive their possibilities to support their clients. The findings are reflected in a resilience perspective, which in this thesis refers to processes and features that help (or hinder) the positive functioning of individuals and families in adverse situations. The studies included in the thesis were carried out in Stockholm County, Sweden, but were part of a comparative project between Sweden and Britain. The purpose of the project was to compare the influence of policies and services on resilience in poor households and further to study experiences of being poor in these two different welfare state contexts and of providing services to people living in adversity. Interviews were carried out in both countries during 2004-2006 with individuals living on welfare and in adversity and with professionals working with these groups. The results from the British interviews have been published earlier (5, 6). In this thesis the Swedish part of the project based on four qualitative studies, is presented.

From a public health perspective it is important to study and follow the development of long-term recipiency of social assistance for several reasons. Groups with a marginal position in society have poorer health and less opportunities to improve their health compared to others (7, 8). Poor health might be both a cause of the need to apply for social assistance and a consequence of the social assistance recipiency (9). Health

aspects have been (10) and still are of major importance among this and other groups at risk for social exclusion (7, 8, 11-13). Rehabilitation and health enhancing activities have been pointed out as an area to be improved (14).

Economic inequalities in society generally, and poverty among groups with means-tested benefits have increased in Sweden (4, 15). The declining value of means-tested benefits means in practice that a growing proportion of recipients may be considered as poor. When people live in a marginal position, as on social assistance, for a long time, they risk social exclusion which impacts not only the adults in the households, but also their children. Children´s health is related to the social situation and position of their parents (16-18).

Studies show that children of social assistance recipients have poorer health compared to better off children, in line with findings among the adult population. It seems to be not the low income itself which leads to poor health; social problems, social assistance recipiency and financial stress in the family have been pointed out as more significant factors. (16, 18, 19) According to Berthoud and Bryan it is the individuals´ underlying economic position that matters, not their short-term fluctuations from year to another (20). The concentration of groups living in marginal positions, as on social assistance, in certain neighbourhoods, puts pressure on local municipalities and deserves special attention in planning and politics, both in universal and targeted actions (8, 21, 22).

Social exclusionary processes are often started early in life (23) leading to consequences along the course of life. To study recipients from a life-course perspective can increase the knowledge and understanding of the processes and mechanisms leading to exclusion and about the features enhancing well-being and processes leading to inclusion. From a public health perspective focusing only on the individual characteristics of recipients of social assistance is not enough if the aim is to understand and combat the increase in inequalities and poverty in the population. Social assistance needs to be reflected in a broader societal context affected by ideological, economic and structural changes. Therefore, strategies to deal with poverty and social assistance recipiency are not only a matter for social services (22), but part of the overall societal development, also influenced by attitudes towards the groups in marginal positions in society.

2 BACKGROUND

A vast body of research shows that people living in poverty have poorer health than those who are better off (7, 8, 24-26). Poverty is related to poor health, both as a cause and as a consequence of poor health, and has an absolute and relative dimension (27, 28). Living in poverty long term increases the risk for social exclusion. This thesis concerns long-term social assistance recipients, who are an example of such a group. Positive functioning in adverse circumstances, in research known as resilience, is the theoretical basis of this thesis. The resilience concept concerns positive functioning under exposure to adversity and risks. Therefore, social exclusion is included as the other conceptual lens in this thesis.

In this section, firstly an overview of the social exclusion concept and how it relates to the poverty concept is presented. After that, the concept of resilience is focused. The section ends with a description of social assistance in the Swedish welfare context.

2.1 SOCIAL EXCLUSION

2.1.1 Social exclusion and poverty

The concepts of social exclusion and poverty overlap (29). There is no generally accepted definition of these concepts; definitions vary depending on the context in which they are used (30, 31). Both concepts are affected by ideology and research traditions (27, 32). Poverty often refers to the lack of material resources, such as income (27, 30). Studies of absolute or relative poverty often consider the poverty line as a cut-off point; people are categorised as poor or non-poor depending on whether their income is below or above that line (32). Further, poverty can be measured at one point in time or as a dynamic process including movements in and out of poverty, and temporal aspects of it (4, 20, 32, 33).

The standard of living or citizens' right to a minimum level of resources are other studied aspects of poverty (27, 34). One of the widely influential studies of absolute poverty was conducted by Rowntree (35) in early 1900 in York. Poverty referred to lack of sufficient money to meet basic needs. Rowntree found that a substantial part of those living in poverty could not meet their basic needs, which he recognised as being both social and physical (27, 35).

In his studies of relative deprivation (lack of socially perceived necessities), Townsend (31, 36) has also widely influenced research on poverty. He established a list of goods and services which he defined were related to the society´s standard of living. Townsend argued for the relativity of the concept of poverty, that people´s needs must always be related to the society in which they live (36). He challenged previous studies of poverty where the absolute dimension was central.

Sen (37) offered an alternative definition of poverty concentrating on social aspects instead of material resources and consumption. Sen (37) highlights capability

deprivation, focusing on participation in social life and individuals´ opportunities to realise their capabilities, which is influenced by lack of material resources. Poverty in Sen´s view does have an absolute core, minimum absolute level (27, 38).

When poverty is defined in a broad manner, capturing both material aspects and social relations, how does poverty differ from the concept of social exclusion? Lister (27) highlights social exclusion as a way of looking at the concept of poverty rather than defining these two concepts as alternatives. She understands social exclusion as an illuminating lens to the concept of poverty and as a set of political discourses with a range of policy implications (27). Social exclusion commonly refers to a process or situation where individuals are not able to participate fully in society (39). An individual can be excluded in one way and included in another way although the exclusionary or inclusionary aspects may be mutually reinforcing (27, 29).

The concept of social exclusion has its roots in classical sociology, in relation to social integration and cohesion (27). In its modern use, it is widely applied in politics. The term social exclusion is usually traced to France, in the 1970s and 1980s, to discussions of marginalised groups who had fallen through the French social insurance system. The concept was adopted by the European Commission in the late 1980s and is nowadays embedded in the EU discourse. Combatting exclusion was formulated as one of the EU social policy objectives in 1997, followed by action on social inclusion in 2000. (27, 40) The meanings attached to social exclusion vary between and within countries, reflecting differing cultural, ideological, political and institutional traditions. Typologies constructed by Silver (40) and Levitas (41) illustrate these differing views and the relativity of the concept, which are discussed more in detail in 2.1.3.

2.1.2 Multidimensionality and the processual character of social exclusion

The multidimensional character of social exclusion is central; components of personal welfare such as employment, education, health and housing are mutually reinforcing and interrelated. Two theoretical traditions can be discerned, one with its focus on scarcity of resources (36) and the other stressing labour market exclusion (42). These two traditions are often combined in research (39). Madanipour (43) further highlights the spatial dimension of social exclusion.

Social exclusion is therefore also operating in space, and governance policies and practices influence this process. There is a relationship between social and spatial options, if we have a range of options, we can for example choose between different neighbourhoods where we would like to live. (44) The exclusion of people living in disadvantaged neighbourhoods from the processes of governance has been put forward in literature (45).

The spatial dimension of poverty can be illustrated through the development of child poverty in certain metropolitan neighbourhoods in Sweden. The child poverty rate has increased during recent years in Sweden; in 2009 it was measured to 13 per cent (16). In 2009, more than half of the children in certain metropolitan areas lived in poverty, for example in Rinkeby district in Stockholm and Rosengård district in Malmö (16). At

the same time, however, there were also areas, where poverty among children decreased. Botkyrka municipality in Stockholm County is one example where child poverty has decreased from approximately 30 per cent in 2000 to about 19 per cent in 2009, probably partly due to active and strategic social and political work in the municipality (21).

2.1.3 Ideological roots and implementation in policy

The ideological understanding of social exclusion has important bearing on its implementation in policy. Silver (40) identifies three paradigms of social exclusion in social sciences and politics; solidarity, specialisation and monopoly, each grounded in different political philosophies: republicanism, liberalism and social democracy. The paradigms provide an explanation of multiple forms of social disadvantage, encompassing theories of inequality, citizenship, poverty and unemployment (40).

The solidarity approach with its roots in French political rhetoric is concerned with the breakdown in bonds of solidarity between the individual and the society. In this Republican tradition the focus is on the state´s responsibility to reintegrate the excluded. The specialisation paradigm in Anglo-American liberalism is individualist in its orientation and social exclusion results from market failure and discrimination. This paradigm focuses on individual responsibility in constructing citizenship. According to Silver (40), the monopoly paradigm can be found in continental Europe, among the Left, where exclusion is seen as a consequence of the formation of a group monopoly. In this social democratic or conflict theory exclusion arises from the interplay between class, status and political power. Exclusion serves the interests of the included, who try to maintain their monopoly of power and resources. In this view social exclusion is combated through the extension of full citizenship. (27, 40)

Silver argues that when reformers want to point the inadequacies of current welfare states, discussions of social exclusion might distract attention from the increase in inequality, unemployment, and family dissolution that is affecting all social classes (40). *"By "ghetto-izing" risk categories under a new label and publicizing the more spectacular forms of poverty requiring emergency aid, policies to combat "exclusion" may make it easier to re-target money on smaller social categories like the homeless or long-term unemployed. It may even undermine the universal social insurance programs that traditionally protected the working and middle-classes…just as the idea of exclusion has many meanings, it can also serve a variety of political purposes*." page 79 (40).

According to Silver these ideal-types should not be mixed with the institutional classification of welfare states because within individual welfare states divergent interpretations of social exclusion exist (40). This is illustrated by Levitas in her study of social exclusion in the United Kingdom (UK) (41). Levitas discusses the competing discourses RED, MUD and SID. RED refers to a redistributive, egalitarian discourse that emphasises citizenship, social rights and social justice as central. MUD is a moralistic discourse, placing the individual and his/her behaviour in focus. The North American terminology of underclass and dependency portray the excluded as distinct from the mainstream society. SID, a social integrationist discourse, which according to

Levitas is increasingly dominant in the UK, is concerned with social cohesion and exclusion from paid work. Levitas summarises the differences in these three discourses: in RED the excluded are seen lacking money, moral in MUD and paid work in SID. She further states that the Labour Government´s approach in the UK in tackling social exclusion in later years has had its emphasis on MUD and SID, the importance of moral and paid work. (41)

The same kind of emphasis on moral and paid work can be identified in activation programs of the unemployed and excluded in Europe, also in Sweden. In a strategy report for social protection and social inclusion 2008-2010 (46) the Swedish government points out the importance of high labour force participation, that activation is an important aspect of universal welfare policy and that paid work and education are important factors underlying participation in society. This illustrates that governments are important agents in the context of social exclusion and inclusion.

2.1.4 Agency

In recent years there has been increasing attention in research to the agency aspect of social exclusion. According to Atkinson agency refers to the importance of identifying the agents related to the occurrence of exclusion, who is responsible for the exclusion process (34). Agency refers also to the capacity of people to act (27), sometimes under long-lasting, adverse conditions. In research, agency concerns individuals as "*autonomous, purposive and creative actors, capable of a degree of choice*", page 125, (27). Lister discusses three interrelated aspects of agency: the relationship between agency and structure, models of agency and types of agency (27).

The debate between structure and agency has long been a central issue in sociology. Explanations of poverty emphasise on the one hand structural factors, on the other hand individual actions. In the context of poverty and social exclusion the important question is how societal structures enable or hinder the agency of different groups and how the agency of the groups in turn can impact on structure. (27)

Lister states, that models of agency in new welfare research are different from "underclass" theories in which agency is related to individual responsibility. In the new welfare research the poor and the excluded are described as rational and active actors rather than victims. (27) Sen´s notion of capabilities includes agency, both collective and individual actions make a difference in Sen´s view (37).

Lister further discusses agency through four components: 'getting by', 'getting back at', 'getting organised' and 'getting out' (27). 'Getting by' refers to how people manage to go on in adverse situations, deal with stigmatisation and cope with difficulties in the past and the future. 'Getting back at' refers to the resistance people in poverty show, for example against negative labelling. 'Getting organised' concerns the capacity of groups living in poverty for political activism and collective self-help. 'Getting out' refers to attempts to escape poverty and exclusion, which according to Lister can include both individual actions of the poor and the non-poor and economic and social processes and policies. (27)

2.1.5 Inequalities in health in a life course perspective and accumulation of adversity

According to Marmot social and economic differences in health status reflect and are caused by social and economic inequalities in society (8). Poor health often leads to negative social and economic consequences, in form of lack of social networks and loss of income. Different social factors can also lead to poor health. WHO defines social determinants of health as "*the conditions in which people are born, grow, live, work and age, including the health system* (47). These conditions are influenced by socio-political, cultural and social context in which we live (8, 48). Health disparities are possible to reduce, which in Marmot´s view requires universal action proportionate to the level of disadvantage (8).

Pathways to social inequalities in health include material conditions (like income and housing), psychosocial factors (for example earlier negative experiences or stress), health behaviour (for example smoking and food habits) and access to health and social care (7, 48). Inequality in life chances during an individual´s life in society can be generated directly or indirectly through societal institutions. An instable childhood environment at home is an example of a disadvantage that may worsen the ability of an individual to succeed later in life. Inequality produced through different educational attainment in school might be an example of an indirect effect. Students from lower socio-economic backgrounds are less likely to go to further studies compared to those from higher socio-economic backgrounds. This may lead to income inequality later in life. (49) This process where each disadvantage leads to additional consequences has been labelled as 'cumulative disadvantage' (39).

An individual´s life course is interconnected to his/her health: people´s social biographies matter for their health (7, 50). According to Blane an individual´s social experiences are embodied; the body records the past and predisposes to future advantage or disadvantage (51). From a life course perspective "*the social distribution of health and disease results from these processes of accumulating advantage or disadvantage*", page 54 (51). Studies show a social gradient in health at all stages of life (7).

As previously discussed, social conditions in childhood influence people´s class position and their health status in adulthood and older age (7). Sometimes the impact of earlier negative experiences is cancelled by later benefits and previous positive experiences by later negative impacts (52). Along the pathway of life there are often critical moments where the life takes particular directions which have short and long term consequences (52). Pearlin et al. suggest that there are multiple factors, which may protect an individual´s health or pose a risk to it (25). They further highlight individuals in hardships that continue across the life course and state that the consequences of chronic stressors may be particularly severe when they surface within major life domains such as job and family (25).

To empirically study the process and dynamics of social exclusion, one needs to follow individuals over time. The life course approach considers how individuals adapt to events, transitions and life stage passages (29). These individual adjustments are

investigated especially in the context of the family's life course and its strategies to balance needs and the use and distribution of resources. Life course events like transitions in and out of paid work, in and out of welfare, family and household transitions, and health and illness have been the most important aspects of research. Unexpected life events, like the sudden death of a family member can also cause and spiral into exclusion. (29) Life course research concerns how lives are socially organised in biological and historical time, and how social patterning affects the way individuals think, feel and act (53).

The welfare state institutionalises a common course of life among citizens of the same country by regulating school, work, family formation, retirement, and other social activities into a common normative way to live. This process also leads to social exclusion of those who do not follow the expectations. However, when new social risks arise, the life course also changes direction. It is increasingly common that individuals do not have a single trajectory in their family life; they can move through several household formations or live alone over time. In new generations, period or cohort effects on life courses are obvious. Welfare states come under pressure to adapt more flexibly to individual life courses when households and work change. (29)

According to Kelly the life world is the personal experience of the life course (52). It is a space where the individual makes sense of the social and physical world around him/her. Although life worlds are subjective, they are also shared through cultural and social milieus where experiences are shared. Families, friends and colleagues thus have life worlds which to a great deal overlap, as do individuals who share the same kind of social position. How individuals manage their life world depends on their assets with which they cope and control their life world. Assets like building skills of coping, to be valued by others, deployment of resilience and self-efficacy and the sense that things are meaningful are potentially available to all, but only some deploy them, to a varying degree. (52) The social environment is crucial for the individual in the process of managing the life world.

2.1.6 Social exclusion in this thesis

In Sweden, the concept of social exclusion was rarely used in research before the 1990s. However, with the emergence of new groups with marginal labour market positions and low incomes, with the increase in income inequalities and increased duration of social assistance recipiency, the relevance and use of the concepts of poverty and social exclusion have increased. (32)

In this thesis both poverty and social exclusion are relevant concepts. The concepts are understood in a broad manner, overlapping each other to some degree, including both material and social aspects as described earlier. In this thesis the term poverty is understood having its emphasis in lack of material resources which leads to adverse social and health consequences for the individual. How to define poverty is, as Lister emphasises, interconnected to the political use to which it is put (27). In a welfare state like Sweden, poverty is usually related to lack of employment, or being in a position not to benefit from social and sickness insurance. The relative aspects of the concept are especially relevant. In this thesis social exclusion is of relevance especially through

its agency component. In the exclusion process both the excluded and those who are responsible for the exclusion are important actors. Study III in this thesis specifically focuses agency of the interviewees. We found the agency especially important to emphasise among long-term recipients of social assistance, who often lack sufficient possibilities to actively participate in decisions made influencing their lives.

The relativity of the concept of social exclusion, the multidimensionality and accumulation of problems in several welfare dimensions as household finances, education and health, and its processual character were all relevant issues in the studies included in this thesis. The spatial concentration of poverty and social exclusion was not studied as such, only mentioned in the conducted studies. The spatial dimension is however of relevance in the context of long-term social assistance recipiency in Stockholm County as in other European metropolitan areas, which is further reflected in the discussion section.

2.2 RESILIENCE

Social exclusion processes are often generated early in life through exposure to risk factors at home and at school, as described above. The outcomes are not however entirely predictable. Research in different countries has shown that human beings have the capacity to overcome extreme adversity (54-56), and to show positive adaptation in difficult circumstances (56-58). In research this phenomenon is called resilience (23, 58, 59).

2.2.1 Resilience as a process

Studies on resilience concern why some people recover or avoid negative outcomes against adverse odds whereas others do not (60). Resilience is about a positive functioning in adverse conditions (23, 59, 61). The resilience approach has its foundations in studies of child development. Garmezy was among the first to highlight the importance of protective factors in high-risk populations (62). He and his colleagues (63) found that some disadvantaged children remained competent and did not develop behavioural problems despite their risks, and questioned why they managed to develop well in such circumstances.

In their longitudinal study of Kauai in Hawaii, Werner and Smith investigated the population over several decades from a resilience perspective (56, 64). Werner and Smith started their investigation by studying children´s vulnerability, documenting the cumulative effects of poverty, perinatal stress and disorganised caretaking environment. They followed the same children to age 10. After that they focused on the roots of the learning disorders, mental health problems and antisocial behaviour. During their study they looked at the roots of resiliency among those children who coped successfully despite biological and psychosocial risk factors and those protective factors that aided in that positive development. Werner and Smith stated that one of the most important findings of their study was that opening up of the opportunities for individuals in their 20s and 30s could lead to major turning points. Improving the educational and vocational skills helped many out of poverty. (56, 64)

Rutter identified four protective mechanisms associated with resilience: reducing the impact of risks by helping individuals to cope better, reducing the negative reactions that follow risk exposure, establishing and maintaining self-esteem and self-efficacy, and opening up opportunities for individuals to realise their potential (65) (see also Ungar (66)). Much of the resilience research has focused on resilience as a trait or personal characteristic, a person is either resilient or not. In research especially risks, protective factors and mechanisms have been studied. Rutter describes the development in resilience research as "*a move from variables to processes or mechanisms",* page 205 (67).

Some researchers have argued that resilience should be viewed more in the societal, cultural and political context in which it occurs (17, 66, 68, 69). This is in line with the notion of resilience as a process in sociological literature (see for example (70, 71). Resilience as a process involves two aspects (6); resilience is about *a dynamic change over time* and it results from an *interaction with others* and with the surrounding environment over time. Resilience may emerge from this process but is not certain. Less is known about how protective factors generating resilience accumulate over time (23).

Seccombe argues for a structural understanding of resilience: *…resiliency will be enhanced more by keen attention to national economic policies than by focusing upon individual personality characteristics, family attributes, or even unique community features",* page 384 (72).

2.2.2 Settings and structures enhancing resilience

Resilience research has been criticised for failing to acknowledge the impact of the socio-environmental context when determining what the resilient outcomes are (6). Bronfenbrenner introduced the view that developmental outcomes are shaped by the interaction between genetic, biological, psychological and sociological factors in the environmental context (73). Contexts like the family, the neighbourhood and culture influence the development of the child. Bronfenbenner´s way to conceptualise the context (73) has been influential to ecological approaches to study resilience. (61)

Ungar states that the ecological understanding of resilience emphasises the need to change social interactions, environmental structures, and the availability of health resources such as access to health care, safety, education and social support rather than changing individuals to adapt to the risks in their environment (66). Ungar further states that resilience is about the capacity of individuals to navigate to resources that sustain their well-being, and their capacity to negotiate for these resources (66), which can be enhanced by facilitative environment.

Supportive (facilitative) environments and health promoting settings have been discussed also in the 'health assets' literature in the context of several other 'positive' concepts related to resilience. Such concepts as sense of coherence (54), self-efficacy (74), coping (75), empowerment (76) and social capital (77, 78) are related to the resilience concept. All these concepts have been discussed under 'the salutogenic umbrella', page 340 (79). In the WHO´s Ottawa charter for health promotion (1986)

one key objective was the process of enabling individuals and communities to increase their control over the determinants of health (80). Lindström and Eriksson emphasise that much of the research conducted on the salutogenic model has focused on the individual (81). However, many stressors in individuals' lives are collective and should be viewed in the social context in which they occur (81).

One main critique of the resilience concept has been the conceptual inconsistency in how it has been used. Resilience implies a normative judgment of what constitutes a positive adaptation in adversity. There has been little critical reflection on how a positive adaptation has been determined and what the political and social implications of these judgments are. (60) Resilience can be understood as something "*extraordinary among remarkable individuals, possessing extraordinary strength and inner resilience*" or as a common phenomenon as "*ordinary magic*", page 227 (71). Relativity characterises the resilience concept, what is considered an example of resilience in one context may not be that in another context (60, 67).

2.2.3 Resilience in this thesis

In this thesis resilience is defined as "*the process of achieving positive and unexpected outcomes in adverse conditions*", page 238 (6). 'Positive' refers to that the outcome can be defined as enhancing the well-being of individuals or helping them to manage in their day-to-day lives. The expected outcome in adverse situations under risk is negative, 'the unexpected' refers in this context to that the outcome in such circumstances was 'positive' or enhancing. The findings are interpreted from the resilience perspective, focusing on features enhancing or undermining resilience among long-term social assistance recipients. In the next section an overview of social assistance in the Swedish welfare context is presented with the aim to place the conducted studies of the thesis in their social context.

2.3 SOCIAL ASSISTANCE IN THE SWEDISH WELFARE CONTEXT

Universalism has been the guiding principle in the Swedish welfare arrangements, which means that universal solutions which cover major parts of the population are to prefer. Examples of such arrangements are sickness insurance, parental insurance and pensions (22). However, all these systems are based on previous income. For individuals who do not qualify for the insurance-based systems, other and less generous benefits will apply.

Social assistance is an example of means-tested benefits, and considered as a last and temporary resort. Generally, social assistance has been a rather peripheral component of Swedish social policy. Compared to other countries, social assistance expenditure has been low. (82) Not only universalism, but also focus on full employment and active labour market policy has played a crucial role in Sweden (15, 83).

2.3.1 Legal framework of social assistance – Social Services Act

In Sweden, social assistance has its origin in poor relief and activation programs in workhouses of the nineteenth century. The term poor relief was substituted by social

assistance in 1956. It was statutory for children, sick and old persons, but dependent on municipal discretion for able-bodied without children. In 1982, it became "a right" for all residents in the municipality to apply social assistance through the Social Services Act, which is a framework law. However, social assistance was still means-tested and individuals with savings were not eligible. (32)

The Social Services Act (1980:620) states general intentions rather than detailed criteria for eligibility (84, 85). The first paragraph of the Act states the objective: "*social services shall on the basis of democracy and solidarity promote people´s economic and social security, equality in living conditions and active participation in social life*", page 64 (86). The objectives of the Act resonate with the resilience concept described earlier in section 2.2 with its focus on positive outcomes in adverse conditions. Structural thinking and a long-term perspective characterise the formulations of the objectives (84).

Local social workers and their managers, the municipal political board and central authorities determine how the law is applied. Municipalities are responsible to fund social assistance. In addition to the municipalities, the National Board of Health and Welfare and the Supreme Administrative Court, both central government bodies, are two other key actors. The National Board of Health and Welfare defines what is a 'reasonable level of living' in Sweden, making recommendations on the monetary amount of social assistance, which should be applied in municipalities, based on consumption studies of the Swedish Consumer Agency. The Supreme Administrative Court monitors that the municipalities act according to the guidelines for social assistance. (32)

In 1997 two important changes were made to the Social Services Act. The Government determined a fixed amount of social assistance for basic living costs which was to be applied on the national level, covering costs for example for food, telephone and TV-license. 'Reasonable costs' for housing, electricity and some other posts were decided individually. In addition, the municipality had discretion to decide on other forms of assistance, for example dental care and renewal of furniture. (32) In 2012 basic living costs covering personal costs and household costs were determined for a single person to 3840 SEK and for a couple 6300 SEK per month (87). The term social assistance was changed to provision support, but in practice the change of the term did not lead to major changes in the system (32, 87). The other important change in the Social Services Act concerned legislation on participation in activation programs. An unemployed recipient, who did not participate in a national labour market program, might be obliged to participate in such programs. (32)

2.3.2 Recent welfare development related to social assistance recipiency

In the early 1990s during the economic recession, changes were introduced to Swedish social policy including cut-backs in public benefits, tighter eligibility criteria and a re-emphasis on means-tested policies. There was a shift in focus from full employment to low inflation. (15)

Since the 1990s social assistance benefits have become less generous in Sweden. Social assistance nowadays does not provide sufficient protection against poverty in the Nordic countries as poverty has increased among households receiving means-tested benefits (15). According to Kuivalainen and Nelson almost 40 per cent of households receiving means-tested benefits in the Nordic countries can be considered as poor (15). Poverty and social assistance recipiency are therefore not synonyms, but partly overlap; all poor do not receive or apply for social assistance and all social assistance recipients are not poor (12).

The interplay between social insurance and social assistance is one of the key issues in the distributive process in the welfare system; a universal social insurance system reduces the need for social assistance (15). Cut-backs in universal benefits (such as sickness insurance) often lead to increases in means-tested benefits (82). Hence, the re-emphasis on means-tested benefits implies that the demand for social protection in Sweden is expected to be high in the near future. It is therefore of major importance how the overall system of benefits is designed. (15)

During the 1980s short and medium-time social assistance recipients dominated in Sweden, but there were also a substantial group of long-term recipients. Social assistance became a major source of income for the population with a marginal position on the labour market. (12, 32) The current high unemployment rates, especially among young adults and immigrants, seem to continue in the near future (15).

Since the 1980s similar policies have been developed in OECD countries focusing on social assistance claimants´ obligations to participate in activation programs. Activation has become a central element of the national welfare policy in Sweden, decentralised to local municipalities. (88, 89) An increasing number of unemployed persons who received social assistance had limited access to training programs organised by the national Employment Office. Municipalities therefore started their own job-search and training for the recipients. By tradition, social services had been concentrated to treatment and counselling for families, youth and drug users through open and institutional programs. These programs were targeted mainly to individuals with severe psychological problems rather than the unemployed. A large number of local welfare-to-work programs started in the 1980s, many of these programs concentrated on broad target groups. (32)

After the mass-unemployment in 1990s welfare-to-work programs increased considerably. The knowledge regarding the effects of the programs through evaluations has been limited; the programs are new and often temporary. More recently, however, the number of studies has increased. International studies of job search programs often show a slight positive or zero effect. (32) One of the evaluations (90) carried out in Sweden concerned the Uppsala model which was much debated. The program was a job-search program for social assistance recipients. Recipients were required to search jobs full-time and to make a list of all jobs they searched. These lists were then monitored and the recipient could be denied social assistance if the lists were considered as insufficient. The evaluation showed a zero-effect. (32, 90)

According to Giertz activation programs in Sweden seem to at best have moderate effects for persons with marginal labour market positions (32). Giertz particularly advocates structural policies to reduce marginalisation and exclusion (32). Bergmark claims that welfare-to-work programs tend to focus on the motivational element, that is, on individual personality trait, rather than formal competence or structural reasons (88). This trend in activation programs brings Sweden ideologically closer to the rest of Western Europe, and also closer to the US conservatist model (88).

Two approaches have been described as common in activation of social assistance recipients. The work-first approach emphasises the claimants´ quick entry into any kind of employment (activities such as job-search and job training are common examples). The resource approach stresses the lasting employment including training of skills, and work practice at regular workplaces (89). Nybom showed in her recent study of activation among social assistance claimants in four Swedish municipalities that resource activation including education and work practice targeted mainly claimants who lacked work motivation. Job activation aiming at quick entry into the labour market (job-search) targeted mainly young adults and claimants who lacked formal skills. (89)

Nyboms´s study indicates that activation policies are unevenly implemented both among men and women and among different age groups. Men in her study received more activation, but also more often sanctions (especially older men) compared to women. Lone parents received least activation. Nybom questioned whether lone parents (women) were "spared" from the "work-test", maintaining the traditional gender understanding of work where unpaid domestic work was assigned to women and paid work to men. Nybom further questioned whether the content of activation really reflects the variety of needs and work barriers among men and women. (89) Similar kind of questions concerning perpetuation of gender inequalities in labour market support were raised by Grant in her study among women in the margins of the labour market in England. She stressed further that the emphasis in support generally has been on those closest to the labour market which means that access to adequate services to those with greater needs has been rare in the first place. (91)

To introduce a policy does not mean that professionals like social workers change the traditions rooted in their work. Policies need to be reflected over, and the design and implementation deserves more careful consideration (89), not least to legitimise the existence of the activation of the recipients (88).

2.3.3 Characteristics of the recipients

In Sweden, 8.2 per cent of the population received social assistance in 1996 (2, 92), in 2011 the proportion had declined to 4.4 per cent (93) (Table 1.). Today, long-term recipiency rates seem to have stabilised at higher levels than those before in Sweden (1). In 2011, about 39 per cent of the adult recipients were categorised as long-term recipients (93).

Table 1. Development of social assistance recipiency and the average duration of social assistance recipiency 1990-2011

	Social assistance recipients		
Year	Total number	Per cent of the population (average)	Months on social assistance (average)
1990	490 808	5.7	4.3
1991	510 205	5.9	4.4
1992	559 902	6.5	4.6
1993	641 385	7.4	4.8
1994	694 060	7.9	5.1
1995	687 951	7.8	5.4
1996	721 040	8.2	5.7
1997	716 842	8.1	5.8
1998	658 782	7.4	5.8
1999	580 934	6.6	5.8
2000	522 242	5.9	5.8
2001	469 004	5.3	5.7
2002	434 046	4.9	5.8
2003	418 395	4.7	5.6
2004	417 491	4.6	5.7
2005	406 743	4.5	5.8
2006	392 466	4.3	5.9
2007	378 552	4.1	6.0
2008	384 671	4.2	6.1
2009	422 320	4.5	6.2
2010	437 050	4.7	6.4
2011	418 039	4.4	6.6

Source: National Board of Health and Welfare, Official statistics of Sweden, Social assistance: 2011. County and Municipal Expenditures. 2012, page 41.

The average time spent on social assistance increased from 4 months per year in 1990 to 6.2 months in 2009 (1, 92) (Table 1). Rates of long-term recipiency increased among young adults and especially immigrants (94). At the beginning of the 1990s, 45 per cent of the recipients were immigrants, in the early 2000s the proportion had increased to around 60 per cent (2). Lone mothers are another group in need of assistance. In 2010, 24 per cent of lone mothers in Sweden received social assistance at some point in time during the year (93). More than half of the children of lone mothers who are foreign born live in poverty. In Sweden poverty is more common among younger than older children. (16, 21)

The obstacles of social assistance recipients vary from psychiatric and drug problems to short education, lack of knowledge in the Swedish language, lack of labour market experience and combinations of different disadvantages. In practice, it is often difficult to draw a line between unemployment and psychosocial problems. (32)

In studies conducted internationally and in Sweden, both structural and individual reasons for social assistance recipiency have been put forward. Factors such as a weak labour market, male sex, high age, being a single adult, ethnic minority status, substance abuse, mental ill health and low educational achievement have been pointed out (1). Studies show that the judgments of the major obstacles of clients vary between social workers and clients. In Pride's study the recipients reported most often that economic or other specific problems were the reasons why they sought help. Social workers, meanwhile, highlighted the psychological aspects. (32, 95) In Sweden, there is no maximum period for eligibility for social assistance, but recipients must make full-time efforts to find a job or to find other solutions to become independent from social assistance (1).

Compared to other European countries, comparatively short consecutive periods of social assistance have been characteristic of Sweden. Individuals apply for social assistance; the social services assess the applications. The benefits must be applied for every month, and are granted for households. (1)

Two explanations concerning the development of social assistance recipiency have been focused in the research literature (1). The social exclusion theory explains that groups are becoming more permanent recipients of social assistance. The other explanation involves the temporalisation of poverty, that is, that economic hardship is a reality for the majority of people during certain life-phases. Bäckman and Bergmark state, that these two explanations highlight different existing trajectories to poverty and are not conflicting (1).

The explanations of reasons for exiting social assistance are also divided in two categories: structural and individual. Structural factors relate to the development of the market or welfare institutions. Individual factors refer to human capital resources, demographic characteristics and to attitudes and behaviours among the recipients. (1)

2.3.4 Organisation of social assistance

Municipalities are responsible for the implementation of the Social Services Act in Sweden and have discretion to organise their work according to local conditions. Local public resources are usually limited in relation to the social services' task; therefore local politicians are keen to keep the expenditures for social assistance down. Social workers are obliged to fulfil the goals formulated by the Social Services Act and by the municipalities and with the limited resources available. They have to prioritise how they distribute the benefit. (96) Social workers have extensive discretion in deciding eligibility and the level of the benefit, although there is a minimum standard (1).

In Sweden, municipalities' ways to organise their work with social assistance may vary. In some municipalities special intake units take care of the initial means-tests and in some municipalities personal visits are made for help-seekers (96). Often the first contact with social services takes place by telephone with particular intake officers. The help-seeking person can get information about the social assistance scheme, his/her possibilities to receive the benefit and about clients´ rights and obligations within the social assistance system. Social workers often carry out preliminary means-tests to

assess the applicant's need of social assistance. If the social worker judges that the person is unlikely to be eligible for social assistance, the contact usually ends. However, people always have the right to apply for social assistance. The intake also often provides information about the other forms of assistance available from other public sources. (96) The help-seeking person may only contact and apply for social assistance in the municipality where he/she lives (85). After a certain time (usually two-four months in intake) the client is usually referred to other, often specialised teams in social assistance units for further contact.

Minas claims that work with social assistance have been characterised by three overall principles in Sweden (97). Firstly, the municipalities are responsible to take care of people in need. Secondly, the social services´ task is to separate the eligible clients from those who are not eligible. This principle is about the selective character of the benefit. Thirdly, individuals should as far as possible provide for themselves through paid work (97). Social assistance should be the last resort when other solutions are not possible. Hjort adds a fourth principle, activation of the recipients (22).

As described previously, it is not unconditional to receive social assistance. The recipients have to participate in activation programs to receive the benefit. This reflects a change in attitudes and welfare policy from clients´ right to benefits to clients´ obligations as recipients (22, 84). Social workers in this context act as mediators, informing and demanding different things from their clients.

2.3.5 The relation between social workers and their clients

Studies show that social workers are in a power-relation to their clients (98-100). According to Järvinen social work has traditionally been a form of help rather than a service. A help relation includes symbolic power that lies hidden in help and bringing up, and is identified as a legitimate role. (100) In social work distinctions are often made between deserving and undeserving clients, easier and more difficult cases (98, 100).

As front-line professionals (101), social workers channel different services to their clients and at the same time interpret and fulfil government policies. Social workers have a broad discretion in their work (101), but they have to follow political decisions made in local municipalities and implement the legal framework guiding social assistance. They have to balance in their role between the needs and desires of the clients and their organisational framework. The clients´ needs are in this process transformed to fit the organisation's administrative categories (102).

Trust is a cornerstone in the helping process in service relationships, especially with long-term clients. For clients to trust the professional they must rely on the professionals´ knowledge and to believe that the professional´s desire is to serve their needs. This trust is formed through the legitimacy of professional groups and through public support of the institutions in which the professionals work. Public trust in welfare institutions is therefore a key issue. (103)

In Sweden universal insurance-based benefits have more legitimacy in the public than the means-tested benefits (104). According to Salonen needs-based assistance is always debated and the debate further follows business-cycles (12). Means-tested benefits, as social assistance, have low legitimacy among the population and during economic recessions there is more questioning of the benefit. The public discourse regarding social assistance is stigmatising, and the recipients perceive shame and being outside, excluded (12, 13, 27, 105). The discretionary power of the social workers in testing each case individually includes more suspicions of cheating and discrimination compared to universal public agencies (104). Kumlin and Rothstein underline the importance of fear treatment, especially in needs-tested public services, to increase the trustworthiness of the selective welfare institutions (104).

Studies conducted of social assistance recipients show that the feelings of powerlessness, shame, the feeling of loss of autonomy and a sense of insecurity are common (11, 13, 105). In her study among women receiving social assistance, Gunnarsson found a difference between younger and older women. The older generation felt shame living on social assistance whereas the younger regarded it more as their right in a difficult situation. (11) In Hjort´s studies, families reported their difficulties to make the ends meet, and how they had to prioritise in using their scarce resources, especially when unexpected expenses occurred (106). Women in poverty often report how they prioritise the well-being of their children instead of their own needs (27, 107). Studies show that individuals with social assistance wish to be heard as individuals (10), but often perceive to be regarded as one among many (98).

3 AIM

The aim of this thesis was to explore the experiences of living long term on social assistance, and to increase the knowledge on how social workers providing social assistance perceive their possibilities to support their clients. The findings are reflected from a resilience perspective, focusing on processes and features that help (or hinder), the positive functioning of individuals and families in adverse situations.

3.1 RESEARCH QUESTIONS

- What are the consequences for well-being of living long term on social assistance?
- How do social assistance recipients respond to the experience of living on social assistance?
- What are the possible ways out of social assistance recipiency and how are the obstacles to find ways out described?
- What are the dilemmas involved in providing resilience-enhancing social services to long-term recipients?

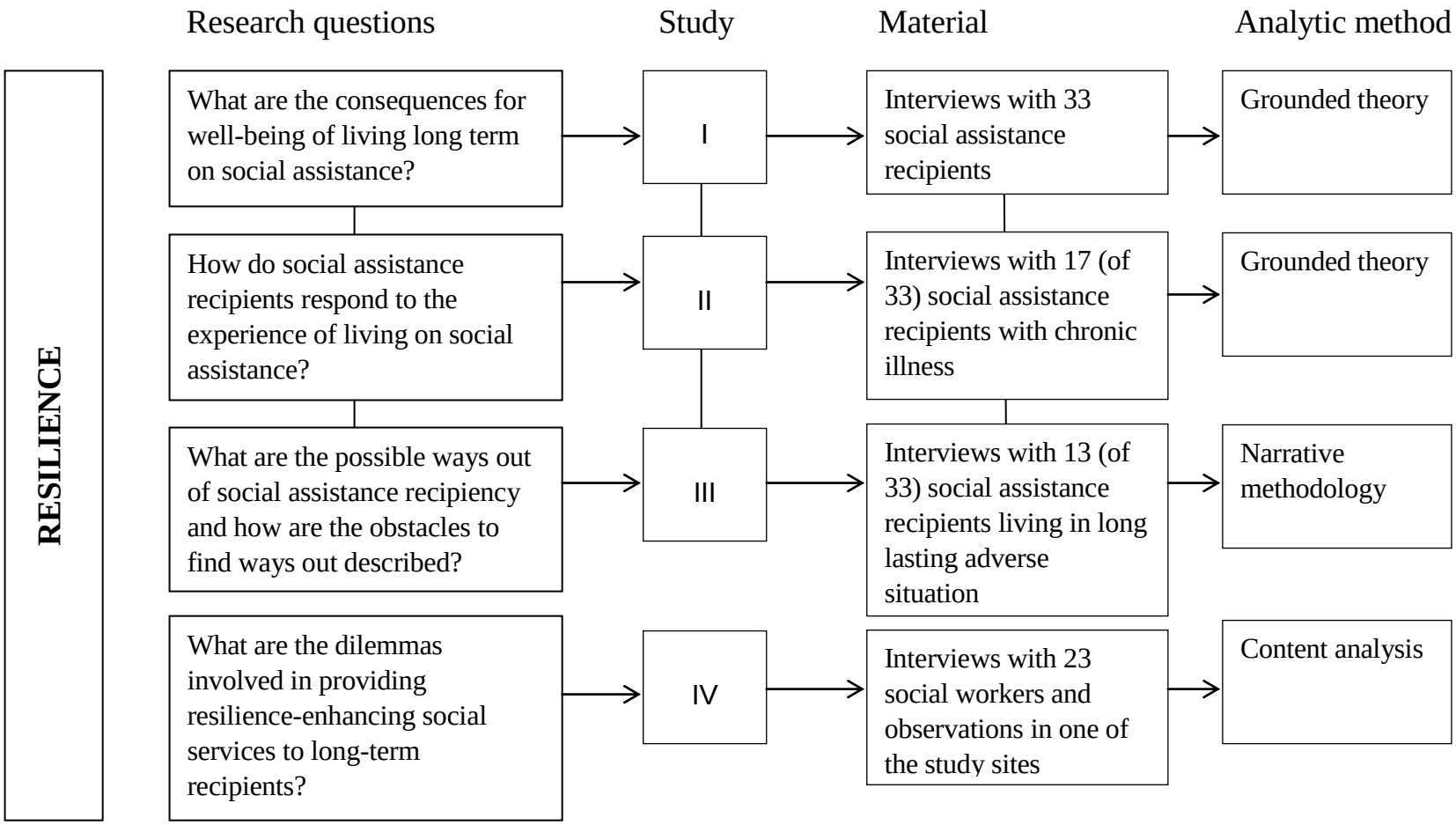

Figure 1. Research questions, material and methods for each of the four studies in the thesis

4 MATERIALS AND METHODS

4.1 STUDY DESIGN

This thesis is based on four qualitative studies. Research questions, materials and methods for analysis are described in Figure 1. Data consisted of A) interviews with social assistance recipients (Study I-III) and B) interviews with social workers and observations in one of the study sites (Study IV) (Figure 2). Interviews with social assistance recipients and social workers were carried out during 2005-2006 mainly as parallel processes in six study sites, in contact with social assistance units in each study site. Some of the interviews were included in both Study II and Study III.

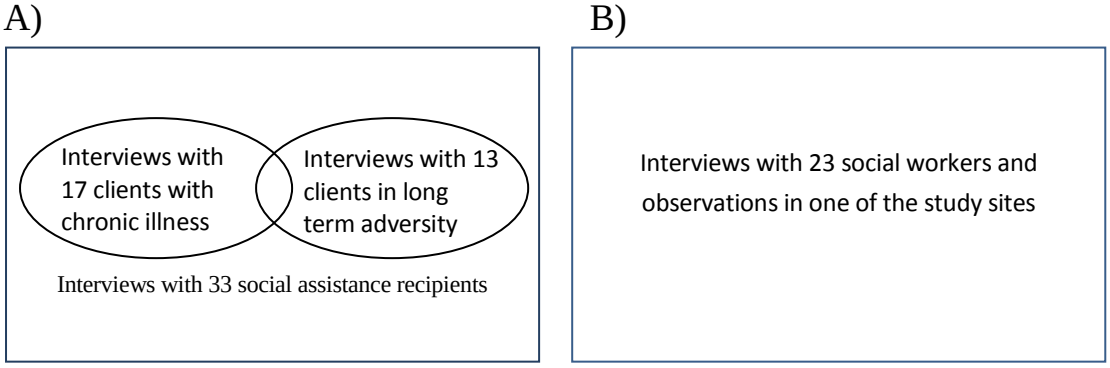

Figure 2. Data materials A and B

4.2 SETTING, PARTICIPANTS AND DATA COLLECTION

4.2.1 Interviews with social assistance recipients – Study I-III

Social assistance recipients were selected for the interviews through a purposive sampling strategy. Purposive sampling generates a sample that is suited to the research questions and specific needs of the study. The aim is to maximise variation in meaning and experience (108). Our primary purpose was to explore experiences of living on social assistance in Sweden. The secondary purpose was to gather data from people with potentially different experiences in order to contrast their experiences.

Our selection criteria were that the interviewees should be aged 18 to 64 years, currently receiving social assistance as their main source of income or as a complement to their other incomes. They should have received social assistance over a longer time, which we defined as more than one year. They should also be willing to be interviewed. We further wanted to interview a few people with shorter experience (less than a year) of social assistance to capture possible differences in experiences. We aimed to recruit a heterogeneous sample of social assistance recipients including both men and women, with differing backgrounds, ages and obstacles including for example being unemployed, lone mothers, refugees and young adults.

Field work was conducted in six sites in Stockholm County, providing a variety of settings with differing socioeconomic compositions, with an emphasis on disadvantaged neighbourhoods where many households received social assistance compared to other neighbourhoods. When the sampling was conducted there was a

variation between different disadvantaged neighbourhoods concerning the proportion of the population receiving social assistance. We selected two disadvantaged neighbourhoods where fewer than expected received social assistance and one neighbourhood where many received social assistance to get deeper understanding of the differing context. The other study sites consisted of one "mixed" area including neighbourhoods with low and high socioeconomic status, one outer "working class" area characterised by relatively low educational level, and one affluent area where the amount of households receiving social assistance was low, but where many received the benefit for a long time. In each study site two to ten interviews were carried out. Study sites are presented in Study I, Table 1.

According to information from social assistance managers in the study sites at the time of the interviews, the number of households receiving social assistance varied from approximately 240 to 1200, depending on the size and socioeconomic composition of the areas (lower number in affluent and outer areas and higher number in disadvantaged and mixed, geographically large areas).

The head of the social services was contacted in each of the study sites to obtain permission to conduct the study. All study sites except one agreed to participate. One of the study sites decided not to participate because of the current situation in the municipality. There was an increase among claimants of social assistance, especially among young adults, which was regarded as a major challenge to deal with and social workers perceived a heavy caseload in their work. Decision makers in the municipality judged that the timing was not appropriate although the study seemed to be valuable.

Contact was established with social assistance units within social services in each of the study sites who had agreed to participate. The managers were informed about the aim of the study (Appendix 1), that is, to explore experiences of living on social assistance and how that influenced interviewees´ daily life, health and well-being. We further wanted to study how recipients perceived their contacts with public services. Managers then asked a group of social workers to ask some of their clients if they wanted to participate. Social workers made a judgment which of their clients were in condition to participate (not too sick or in an acute crisis situation) before they asked.

Social workers gave an information letter to the clients (Appendix 2) if they were interested. They pointed out that it was voluntary to participate and that the study was carried out by independent researchers, not by social services. Social workers wanted to be clear in informing clients that participation was not an obligation and had nothing to do with the payments from social services. Through social workers, we came into contact with about 20 clients who were willing to be interviewed. Interviews were conducted with 14 of them; the others cancelled the interview for different reasons.

After 14 interviews, we decided to interview more clients to get more variation in experiences. The next step was to contact other places in the study sites to which social assistance recipients were often referred. Such places included for example a centre for long-term unemployed women and several centres for labour market activities for social assistance recipients. In these centres the aim of the study was presented to the managers/professionals working there and with their help asked some of the

participants if they were interested in participating. In this manner another 19 social assistance recipients were recruited and interviewed. Recruitment of the clients and analysis were performed in a recursive fashion which is described in detail under section 4.3. After 33 interviews the judgment was made not to conduct more interviews. It seemed not to bring forth new information into our analysis, saturation seemed to be reached. We decided to continue the analysis with the data gathered.

Interviews were carried out by AM and took place at social welfare offices, at a public library or in activity centres to which social assistance recipients were referred. All interviewees in this study lived in adversity and struggled with economic, social and/or health-related problems. This became obvious during the recruitment process as several interviewees did not attend the interview the first time we had arranged our meeting. Some of them called and cancelled and booked a new time for the interview. The researcher called those who did not contact us after not attending the interview (interviewees gave their telephone numbers when we booked the interview).

Interviewees explained that something had happened which had made it impossible for them to attend. Common reasons were that the children got ill, interviewees had to participate in activities from social services, they had to visit health care or acute family situations emerged which took their energy. A new time was booked for the interview. Most of them attended the second time, some of them the third time, one interviewee the fourth time. Most of those who booked time for an interview also attended. The recruitment process was time-consuming.

The length of the interviews varied from 40 minutes to three hours. Most interviews were conducted in Swedish, one interview in Finnish, and one in English. In three interviews an Arabic-speaking interpreter, a teacher experienced in interpreting, assisted. She helped with the language if the interviewees perceived that they could not express themselves as they wanted in Swedish. Before the interview, the researcher told about the aim of the study and their right to withdraw at any time and that their responses would be kept anonymous. An interview guide with open ended questions was used (see Appendix 4). Questions regarded the daily life of the interviewees, their contacts with services, about what made them happy and what bothered them most, and how they managed their finances and life situation. They were also asked to reflect on their health and their thoughts about the future. All interviews were tape-recorded with the interviewees´ permission. Short notes were taken after each interview about the content of the interview and other issues that emerged during the interview.

Of 33 interviewees, fifteen were women and eighteen men (characteristics of the interviewees, see Study I, Table 1). Eleven were 18 to 30 years old, fourteen 31-49 years and eight were between 50 and 64. Nineteen interviewees were foreign-born, three second generation immigrants and eleven Swedish. Most of them lived in a rental flat. Twenty interviewees had children. Their educational background varied from compulsory school to university education (one person). Several interviewees had started secondary school but dropped out from school for different reasons. Some had owned a small business and gone bankrupt.

Most interviewees had received social assistance for several years, up to ten years, and it was their main source of income. Three interviewees had disability pension but had claimed social assistance for several years to supplement their low pension. One

interviewee received a low level payment from social insurance and one worked part-time. Both of them received social assistance as a supplement. One interviewee had finished school three months earlier and received social assistance since then. Several interviewees had periodically had other incomes, other benefits or income from gainful employment. All interviewees also had contact with other public agencies such as the unemployment office, the social insurance office and/or health services. Most had been in contact with social services for several years, some since they were children.

Five interviewees described that they had problems with drugs or alcohol, 17 reported long-standing health problems (for example pain, mental ill health, heart disease). Several interviewees spoke about violence at home, addiction in their family, and about life crisis.

In Study I all 33 interviews with social assistance recipients were analysed. In Study II those interviews where chronic illness was reported (17 of 33) were selected for further analysis. In Study III those interviewees who reported long-lasting adverse life situations and difficulties, and accumulation of adversity (13 of 33) were in focus.

4.2.2 Interviews with social workers and observations – Study IV

The second dataset was gathered in the same six study sites as described above and consisted of interviews with social workers. Observations of social services were carried out in one of the study sites. Our purpose was to explore experiences of social workers providing services to long-term social assistance recipients, working in different areas and with different population groups to contrast their experiences (to reach variation in experiences). The purpose of the observations was to gain additional knowledge about the context of social assistance work and social workers´ overall activities.

The interviews with social workers were conducted through purposive sampling in the same study sites as interviews with social assistance recipients. Through the social assistance manager in each of the study sites we came into contact with social workers with experience from different client groups within social assistance (unemployed, refugees, young adults, persons with chronic illness and addiction). Before the interviews with social workers, AM discussed the present situation with the managers in the study sites. Discussions were documented in notes.

Interviews were conducted with 28 social workers altogether, with each interviewee at one occasion. Short notes were taken after each interview about the content of the interview and other issues that emerged during the interview. Five of the interviewees worked with disadvantaged families in the study areas, but not necessarily social assistance recipients. These five interviews were not included in the analysis; the sample therefore consisted of 23 interviews. All 23 interviewees were social workers; three to five interviews were carried out in each study site. Three interviewees worked with activities directed towards social assistance recipients, the other 20 with administration of social assistance. Six of them worked as managers. Seven interviewees had at the most two years of experience of their work, five had worked from three to nine years and eleven had more than ten years of experience. About a

third of them had immigrant background. Two interviewees were men which reflected the gender balance among social workers in the field in the studied areas.

All interviews were carried out by AM and tape-recorded with the interviewees´ permission. Interviews lasted from about 1 to 1.5 hours. Interviewees were informed about the aim of the study and their right to withdraw, and that their responses would be kept anonymous. An interview-guide was used including open-ended questions about the services they provided, the clients they met, their role and experiences of their work (Appendix 3). Interviewees were further asked about the needs of the clients, goals of their work and reasons why the clients were applying for social assistance. The interviews took place at social welfare offices or in centres to which clients were referred.

Observations were done during two weeks in one of the study sites with high caseload. The caseload varied between study sites and also between different working teams within study areas. For example those who worked specifically with young adults used to have about 25 clients/households, whereas social workers working with other adults used to have 60-80 households. During the recession in the 1990s the caseload was described as heavier than before. In the study area where observations were done, social workers reported that during the recession they worked with up to 125 households compared with at the time for the interview about 80 households.

Observations were documented in notes and concerned social workers' overall activities. AM observed two social workers in their work; one worked in the intake, taking care of clients with short-term needs and administrating applications from new clients. The other worked with long-term clients who had chronic illness or addiction problems. Social workers explained their routines and rules guiding their decisions and how they worked in their organisational context. Observations were not analysed in detail, but served as a source of information about the social work context and influenced how we framed Study III as a whole.

4.3 DATA ANALYSIS

In qualitative inquiry the data is not treated equally; some parts of data are regarded as helpful and central whereas other parts are seen as more irrelevant. Some interviews are seen as better illustrations or better descriptions than others. These interviews/stories or parts of them are used more often as examples than other stories. In qualitative inquiry the researcher therefore purposely samples from his/her data, selecting, sorting and prioritising the most relevant parts to deeper analysis. (108)

In these studies both interviews with social assistance recipients and social workers were transcribed verbatim. The transcripts were read several times to obtain an overview. After that open coding was performed line by line by AM. The data with social assistance recipients was coded and analysed first in Studies I and II. After that, Study IV was finalised, followed by Study III.

4.3.1 Interviews with social assistance recipients – Study I-III

In Study I and II grounded theory informed the design of the studies. Constant comparison (109) characterised the analysis process, which means that the researcher makes comparisons constantly between for example the different units of data, interviews, situations and incidents in order to generate codes or categories. In Study I some principles of grounded theory influenced the analysis. This involved open coding where names were given to pieces of text, transcript by transcript, line by line (110). After that text segments were grouped into subcategories and categories, and related to each other (110). Constant comparison influenced how to give names to a label, what labels to use and how to group them. Atlas.ti 5.2 software aided in this process.

In Study II, after open coding, the paradigm model (111) was a guiding principle in the axial coding, where the data is put back together in new ways by making connections between categories and subcategories. The paradigm model can help the researcher to use the data systematically and to relate them in complex ways. The central idea is to identify a phenomenon and refer the phenomenon to events or incidents (causal conditions) that lead to its occurrence. The focus is further to study the context of that phenomenon and intervening conditions, the broader structural context pertaining to that phenomenon. In grounded theory the action/interactional strategies and processual nature are central. And finally, action and interaction have certain consequences. (111) In Study II, social assistance recipients with chronic illness were studied in the Swedish welfare context. The focus was on how interviewees responded to their situation and which strategies they had to handle their situation. The focus was further on, how interviewees described the possible ways out of social assistance recipiency. The core category (111) captured the constructed categories and subcategories.

In Study III narrative inquiry guided our analysis. Interviews were handled as narratives, stories which were lived and experienced. In narrative inquiry the research interview is seen as a social encounter, a conversation between two participants (112-114) around a specific topic and led by the researcher. In the interview meaning is shaped. We organised the 13 interviews one by one into story lines (112) arranging life events chronologically and services/support which interviewees had received from the society. We specifically looked for turning points in stories where the told story took a new direction. In this way we identified life course stages in the stories (115).

After that we analysed the interviews thematically based on their content (114), focusing the "agency" in the stories, how interviewees managed, reflected and acted in their situation, and possible ways out of it. We also studied how health and social services helped or made things worse for the interviewees. Finally, the story lines, life course stages and "agency" were studied together, writing case narratives, retelling the stories (112). Three dimensions following the literature on narrative analysis were central in our final analysis, the temporal dimension (the past, present and the future of the stories), the interaction between the personal and social dimensions, and that stories occurred in specific places and contexts (112, 114). The analysis was case centered (114), we mainly analysed each case separately, instead of analysing segments of data.

4.3.2 Interviews with social workers – Study IV

In Study IV interviews with social workers were analysed by their content in line with Graneheim and Lundman (116). The data were considered suitable for latent analysis of the content, which involves an interpretation of the underlying meaning of the text. Transcripts were first read through several times to obtain an overview. Open coding was performed after that, line by line. A number of content areas (116) were constructed. One of the content areas "values and norms" was selected as a subject, unit of analysis, for further analysis in this study. All sequences within this content area were brought into one document.

The content area selected for analysis concerned traditions and values guiding the social work practice or sequences in interviews where values among clients were discussed or where frustration concerning different normative values and expectations were in focus. Text about social workers´ frustration linked to the organisation they worked in was one example.

The combined document was then read through several times. Subcategories and categories were developed in repeated discussions with the research team. Finally, one main theme was constructed and captured all categories and subcategories developed in the analysis.

4.4 TRUSTWORTHINESS IN QUALITATIVE STUDIES

In qualitative studies, including studies based on in-depth interviews, questions arise about the "truths" in stories told by the participants and the analysis made by the researcher (114). The discussion reflected here focuses on trustworthiness in qualitative studies. Dahlgren, Emmelin and Winkvist (117) discuss four aspects of trustworthiness: credibility, transferability, dependability and confirmability.

By *credibility* they refer to the ability of the study to capture what it was aimed to study, to multiple realities, and how well the reality of the participants is reconstructed. In qualitative studies strategies to increase credibility include for example prolonged engagement, peer-debriefing, negative case analysis and member checks (117). According to Corbin and Strauss (109) credibility "*indicates that findings are trustworthy and believable in that they reflect participants´, researchers´, and readers´ experiences with a phenomenon but at the same time the explanation is only one of many possible "plausible" interpretations possible from data.",* page 302.

Credibility is also discussed by Graneheim and Lundman in the context of qualitative content analysis (116). They state that the first major question arises when deciding on the focus of the study, selecting the participants and approach to gather the data. Choosing participants with varying experiences increases the possibilities to highlight the research questions from varying aspects. In content analysis the central issue is to select the most suitable meaning unit for analysis and to illustrate in presentation how meaning units and abstractions are made. Credibility is also about how well categories and themes cover data and that relevant data has not been excluded from the analysis, and how to judge the differences and similarities between categories. Ways to increase

credibility includes presenting illustrations from the data and to discuss emerging categorisation with other researchers and participants. (116)

Transferability concerns how applicable the findings are to other contexts. The purpose is to make analytical generalisations based on few cases and their in-depth analysis. Each case is selected with the purpose of contributing to the theory which is developed. (117) According to Graneheim and Lundman it is the readers´ decision to judge whether or not the findings are transferable to another context based on the description of the context, sample and its selection, and the data analysis (116). The goal is to construct a rich presentation with illustrations/quotations to enhance transferability (116).

Dependability refers to the researcher's ability to account for the changing conditions of the studied phenomena and how the research process has been carried out (117). Graneheim and Lundholm suggest that this issue can be reflected in an open dialogue within the research team (116).

Confirmability concerns how well the conclusions drawn are grounded in the studied data (117).

When conducting our studies with social assistance recipients and social workers we tried to take note of issues related to trustworthiness as described above. The aim was to recruit a heterogeneous sample of social assistance recipients and social workers to explore variation in experiences. Data sampling and analysis process were documented in notes to be able later on to describe the research process in detail. In the analysis in all four studies negative cases have been included. In frequent discussions during the analysis process, the research team developed the categorisation of the data, how to label the categories and reflected on differences between categories. In the presentation of the findings in all four studies illustrations have been used (quotations and examples of cases) to make it possible for the readers to see examples of the data on which conclusions have been based.

Riessman further develops the trustworthiness in narrative research and discusses especially the coherence of narratives and the researchers´ interpretations of them; how the life story hangs together, how the theoretical arguments are linked to the findings, and if there are inconsistencies (114). In narratives connections are made between personal narratives and social and political contexts and sometimes coexistent realities are analysed instead of focusing on factuality and coherence in individuals´ stories. Riessman highlights the importance of reflexivity, critical self-awareness, careful documenting of the process of collecting and analysing the data, and the impact of critical discussions made along the research process (114).

In Study IV we had the agency-perspective in our analysis and findings were further interpreted from a resilience-perspective. We also tried to describe in detail how the analysis was conducted and provided examples in the presentation of the rewritten cases.

4.5 ETHICAL CONSIDERATIONS

According to the Regional Ethical Board in Stockholm, section 5, the studies presented in the thesis did not require ethical approval under local guidelines (dnr 04-609/5). Ethical considerations, however, are important throughout the study process. The sampling procedure was done in co-operation with the authorities in the study sites who also helped us to come into contact with social assistance recipients through other activities organised by social services. Informed consent has been received both by social services within study sites, social workers as well as social assistance recipients before the interviews.

In information letters to both social workers and social assistance recipients the aim of the study, methods used and the way studies were planned to be reported have been described (Appendix 1 and 2). During the writing process we have tried to guarantee the integrity of the individuals and study sites participated in the studies. The gathered materials were analysed from different angels in four articles to illustrate data in a broad manner aiming to reach rigor in the analysis and presentation.

Interviews were carried out by AM who has experience of interviews both with professionals and with people in adversity. It is important in the interview situation to be sensitive to the topics emerging and when needed lead the discussion back to relevant issues for the interview. It is also important to reflect the aim of the study and interviewees' right to withdraw at any time. Interviewees were able to contact the research-team and the interviewer if they wanted later on.

When the integrity was guaranteed for those participating in the studies, we saw that interviewees, both social workers and recipients of social assistance could benefit indirectly from participation. The studies aim to increase the knowledge and understanding about social assistance recipiency, about its consequences for health and well-being and the difficulties social workers face in providing services to their clients, which may be valuable in planning and developing the services in the future.

5 RESULTS

The results of the studies are presented according to the four research questions (Figure 1).

5.1 CONSEQUENCES FOR HEALTH AND WELL-BEING OF LONG TERM SOCIAL ASSISTANCE RECIPIENCY

The first research question was about the consequences for well-being of living long term on social assistance. This question was in focus mainly in Study I and to some extent in Study II and III.

Study I aimed to explore experiences of living long term on social assistance and included 33 interviews with social assistance recipients in Stockholm County. Two interrelated themes were identified in the analysis and concerned consequences of social assistance recipiency: material aspects and psychosocial aspects. Pathways to social assistance as discussed by the interviewees were also presented in the article.

Interviewees gave four types of explanations as to why they lived on social assistance. These explanations also influenced how interviewees explained and perceived the consequences of social assistance recipiency. Two of these explanations, labour market exclusion and discrimination, were described as beyond their control as individuals, but had fundamental influence on their lives. Ill-health was found to be a third pathway to social assistance, especially in combination with immigrant background and a higher age. Ill-health was sometimes explained as a consequence of a social situation or an occurrence (fourth pathway) such as a traumatic life event. In these kinds of situations it was impossible to function as 'normal' and work full-time, they needed helped from the society.

Material aspects: It was described as possible to manage to live on social assistance for a shorter period of time. The benefit was sufficient to cover food, rent and other necessities, but allowed for nothing extra. When interviewees had to rely on social assistance for a long time, difficulties with money were unavoidable. There were times when they for example had to buy things to the household, clothes or visit the dentist which caused extra strain. In the long run, especially interviewees with children desired to have a holiday or let their children participate in leisure time activities. These things were out of their reach being social assistance recipients. Interviewees described a high pressure and stress every month to manage the household finances. In interviews, the social consequences of having limited money were described. They lived more isolated as social assistance recipients than they would do if they had more money.

Psychosocial consequences of living on social assistance among interviewees included feelings of powerlessness, exclusion, hopelessness, shame and stigma. Perceptions of powerlessness, hopelessness and dependency on authorities were common and had the most damaging consequences for the interviewees´ perceived well-being. It was

discussed that society at large has negative perceptions of people living on social assistance; it was therefore something to be ashamed of but at the same time it was their only possible source of income. From the interviews it was evident that getting money from 'insurance' sources such as unemployment benefit or sickness benefit was perceived differently from means-tested benefits such as social assistance. It was considered more dignified and not as stigmatising to live on insurance benefits, that was something everybody during their life time had to do on some occasion. The loss of independence and the experience of being disrespected was damaging to the interviewees' self-image. This underlines the importance of the quality in services, the way in which health and social services are delivered and how successful services are in supporting recipients to find ways out of their situation.

In Study II interviewees who reported chronic illness (17 interviewees) and in Study III those who reported long lasting difficulties and adversity and contacts with health and social services (13 interviewees) were in focus. Both of the studies related to the consequences of long-term social assistance recipiency to well-being. In Study II the consequences for well-being were explained through interviewees´ interaction with health and social services and how they as clients and patients were being treated, in combination with what kind of support was available through the welfare system. The neighbourhood environment and the quality of social networks as well as job opportunities in society were other important factors influencing the well-being of the interviewees.

In Study III the consequences of long lasting adversity concerned limited possibilities of the interviewees to make choices in their lives. Core problems like learning difficulties or mental health problems which were not properly resolved and treated added to the interviewees´ difficulties in finding ways out of adversity and further influenced how they perceived their opportunities and obstacles.

Consequences of long-term social assistance recipiency in our studies concerned both material and psychosocial aspects. Benefit levels, access to and quality of services as well as the overall construct of the welfare system together with quality of the neighbourhood and social networks influenced the level of well-being. Social assistance was regarded as a last resort, in interviewees´ current life situation the only possible income. One of the consequences of social assistance recipiency was increased isolation, and in the long run feelings of hopelessness and not finding a way out, especially among those interviewees who lived in adversity and insecurity for years.

5.2 RESPONSES TO SOCIAL ASSISTANCE RECIPIENCY

The second research question regarded how social assistance recipients responded to the experience of living on social assistance. This question was explored especially in Study II and III.

In Study II different strategies employed by social assistance recipients were identified as ways in which individuals managed their situation and maintained or improved their well-being. Living one day at a time was one of the interviewees´ responses to difficult

circumstances, not thinking so much about the future but focusing on the present. To live on social assistance was a strain; being ill at the same time increased the vulnerability. *To live one day at a time* was a way to decrease the stress from the economic, social and health situation. This strategy included two subcategories: 'uncertainty and shame with social assistance', and 'between hope and despair'.

Uncertainty in interviews referred to stress in everyday life about the household finances and their life situation. Interviewees did not know exactly when they would receive the benefit. Especially at the end of the month the worry increased, regarding the bills for the next month and how they would manage the last few days before the payment. Interviewees expressed shame over living on social assistance, even if it was not "their fault"; they were unable to work because of poor health, the labour market situation or family problems. Several interviewees reported that they avoided answering if someone asked what they do for a living. Some of the interviewees were hopeful and saw chances to reach better health and further to find a job someday. Several, especially those in their 50s and older, were more hesitant. They expressed a frustration over their "hopeless" situation and could not imagine how they would solve their economic problems in the future either.

The second strategy found in interviews, *two steps forwards, one step backwards*, illuminated the process of being ill when living on social assistance and trying to find solutions to difficulties with health, money and the social situation. This strategy included two subcategories; 'the process of change' and 'finding meaning/giving up'. The process of change concerned in interviewees´ accounts small steps forwards in everyday life such as managing everyday routines like cooking and shopping and handling new obstacles on the way. In most cases the process included both steps forwards and backwards, thus taking time. If interviewees found meaning in their life, this helped in adversity. Children and social contacts, feeling relatively well despite health- and other problems, and having interests in life were examples of things making the situation better. There were, however, some interviewees who perceived the obstacles as too great and were in a process of giving up. Addiction in the family, family violence, uncertainty or social isolation added to the feeling of hopelessness.

In Study III some differing strategies were described among those who lived in long lasting adversity. One way to manage to go on in adverse circumstances was to focus on children´s and family´s well-being and put own needs aside. Another strategy found in interviews concerned searching for balance in life, especially among those who reported mental ill-health, finding a way to deal with both negative and positive things in life, and to reach a better well-being. Those who reported addiction or criminality and struggled to "start a new life" focused day by day on staying away from drugs/alcohol and criminality, to find and keep a flat and try to create a new social life.

Responses found in our studies concerned interviewees´ strategies to deal with long lasting difficulties. The time perspective was described as short; interviewees did not plan for the future because the future was insecure. The process of change was explained as stepwise taking time, but sometimes things could change rapidly. Interviewees were a heterogeneous sample and their life situations and obstacles varied. Common among interviewees was that they all were in need of help from the society.

5.3 WAYS OUT OF SOCIAL ASSISTANCE RECIPIENCY

The third research question regarded the possible ways out of social assistance recipiency and how the obstacles to find ways out were described. These were discussed in Study II and III.

In Study II escape routes out of adversity concerned external support which interviewees with chronic illness perceived as necessary for them in finding ways out of social assistance. Some saw a job or labour market practice as the best possible solution. Others perceived that a good contact with a doctor or a social worker could open up access to help and support which they otherwise would be missing. For several getting a diagnosis would help them to better manage their health problems and perhaps also help them to get proper treatment and support. For some benefits like sickness benefit was seen as "a possible alternative", a better solution when the situation seemed to be long lasting. Without professionals who recognised them as individuals, it was perceived as almost impossible to find these ways out, the obstacles to getting out of social assistance were too great for them to manage by themselves.

In Study III interviewees tried to find ways out of their situation at critical moments in their life, in adverse, acute situations, where their well-being was threatened and they sought help from the authorities. Getting help quickly in these situations was appreciated. Their life stood at a crossroad, and could take different directions depending on the support they accessed. Narratives of the thirteen individuals showed that attempts to find ways out of adversity with jobs or education mostly failed; being outside the labour market and education for years combined with short education and other obstacles to work full-time limited the possibilities to find a job or stay in education. For many better mastering and functioning in everyday life was necessary before taking "bigger steps" like a job or education.

Ways out of social assistance in interviews were related to help from the society and professionals. Employment and education were common aspirations, but the obstacles for many were too high to reach their goal; they were in need of help along the way. For several, other benefits like unemployment benefit or sickness benefit were reported as "a better alternative". Sickness benefit or unemployment benefit would enable access to rehabilitation and labour market activities; as social assistance recipients they were referred to services organised by social services and could not always access the rehabilitation they needed. To be recognised as individuals and get help and support based on their individual needs over a longer period of time were found in interviews as key aspects in support and interventions to those with long-term needs.

5.4 DILEMMAS IN PROVIDING RESILIENCE-ENHANCING SOCIAL SERVICES

The fourth research question concerned the dilemmas involved in providing resilience-enhancing social services to long-term recipients. This question was in focus in Study IV.

Dilemmas found in this study were related to social workers in interaction with their clients and the societal context in which they operated. Social workers balanced in their role between supporting clients and making demands on them as an authority. This dual role was stated as fundamental and sometimes also difficult to handle, especially for those who were new in their profession. Social workers shared their time between administration of social assistance and helping their clients. Especially when the caseload was heavy, the administration took more time. Interviewees wished to work "with real social work", to support people to change their lives. Some social workers with long experience of social assistance work explained that they tried to use their role as an authority as an instrument to push their clients to change. The importance of treating clients as individuals instead of seeing them as "categories" was highlighted. Building trust with clients was explained to take time, but as necessary when working with clients with long-term difficulties and needs.

The societal context including the overall construct of the welfare system, benefit levels and traditions and practices guiding the cooperation between different public agencies like social services, health care services and social insurance influenced the daily practice of social workers. Social workers described that those working with social assistance were often seen as "bad guys" by other professionals, who had difficulties to understand the rules and demands they as administrators of social assistance had towards their clients. As social assistance administrators they had to put responsibility on clients, instead of helping them "too much". More understanding for each other's roles and organisational contexts were requested. According to the interviewees benefit levels in society influenced the level of poverty and well-being especially among long-term clients and their families. Interviewees were particularly concerned about the children living long term on low income and the long-term consequences of increasing income inequalities and segregation. Interviewees explained that the major goal in their work was to find ways out of social assistance for their clients. If that was not possible, their goal was to try to find other solutions to clients´ maintenance problems and increase their quality of life, for example trying to decrease isolation among those with long-lasting difficulties.

6 DISCUSSION

This thesis highlighted experiences of individuals living long term on social assistance and dilemmas of providing services to this group. The concept of resilience formed the main theoretical perspective in this thesis. Resilience is a two-dimensional construct including successful functioning, but also exposure to adversity and risks. Therefore, social exclusion was included as the other theoretical perspective. Exclusionary processes and strengthening features were discussed in the conducted studies. These processes and features in mutual interaction influenced the perceptions of the life-world of the interviewees with social assistance and how social workers perceived their possibilities to support their clients.

6.1 THE INTERPLAY BETWEEN SOCIAL EXCLUSIONARY AND RESILIENCE ENHANCING PROCESSES

Resilience was linked to social exclusionary processes in the lives of the interviewees with social assistance in the conducted studies. As mentioned earlier, poverty has increased among social assistance recipients in Sweden, as well as the duration of the recipiency (1, 2). Poverty and social exclusion are related to each other, and both are multidimensional. A person might be excluded in some and included in other aspects. For example exclusion from the labour market may lead to low income and economic stress, and sometimes also to social isolation as a consequence of low income (40). This is in line with the reasoning of Sen who states that social exclusion limiting the opportunities can be a part of capability deprivation (30). The same individual, can however, at the same time report good quality for example in his/her social relations (40).

These features also emerged in our studies; social workers and interviewees with social assistance reported both obstacles which contributed to the perception of the life in adversity as more difficult (exclusionary processes) and features enhancing the well-being and functioning in adverse circumstances (inclusionary or resilience enhancing processes). Services as well as overall societal structures and the social environment might influence social assistance recipients in both directions; towards inclusion or further exclusion.

In our studies resilience was about positive functioning in adverse situations and resilience was understood as a process which was developed in interaction with others, like “the ordinary magic”, in line with Masten et al. (71). Resilience is relative (118); in one context a certain way to act may be an example of resilience, whereas in another context it is not.

6.2 EXPERIENCES OF LIVING LONG TERM ON SOCIAL ASSISTANCE

6.2.1 Material aspects

Both in interviews with individuals with social assistance and social workers, to live on social assistance for many years was regarded as a struggle. The benefit was sufficient to cover the basic necessities, but did not allow for anything extra like dental care, new furniture or to going to a restaurant. Such expenses resulted in the need to save on basic necessities like food in line with findings of Hjort (106). Hjort further found that with limited money prioritising in consumption was an everyday reality, sometimes the choices were between paying the bills and buying winter clothes for the children (106).

In Study I-III especially families with children discussed their worries over household finances every month. Particularly mothers seemed to prioritise their children's needs and desires and at the same time had constant concern perceiving that they could not provide for their children in a way that other families had, for example leisure-time activities or vacations. This illustrates the relativity of poverty (27, 31) in a welfare state like Sweden, and the hidden female poverty (27, 107). Women often sacrifice their own needs on behalf of the other family members when they live on scarce resources. The feminisation of poverty (27) has been recognised in international research literature focusing on women´s greater risk of poverty in many countries.

6.2.2 Psychosocial aspects

In our studies being dependent and having to declare personal things to social workers were perceived as the most difficult aspects of living on social assistance, combined with the feeling of being controlled and losing autonomy. This is in line with other studies in the field (12, 13, 105, 119). These psychosocial aspects may also to lead to adverse health consequences for the individuals and their families (13, 18, 27, 107).

6.2.3 Accumulation of adversity

Difficulties tended to accumulate over time in the stories of interviewees with social assistance. Accumulation of social exclusion and adversity has been studied in the life course research illustrating the interplay in individuals´ social biographies and their health (51, 120). In this thesis accumulation of adversity was in focus especially in Study III among the interviewees who had lived on social assistance for years, with examples of vulnerability and lifelong difficulties, regarding the social situation, health and household finances which were interwoven to complex difficulties in everyday life. In some cases the exclusionary processes stemming from for example mental ill-health and learning difficulties from childhood had accumulated over the years. As young adults or middle-aged persons they still had not resolved or received adequate help for their "core problems", but struggled to go on, making attempts to find ways out of these difficulties. In several cases violence at home and addiction (own or in the family) added to the problems. Given their obstacles, it seemed to be difficult for them to find ways out by themselves.

6.2.4 Resilience in long lasting adversity

In our studies resilience was about managing long lasting adverse conditions and resisting downwards trajectory. Children gave strength especially for women who seemed to take the main responsibility for the children in our studies. For several mothers labour market participation was problematic because of their caring responsibilities combined with an adverse social context. Several mothers told about violence at home and addiction in their family which added to their own difficulties to function in education, labour market and activities from social services. These mothers tended to choose to prioritise their children instead of working outside the home, which in turn was perceived as "problematic" among social workers, against the expectation of women´s labour market participation. This is an example of the gender issues which Nybom in her study stated should be recognised especially in activation of the recipients (89). The ideology and implementation of policies in practice might differ, sometimes due to lack of adequacy of the activities to people in different life situations. Our interviews with those living in adversity highlighted that the family environment in childhood as well as in adult life heavily influenced the well-being of the interviewees.

Interviewees with social assistance, especially those with addiction problems (both men and women), stated that their major concern was their lack of social contacts with people who were not addicts. To create a social life after heavy addiction was a challenge which takes time. For those with mental health problems (in our studies mainly women) finding a balance in their life was a step towards harmony and mastering. From a resilience-perspective promoting social contacts and participation as well as health promoting/strengthening interventions (including both labour market practice and support in strengthening self-esteem) to these groups might be beneficial.

6.3 IN CONTACT WITH SERVICES – AGENCY AND THE NEED OF HELP

Welfare clients are often described as passive recipients of services (121) instead of active actors. Our interviews with individuals with social assistance showed that they were not passive in their lives. Life in adversity was a struggle where daily routines and everyday tasks sometimes were challenges taking much energy and efforts. Interviewees described many life events for example concerning children and partners, employment status, and their health, which resulted in changes in their lives and sometimes also to contact with different authorities. Being in contact with several public agencies could be time-consuming in itself, requiring persistence.

6.3.1 Fragmentation of services

Fragmentation of services was discussed in both interviews with individuals with social assistance and social workers. It was described that social services helped with money and family/social problems, health care services took care of illness and the unemployment office dealt with the labour market issues. However, help-seeking individuals often had problems in several of these areas, leading to contacts with several public agencies which did not always co-operate. Examples were described

both by social workers and interviewees with social assistance where clients/claimants/recipients were falling between the stools or balancing between demands from different public agencies.

The contact with several authorities was aggravated as those living in adversity easily gave up when something unexpected happened in their social or health situation. The lack of co-operation between different authorities has long been an issue in research (10). There is, however, limited knowledge on the effects of such co-operation on clients´ well-being (122).

6.3.2 Searching for help

To get help quickly was highly valued by the interviewees with social assistance, especially in "critical moments in life" when they contacted authorities and public agencies hoping to get help in their situation. Resilience in these critical moments was about the strength to take contact with authorities. Ungar found in his studies among children and youth in adversity that children first navigated their way to health resources and then negotiated with service providers in order to receive the health resources that fitted best for them, which he defined as an example of resilience (118). The agency of the individuals in adversity, their actions and persistence could be recognised to a greater extent and their opportunities to participate in decisions influencing their lives is an area to be further developed.

Authorities played a crucial role in the lives of the interviewees´ with social assistance in Studies I-III, who were depending on authorities for their subsistence. In some cases representatives of authorities seemed to be the only persons with whom they had regular contact. To have had someone to guide in contacts with public agencies in order to access support and services would probably have been helpful for the help-seeking individuals based on the findings of the interviews with the recipients.

6.3.3 The need of early interventions and adequate, long-term help

Social assistance recipients in Sweden are a heterogeneous group of people with differing obstacles. Social assistance has to great extent become a last resort for certain groups in a marginal position on the labour market such as young adults and immigrants together with lone mothers, many with immigrant background as well (12, 32). Both structural and individual reasons for recipiency have been put forward in the research literature (1, 12).

In activation programs which are important in Swedish welfare policy (as in many other countries), the emphasis is often, however, on the individual characteristics of the recipient (32, 88), often with moral underpinnings. In Levitas´ categorisation especially SID (the focus on the labour market) and to some extent MUD (focus on moral aspects) seem to dominate (41). Deeper knowledge of the adequacy and effects of the activation programs to different groups has been called for in research (32, 88, 89, 91). Labour market training and practice which could lead to more long-term employment, also part-time, were requested.

In interviews with individuals with social assistance attempts were described in finding ways out of adversity which often failed. Their wishes were not always in line with those of social workers and services. Examples of both trust and mistrust in relation to social (and health) services were described. It was expressed that they as clients wished to be heard as individuals, and to get in contact with their social worker if they had a need for it. To have continuity in contacts with social workers was also considered as crucial when the need for the benefit continued for several years. More comprehensive and long-term support was therefore required. This is in line with earlier research suggesting individually tailored, well- resourced (91) and comprehensive (10) support and services to groups on the margins of the labour market.

Early interventions to "core problems" like mental ill-health and learning difficulties would have been helpful. Early interventions to children and youth with for example these kinds of difficulties would enhance their well-being and self-esteem and increase opportunities later in life. The WHO Commission on Social Determinants of Health proposes equity from the start, investments in the early years in children´s lives, which provides a great potential to reduce health inequalities (26). The quality of social institutions like day care and school and social and health services is especially important in disadvantaged neighbourhoods where many families live in poverty and with social assistance. Investments in these sectors might increase children´s opportunities to go to further education and promote their later health development.

6.4 THE IMPORTANCE OF ORGANISATION AND OVERALL SOCIETAL CONTEXT

In Study IV social workers explained that they often try to find individual solutions to structural problems. They might manage to find a solution for some clients but many more were in need of individual solutions to the same kind of problems. Discussions in society concerning poverty and marginalisation were seen as important. As some social workers noticed, social services alone were not able to solve the problems with poverty and social exclusion. They, as social workers, worked with individuals whose problems had not been resolved by other agencies. Their task was demanding, and they needed support from the overall welfare system and other agencies in contact with the same clients and client groups.

To build trust with the long-term clients in social services is a cornerstone in the relation between social workers and their clients (103). Interviewed social workers explained that families and individuals who have many negative experiences and years of failures behind them often are suspicious in contacts with social services. Traumatic life events, experiences of violence and addiction add to the complexity as well as the refugee background of many recipients. To inform about their role and the overall system of social assistance were some important tasks in their communication with clients. To have access to different kinds of activities with good quality would help in this process.

Social workers wished to have time to work "socially" with each client including their families, but under a heavy case-load categorisation of clients to certain activities

dominated. Social services are in its formation administrative and controlling, as noticed in research (98), including relational and treating aspects. Clients are in a process formed to fit the administrative categories of the organisation (102). The level of public trust in social services influences the perceptions not only among help-seekers, but also among social workers. Jessen found in her study in Norway that social workers had a split view of themselves. They perceived themselves positively with regards to their involvement in their work, but also saw themselves through the eyes of the public (103). Interviewed social workers in Study IV discussed particularly two issues: the low status of their work within the social work arena and the shame and frustration individuals in many cases showed when applying for social assistance, not being able to provide for themselves and thus breaking a societal norm.

In Study IV the social assistance units were described as oriented towards development and actively working with new methods in two (of three) multicultural neighbourhoods. The concentration of groups in marginal positions in society in certain neighbourhoods, not least in metropolitan areas, is a present issue and needs to be further investigated. For example poverty among children (16) has increased in Sweden during recent years. The decrease in child poverty in Botkyrka municipality in Stockholm County described in the background section indicates that it is possible to act towards equality in living conditions but this requires active and strategic work. Salonen emphasises, that it is difficult to estimate to which extent the decrease is due to the actions of the municipality in Botkyrka´s case, but probably these are part of the explanation (16). Strategic and long-term work at local level might therefore serve as an example of resilience enhancing actions aiming at strengthening children and their families in poverty by increasing their well-being and inclusion in society.

The composition of social assistance recipients in Sweden has changed during the 20th century from older persons to younger persons of working age. From the 1980s and onward a common feature among social assistance recipients has been their marginal position on the labour market. Young adults, lone mothers and immigrants are such of groups. (12) According to Marmot health inequalities result from social inequalities (8). Only focusing the most disadvantaged will not in Marmot´s view reduce health inequalities sufficiently, therefore universal actions are required but proportionate to the level of disadvantage (8).

Based on the findings of this study, providing social services to facilitate ways out of the recipiency and strengthening clients on the way requires co-operation between different agencies, supportive work environment with stability and strategies to work actively with clients individually, and not least overall societal structures which minimise families who are in need of social assistance. The size of the group of people receiving social assistance partly reflects the development on the labour market and social and health insurance systems in the prevailing welfare state. A more inclusive labour market and more generous social and health insurance systems tend to reduce the number of people resorting to social assistance for their subsistence (15).

Humane, individual treatment by professionals and quick efforts for those seeking help were requested. Generally, reasonable benefit levels and access to adequate support which should be long-term would facilitate the processes enhancing resilience. In a

long run these positive, strengthening processes would help the transitions into employment and education based on the conducted studies with the individuals with social assistance. These findings are in line with our earlier studies on resilience among families living in poverty in Britain (5, 6).

6.5 REFLECTIONS ON DIFFERENCES AND SIMILARITIES IN THE FINDINGS FROM THE INTERVIEWS WITH INDIVIDUALS WITH SOCIAL ASSISTANCE AND SOCIAL WORKERS

The four conducted studies were based on data from interviews with both social workers and individuals with social assistance in the same neighbourhoods. Three issues common to both groups emerged as essential during the analysis. The first issue concerned how social assistance was understood in the interviews. Both social workers and recipients reported that social assistance is meant to be and should be a temporary solution. Social workers as well as recipients shared an understanding that only few wanted to live on social assistance long term. Social assistance was mostly described with concepts with negative associations like shame, stigma and humiliation. The loss of autonomy, dependency on authorities and scarce income were associated with the benefit by both social workers and those who received it. At the same time, however, both social workers and social assistance recipients shared an understanding that many times structural reasons or reasons beyond the reach of the individual, lay behind the need to apply for social assistance.

Secondly, what differed most in stories of individuals with social assistance and social workers concerned activation of the recipients. Social workers discussed activation in principle as something positive aiming at to push clients into an independent life. In the view of social workers, making demands on clients was to respect clients' capability of doing things. Interviewees with social assistance reported that their desire was to get a job or a better income, but that activation did not seem to lead to that. Sometimes suitable activation could help on the way to better health and functioning after for example illness and addiction. Work-practice with time-limits was seen as positive by several interviewees with social assistance, especially if there was a real chance that the practice could lead to further employment. Activation with poor quality was perceived by many interviewees with social assistance as not helpful, and even sometimes as humiliating. They stated that they could use their time better especially when they had children to take care of.

The third central issue in the interviews concerned the ways out of social assistance recipiency. For interviewees with social assistance a good contact with professionals like social workers or getting a medical diagnosis to their health problems were indicated as possible facilitating factors to escape social assistance. Social workers discussed other benefits like sickness benefit or pension as a better alternative compared to social assistance which is also in line with the accounts of social assistance recipients. The most discussed and preferred alternative mentioned was employment. Both social workers and interviewees with social assistance talked about the need of part-time work and possibilities to work with reduced working capacity. Educational

up-grading was aspired in several social assistance recipients´ stories but discussed with some hesitation in social workers´ accounts. In social workers' view particularly families with children were in need of income. Therefore, even if education might be a good solution in the long run, some social workers saw it as a problematic solution for many families living on social assistance.

6.6 METHODOLOGICAL CONSIDERATIONS – STRENGTHS AND LIMITATIONS OF THE CONDUCTED STUDIES

All studies in this thesis were qualitative and were based on interview material (and additional observations) gathered in Stockholm County 2005-2006. The focus has been on understanding and exploring the phenomena under study based on in-depth analysis of a sample of cases. Based on qualitative material, the conducted studies do not tell us about how common the phenomena that emerged from the material are, for example how many of the long-term recipients have learning difficulties, or how usual violence in the home is.

The interviews were conducted once with each interviewee. To interview each person two or more times would have given possibility to reflect our preliminary findings with the interviewees and to offer a possibility to receive additional knowledge on details in the earlier conducted interviews. However, in practice, for many interviewees living in adversity it was difficult to participate in an interview because of their social and/or health situation. It may be considered a strength that all interviews were conducted by the same person.

A maximum variation sample was conducted with individuals currently receiving social assistance in different ages and with varying obstacles, which means that variation in experiences was searched for among social assistance recipients. Some of the interviewees with social assistance were recruited by social workers and some by the researcher. In recruiting it was expressed that the purpose was to recruit a heterogeneous sample with differing experiences. There seemed not to be a selection among the interviewees based on the differing recruitment processes; both recruitment processes resulted in differing experiences among the interviewees, both negative and positive concerning their contacts with social (and health) services.

In Study II those who reported chronic illness were studied, but because of the characteristic of the sample chronic illness as such among the interviewees was not in focus. The focus was on experiences of long-term recipiency of social assistance among those who reported chronic illness. If experiences of chronic illness had been the core issue, a different sample should have been gathered with recipients who reported for example mental illness or pain (homogeneity in this aspect). The overall purpose was to explore experiences among different groups of recipients and possible shared experiences among different groups; these are reported in Study I and II and in Study IV with social workers.

In Study I-III the same sample has been used; the interview material based on individuals with social assistance. In Study I all these interviews were analysed; in

Study II only those who reported chronic illness and in Study III those who reported adverse, long-lasting difficulties. Some individuals belonged to both of the groups in Study I and II, and were therefore included in both these studies. Study I-III in this way belong together and the findings reflect the sample gathered among the recipients. Analysing the interview material in three different studies provided the researcher a possibility to take different perspectives on the same material. Through these three analyses the purpose was to gain a richer insight of this interview material with individuals living in adversity.

In this thesis gender and ethnicity aspects were only briefly mentioned. Both aspects are central issues among social assistance recipients but also among social workers, and could have been studied more in-depth. Interesting questions to study could have been for example: what are the expectations towards men and women as social assistance recipients? Is there variation in expectations from the social services concerning different ethnic groups/ages/how long they have lived in Sweden? What are the expectations towards social services among different social assistance recipients (young/older/different ethnic groups/men and women)?

Observations were conducted particularly in one of the study sites. Observations were of importance to reach a better understanding of the context of the social work in the study sites. Observations were not analysed as such in studies presented in this thesis. It would have been possible to use them to a greater extent in some of the presented articles.

Some of the research team have continued contacts with social services in some of the study sites in related studies. This offered an opportunity to reflect on the findings of the conducted studies and to follow the development in these areas. It was not possible to conduct a member check as such with social assistance recipients, which would have been valuable in Studies I-III.

Different methods of analysis (grounded theory, content analysis and narrative methods) have been used in analysing the data. That offered an opportunity to explore the data from different angles, which has been instructive. To include interviews both from the recipients of social assistance and the social workers providing it in the same study sites increased the understanding of the phenomena under study and also provided an opportunity to compare similarities and differences in findings among these two groups. The analytic methods which were employed were judged to be suitable to the aims of the studies.

In the research team consisting of four persons with different backgrounds (medicine, social sciences, public health, nursing), we had opportunities to reflect our sometimes similar and sometimes different views on the topic under study. Particularly in the analysis and writing process it was a strength that several persons reflected on the structure of the analysis and the text under study. The conducted studies were part of a comparative project between Britain and Sweden. These two welfare contexts were not compared in this thesis, but the knowledge gained in the comparative project however influenced the discussions and understanding of the studied phenomena in this thesis.

7 CONCLUSIONS

Resilience in the interviews with individuals, who had long term lived on social assistance, was about keeping going, managing and persisting in adversity. To function well in spite of difficulties was enabled if there was support and access to facilitative settings including interventions with good quality and professionals who had time to meet and listen to them as individuals. The interviewees were dependent on social assistance for their subsistence, which meant that the level of the benefit directly influenced their standard of living.

Social workers wished to have time to work with each recipient individually. Co-operation with different public agencies, the overall construction of the benefit system, labour market opportunities for different groups and interventions with good quality were crucial in their view. Development in each of these areas combined with strategic social work would enhance the positive functioning among social assistance recipients. In this way many recipients would find ways out of social assistance, find other solutions, or they would not have to apply for the benefit in the first place.

The findings presented from the studies in this thesis regarding experiences of living on social assistance are much in line with studies conducted earlier in the field. In his thesis based on studies among social assistance recipients in Stockholm, Inghe already in 1960 highlighted the importance of early and adequate interventions, time for each client as well as individual treatment of each help-seeker, and the need for better co-operation between different public agencies (10). In spite of the considerable societal efforts since the 1960s aiming to improve equality in living conditions among the population and among those in marginal positions, Inghe's findings are still highly relevant. In the present Swedish society an increased duration of social assistance recipiency over the last decades and reduced values of means-tested benefits have been acknowledged and emphasises the need to further develop structural strategies to prevent poverty and social exclusion. Individually tailored, targeted actions should therefore be combined with structural ones to prevent social exclusion and poverty among groups in marginal positions in the society and among the population in general.

8 IMPLICATIONS FOR FUTURE STUDIES

Several questions have been raised along the way of writing this thesis. Both structural and individual explanations have been given as causes of social assistance recipiency. More knowledge is needed about measures at the structural and individual level to decrease poverty and social exclusion in the most effective ways. Are there examples of local communities where both structural and more targeted interventions have been implemented successfully with the aim of reducing poverty and inequalities?

Recipients are a heterogeneous group of people and therefore the question arises how different activation programs function for individuals with different obstacles, which seems to be important to study further. Young adults are a group for further studies, for example regarding activation of young adults with different obstacles. What are the most adequate ways to work with younger persons for example with mental ill-health, addiction, diffuse problems or learning difficulties? Such interventions exist, but the knowledge of the effects is lacking, especially regarding gender and ethnicity aspects.

Poverty among children has increased in Sweden, often concentrated in certain areas. Deeper knowledge regarding the situation and prospects of the children in families living with social assistance for many years could tell about the needs of the children and their families as well as their strategies to manage their situation. How do they perceive their opportunities in life? What are their prospects for the future? What meaning do they give to financial resources? What are the enhancing and undermining features to their well-being and health in their social environment? Many of the children in poverty have immigrant background and are living with their mothers only. In research structural reforms through family policy, such as changes in some benefits for lone mothers have been suggested. It would be valuable to gain a deeper knowledge on how these lone mothers (especially with immigrant background) perceive their situation.

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11 APPENDICES

11.1 APPENDIX 1.

INFORMATION TO COMMUNITIES AND PROFESSIONALS

KAROLINSKA INSTITUTET
Institutionen för folkhälsovetenskap
Avdelningen för socialmedicin

Betydelsen av socialpolitik och dess praktik för hälsa och välbefinnande i hushåll med knappa ekonomiska resurser – jämförande studie Storbritannien och Sverige

Institutionen för folkhälsovetenskap vid Karolinska Institutet kommer att påbörja en studie under hösten 2004 i sex bostadsområden i Stockholms län. Projektets övergripande syfte är att studera mekanismer för sociala skillnader i hälsa i två olika välfärdsstater, Storbritannien och Sverige. Samhällets struktur och välfärdssystemens olika delar kan påverka sambandet mellan sociala och ekonomiska villkor och hälsa. Storbritannien och Sverige har många likheter i ekonomisk utveckling och genomsnittlig levnadsnivå, men också stora skillnader i fördelningspolitik och välfärdssystem. Detta påverkar människors hälsa, speciellt vissa grupper som kan vara mer sårbara och beroende av socialpolitiska insatser för sin välfärd, t ex ensamma mammor, långvarigt arbetslösa och personer med kronisk sjukdom.

Projektet grundas på policyanalys i vartdera landet med utgångspunkt i gemensamma frågeställningar. En del av projektet är inriktat på att genomföra en intervjustudie i båda länderna. Intervjuer kommer att genomföras med personer som lever med knappa ekonomiska resurser. Intervjuer genomförs också med tjänstemän som arbetar med hushåll/personer som lever med knappa ekonomiska resurser eller arbetar med frågor som berör ämnesområdet.

Bostadsområdena till studien har valts ut så att de är belägna både norra och södra delen av länet och så att både förorter och ytterområden inkluderas i studien. Även den socioekonomiska sammansättningen i områdena varierar.

Syftet är att intervjua både personer som har levt en längre tid med knappa ekonomiska resurser och personer som har en kortare erfarenhet av detta. Frågorna kommer att beröra intervjupersoners erfarenheter av hur detta påverkar deras vardagsliv, hälsa och välbefinnande. I intervjuerna diskuteras också upplevelser av att ha kontakt t ex med socialtjänsten och annan service i kommunen. Vidare kommer i intervjuerna fokuseras omständigheter som skapar glädje i livet och får dem att må bra. Intervjupersoners reflektioner kring möjliga strategier att lösa problemen med ekonomin kommer också att tas upp.

Intervjuerna med tjänstemännen handlar om tjänstemännens erfarenheter av att i sitt arbete möta individer/hushåll med knappa ekonomiska resurser och deras reflektioner om utvecklingen i detta avseende under de åren de arbetat. Vad är det som fungerar bra och vad som borde utvecklas i arbetet riktat till dessa grupper av individer är exempel på teman som tas upp. Vi kommer bl a att ta kontakt med socialtjänsten om möjligheten att genomföra några intervjuer i varje berört bostadsområde. Intervjuerna såväl med de boende som med tjänstemännen kommer att behandlas anonymt.

Studien kommer att genomgå en etisk prövning hos forskningsetikkommitté innan studien påbörjas.

Projektet sker i samarbete med forskargruppen vid Institutionen för folkhälsovetenskap, Karolinska Institutet i ledning av Bo Burström, docent och överläkare och med professor Margaret Whitehead vid Liverpools universitet och bygger vidare på tidigare gemensamma studier inom samma område. Studien avser bl a att bidra till att öka förståelsen kring betydelsen av socialpolitik och delar i välfärdsystemen som bidrar till eller motverkar ojämlikhet i hälsa samt omständigheter som stärker hälsan och välbefinnandet hos individer som lever med knappa ekonomiska resurser.

Stockholm den 8 juli 2004
Vänliga hälsningar

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11.2 APPENDIX 2.

INFORMATION TO INDIVIDUALS WITH SOCIAL ASSISTANCE

KAROLINSKA INSTITUTET
Institutionen för folkhälsovetenskap
Avdelningen för socialmedicin

2005-01-10

Stockholm

Erfarenheter av att leva med knappa ekonomiska resurser – jämförande studie mellan Storbritannien och Sverige.

Hej!

Vi genomför en studie om människors erfarenheter av att leva med knappa ekonomiska resurser, om upplevelser och tankar om hur detta påverkar hälsa och välmående. Vi är också intresserade av att studera vad som finns i livet som skapar glädje och får en att må bra. Undersökningen görs av Institutionen för folkhälsovetenskap vid Karolinska Institutet i Sverige och motsvarande institution vid Liverpools universitet i England och är en jämförande studie mellan Storbritannien och Sverige.

För att få kunskap om människors erfarenheter i Sverige kommer vi att genomföra intervjuer med personer i olika åldrar i sex bostadsområden i Stockholms län. Bostadsområdena har valts på så sätt att områden både i norra och södra delen av länet och både förorter och ytterområden är med i studien.

Intervjuerna som kommer att ta ca 1,5 timmar spelas in på band. Deltagandet i studien är frivilligt och anonymt, d v s enskilda personer kommer inte att kunna identifieras i resultatredovisningen. Studien kommer att publiceras i Socialmedicins rapportserie och vetenskapliga tidskrifter.

Du är en av dem som vi gärna vill intervjua. Vi ser fram emot att höra om dina erfarenheter och funderingar. Vi kommer att ge information om studiens genomförande, bl a tid och plats för intervjuerna när du anmält ditt intresse att delta i studien. Du kan självklart när som helst under studiens genomförande avbryta ditt deltagande utan att ange skäl till detta. Du kan också gärna kontakta oss om du har frågor eller vill ha mer information om studien.

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Vänliga hälsningar

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11.3 APPENDIX 3.

INTERVIEW GUIDE – SOCIAL WORKERS/PROFESSIONALS

[I den här intervjun har vi två syften: (1) att samla kunskap om socialarbetarnas erfarenheter av att arbeta med de grupper de arbetar med och hur det är att arbeta inom socialtjänsten; och (2) få insikt om socialarbetarnas erfarenheter av att möta klienter och arbeta med socialt arbete inom olika organisationer/myndigheter.]

- Jag tänkte fråga mer om:
    - [*socialtjänsten*] ditt arbete
    - [*individer/hushåll som du kommer i kontakt med i ditt arbete*]
    - bostadsområde där du arbetar
- Jag försöker få en uppfattning om vad du arbetar med, vilka du möter i ditt arbete, vad du försöker nå i ditt arbete, vilka utmaningar du möter i ditt arbete osv.
- Jag är intresserad av hur socialtjänsten eller annan form av stöd som riktas till individer som lever med knappa ekonomiska resurser kan främja eller motverka välbefinnandet hos dem som lever med knappa ekonomiska resurser.

Innan vi börjar diskutera ditt arbete så tänkte jag fråga om du kan beskriva kort bostadsområdet där du arbetar: vad är bra och vad är dåligt i området? Har området förändrats under tiden du arbetat där?

- **<u>BESKRIV SOCIALTJÄNSTENS ARBETE</u>**

1. Beskriv kort den service eller hjälp som er arbetsorganisation erbjuder till de boende i området?

2. Vem riktas den här servicen för? Vilka är de som använder er service?

3. Hur kommer människorna i kontakt med er? (Följdfråga: Kontaktar de er själva eller är det någon annan som hänvisar till er?)

4. Kan du beskriva kriterier som man måste fylla för att kvalificera sig få ekonomiskt hjälp härifrån?

5. Var brukar du träffa klienterna? Har ni nåt system ni tillämpar i ert arbete när det gäller hur ofta, när och hur ni träffar era klienter? Brukar klienterna komma när ni bokat tider för möten? Brukar du hålla tiderna eller avboka?

6. Vilken inverkan har era kontakter på dem som besöker er? Kan du beskriva hur brukar resultatet av era möten med dem som besöker er vara (beslut/lösning/försämring av problemet?

7. Hur uppfattas/tas emot den hjälp som ni erbjuder av den här gruppen som besöker er? Hur uppfattas ert arbete bredare i bostadsområdet?

8. Hur skulle beskriva en ideal service till de grupper och hushåll som omfattas av verksamheten? (Följdfråga: Hur skulle tjänstemännen bete sig gentemot sina klienter? Vilken typ av hjälp/stöd skulle erbjudas? Vilka regler skulle gälla? Till vilka skulle verksamheten och stödet vara tillgängliga?)
    a. Utifrån ditt perspektiv?
    b. Tror du att dina klienter skulle tycka likadant?

9. Hur tänker du är en bra socialsekreterare/socialarbetare?

- **<u>BESKRIV DIN ROLL OCH DITT ARBETE</u>**

1. Vad är din befattning och arbetsbeskrivning?

2. Hur kommer det sig att du arbetar just här?

3. Hur länge har du arbetat med socialt arbete? I kommunen?

4. Har dina arbetsuppgifter förändrats under tiden du arbetat?

5. Kan du beskriva kort din närmaste arbetsorganisation.

6. Vilka är målen i ert arbete?

7. Har målen förändrats under tiden du arbetat?

8. Känner du dig väl förberedd i ditt arbete?

9. Beskriv dina arbetsförhållanden:
    a. Hur är det att arbeta här? Trivs du i ditt arbete?
    b. Hur skulle du beskriva dina relationer med dina klienter?
    c. Hur fördelas din arbetstid mellan klienter och administrativt arbete?
    d. Hur många klienter har du? Är det det vanliga i den här verksamheten? Hur mycket tid tar varje besök genomsnittligt? Vad brukar ni prata om med dina klienter – vad handlar besöken om?
    e. Vilka är dina arbetstider? Heltid/deltid? Hur mycket har du semester? Finns det möjlighet till flexibilitet i arbetet?
    f. Hur är arbetsmiljön på din arbetsplats? (Följdfråga: Har ni egna rum eller delar ni arbetsrum? Har ni särskilda rum för att intervjua/diskutera med klienter?) Vad har du i ditt rum/utrustning? (Följdfråga: Skrivbord, PC, hjälp av assistenter, vidareutveckling, möjligheter till att delta i konferenser?)
    g. Har du möjlighet att delta i nån vidareutbildning och får du stöd om du behöver?
    h. Har du handledning och möten med din chef? Hur ofta? Vad brukar ni prata om?
    i. Vem är formellt ansvarig för besluten ni tar? Är du själv som socialsekreterare eller din chef eller avdelning (Följdfråga: Om ni t ex har fattat ett felaktigt beslut?)

j. Förekommer det våld i ditt arbete? Har ni säkerhetsutrustning? Vilket stöd har du i den här bemärkelsen?

10. Vilka resurser har du tillgång till i ditt arbete?
    a. Är resurserna tillräckliga? Finns det något du inte kan göra p g a resursbrister? Finns det utrymme till extra kostnader?
    b. Har ni så kallade akuta fall? Vilken hjälp erbjuder ni då? (Prompt: Pengar, matkuponger osv) Vilka kriterier måste man uppfylla för att få dessa?

- **BESKRIV GRUPPER DU ARBETAR MED**

1. Kan du ge exempel på grupper du arbetar med? Kan du beskriva klienter du möter i ditt arbete?
    a. Vilka erfarenheter har de av misslyckande/motgångar? (Följdfrågor: Erfarenheter av arbetslöshet, svårigheter att få ekonomin att gå ihop, långvarig/kronisk sjukdom, relationsproblem, problem i utbildningen)
    b. Kan du berätta om förhoppningar och förväntningar som de har?
    c. Beskriv möjliga lösningar för dessa grupper:
        i. Vilka anser du skulle vara positiva lösningar för dessa grupper?
        ii. Vilka skulle vara negativa lösningar för dessa grupper?

2. Kunde de som du möter i ditt arbete klara sig utan det här stödet/verksamheten som ni erbjuder? På vilket sätt?

BESKRIV MOTSTÅNDSKRAFT FÖR DE HÄR GRUPPERNA

1. Hur klarar de sig? Hur förhåller sig gruppen till sin situation?

2. Hur övervinner dessa grupper motgångar/risker/hinder som de har i sin livssituation?

3. Vilka positiva erfarenheter har de? Vad upplever de är bra i deras liv? Vad är de duktiga på? Vilka är deras styrkor?

- **FÖRKLARINGAR OCH FÖRVÄNTNINGAR**

1. Hur förklarar du omständigheter som de du möter i ditt arbete har genomgått/upplevt? Hur tänker du varför har de genomgått eller lever i dessa omständigheter?

2. Vad tror du kommer att ske för dem i framtiden? Hur kommer deras framtid att se ut? Tror du att de kommer att ha liknande problem?

3. Hur tänker du, har de nån kontroll över vad som händer i deras liv?

4. Vad skulle vara den största förbättringen i dina klienters liv?

11.4 APPENDIX 4.

INTERVIEW GUIDE, INDIVIDUALS WITH SOCIAL ASSISTANCE

FRÅGEGUIDE – INTERVJUER MED INDIVIDER SOM LEVER MED KNAPPA EKONOMISKA RESURSER

frågeguide 040824

1. Familj och livsomständigheter

Berätta om

- dig och om du har familj och barn – hur skulle andra beskriva dig och din familj?
- ditt liv (livets olika perioder) – barndom, ungdomsåren, nutid.
- Kan du namnge händelser i ditt liv som du tycker har varit viktiga/betytt mycket för dig? (Sådana händelser kan vara helt vardagliga som alla människor går igenom eller mer oväntade eller dramatiska.)
- Beskriv din vardag. Vad är bra och vad är dåligt i din vardag? Hur hanterar du vardagslivet? Vad är bra i ditt liv? Vad upplever du går bra? Vad är du duktig på? Vad är bra med din familj? Vad ger glädje i livet?
- Vilka svårigheter möter du i din vardag?
    - Vad upplever du är svårt i ditt liv? Har du upplevt motgångar i ditt liv (erfarenhet av arbetslöshet, svårigheter att få ekonomin att gå ihop, stress, långvarig/kronisk sjukdom, relationsproblem, problem i utbildningen)?
- Vad värdesätter du mest i livet? Vad är ett bra liv?

Om inkomst

- När du har betalt alla räkningar, hur mycket har du kvar att leva på?
- Vad består din inkomst om? Arbetar du? Studerar du? Är du arbetslös, föräldraledig? Får du bidrag i någon form?

Beskriv en vanlig dag:

- Vad brukar du göra?
- Vart brukar du gå?
- Vem/vilka brukar du träffa?

2. Lokalsamhället och det lokala utbudet av aktiviteter

Berätta om bostadsområdet och bostaden där du lever:

- Hur länge har du bott i området? Var bodde du förut? Hur kommer det sig att du bor just i detta område?
- din bostad/ditt hus
- ditt bostadsområde (beskriv de närmaste: affärerna, möjligheter att utöva idrott, biblioteket, skolorna, lekplatserna för barnen, sjukvård, öppen förskola, dagis, centrum, möjligheter till att komma till naturen*)* Var finns det som du beskrivit? Brukar du utnyttja dessa? Om ja, varför

utnyttjar du dessa? Om inte, varför inte? Vad finns det för annat här i närheten/här omkring?
- Hur tycker du att det är att bo här? Vad är bra och vad är inte så bra eller borde utvecklas?
- Hur tar du dig från en plats till en annan? Finns det buss eller tåg i närheten?
- Om du hade möjligheter att helt fritt välja, var och hur skulle du vilja bo? Vad är en ideal boendeform och område för dig?

3. Erfarenheter av att vara i kontakt med myndigheter/kommunen/institutioner

- Berätta om kontakt/kontakter du haft med myndigheter (socialtjänst och socialarbetarna, bostadsfrågorna, försäkringskassa, arbetsförmedling, hemtjänst, polis, skyddstillsyn*)*
- Hur kom du i kontakt med dem? Tog du kontakt med dem? Ville du ha kontakt med dem?
- Kan du beskriva första gången du hade kontakt t ex med socialtjänsten?
- Hur mycket/omfattande kontakt har du haft?
- Hur länge har du varit i kontakt med dem?
- Vad tänker du om dem? Hur kommer du överens med dem? Hurdana är dem? Hur upplever du det är att vara i kontakt med dem? Vet andra om detta oroar/stör det dig om andra vet?
- Vad har de gjort/hjälpt dig med?
- Har de gjort någon skillnad? Har de hjälpt dig eller gjort saker och ting värre?
- Vad tycker du de borde ha gjort för dig?
- Skulle du kunnat klara dig utan dem?
- Om du kunde ändra något när det gäller denna service, vad skulle du ändra? Hur kunde deras service bli bättre?
- Hur tycker du synen är idag i samhället på dem som får socialbidrag?

4. HÄLSA OCH SJUKVÅRD, välbefinnande

Hälsa
- Vad innebär/är hälsa för dig?
- Vad får dig att känna att du mår bra? Vad får dig att känna att du inte mår bra?
- Hur skulle du beskriva din hälsa idag?
- Hur skulle du beskriva din hälsa i relation till andra personer i din ålder?
- Oroar du dig någonsin för din hälsa? Om ja- beskriv.
- Om du känner dig dålig eller sjuk, vart vänder du dig då? (vänner, familj, sjukhus)

Sjukvård
- Har du besökt någon vårdinrättning det senaste året? Vilken?
- Hur upplevde du bemötandet du fick?
- Har du regelbunden kontakt med någon läkare eller mottagning? Varför?
- Hur omfattande är dina kontakter med hälso- och sjukvården?
- Har du någonsin avstått från att söka vård? Om ja- varför?

Livsstil, hälsa och inkomst

- (Om IP upplever han/hon har lite pengar) Om du upplever att du har lite pengar att leva på, hur tror du att det påverkar ditt liv? Mat, fritid osv.
- Om du tänker på hur du lever (kopplat till hälsa), finns det någonting du skulle vilja ändra på?
- Om du hade mera pengar, hur skulle det påverka ditt liv?
- Vad tror du om din hälsa i framtiden?

5. Förklaringar och förväntningar

- Hur förklarar du händelser i ditt liv som du har berättat för mig? Varför tror du att detta hänt för dig?
- Vad skulle du önska för din framtid? Vad önskar du händer för dig i framtiden?
- Vad tror du att händer i framtiden? Tror du att du kommer att ha liknande bekymmer som du har nu? Tror du att du fortfarande kommer att vara i kontakt med den social service som du har berättat? Tror du att du kommer att ha kontroll över detta i framtiden?