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The specialization/collaboration paradox: Investigating specialization within child welfare as a barrier to collaboration

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Abstract

Existing research highlights the trend of organizing social services into specialized units, addressing specific areas such as child welfare. Further specialization within child welfare extends to target groups (youth vs child) and work task dimensions. The literature remains inconclusive about whether specialization enhances or hinders social work practice. Potential drawbacks of specialization, like gaps between services and a lack of a holistic view, are assumed to increase the need for collaboration. However, specialization might impede collaboration due to profession-specific tensions, such as differing cultures or turf issues. Empirical findings suggest challenges in collaboration both within and between specialized organizations. This study explores how various specializations in child welfare relate to social workers' perceptions of collaboration within their workgroup, between different social service units, and with external organizations, considering factors like work demand, time spent with clients, and work experience. Analysing survey data from 2003 to 2018 with 895 social workers in

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Stockholm County, the present study uses generalized estimating equations to address clustering within organizations. The findings indicate a potential positive association between target group specialization and perceived collaboration functionality within the workgroup and with external organizations, challenging assumptions that specialization hinders collaboration and suggesting that target group specialization could facilitate collaboration.

Keywords: boundary work; collaboration; child welfare; specialization

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Introduction

Specialization is the dominant model for organizing social services in Sweden, with municipalities having separate units for various areas such as elderly care, social assistance, and child welfare (Bergmark and Lundström 2007; Lundgren et al. 2009). In child welfare, further internal specialization appears to be a continuing trend (Bergmark and Lundström 2007; Steive et al. 2024).

The literature offers no clear consensus on whether specialization enhances or hinders social work practice (Lundgren et al. 2009; Grell, Ahmadi, and Blom 2016; Grell 2022). Negative aspects of specialization mentioned are the risk of fragmented services and a lack of a holistic view. What constitutes a holistic view is not easily defined, but in Swedish legislation, it can be interpreted as meaning that each case must be processed in all its aspects and with all available resources (National Board of Health and Welfare 2015). Clients who have encountered fragmented services have been observed to benefit from professionals transcending or extending beyond their formal roles (Grell 2022). It is thus presumed that professionals increasingly need to collaborate in specialized organizations, particularly when clients have complex needs (Bergmark and Lundström 2007; Perlinski et al. 2010; Fisher and Elnitsky 2012; Raeymaeckers 2016; Smith et al. 2019; Grell, Blom, and Ahmadi 2022). Furthermore, collaboration is mandated by Swedish law, as legislation, for example, mandates 'coordinated individual plans' and local collaboration agreements between social services and healthcare sectors (Matscheck et al. 2019).

However, an organization favouring specialization may impede collaboration (O'Looney 1997; Blom 2004; Liljegren 2012). The development of profession-specific skills resulting from specialization can introduce tensions when professionals from different fields collaborate (Hudson 2002; Bronstein 2003; Dunér and Wolmesjö 2015; Almqvist and Lassinantti 2018; Rumping, Boendermaker, and de Ruyter 2019; Khoo, Nygren, and Gümüscü 2020). Examining previous research,

Grell, Blom, and Ahmadi (2022: 296) found support in previous research for the 'risk of cooperation difficulties due to, for example, simple misunderstandings, unclear division of tasks, competing knowledge claims, and struggles over the preferential right of interpretation'.

The theoretical concept of 'boundary work' (Gieryn 1983; Abbott 1988) provides insights into how specialized professions establish and uphold boundaries to define and defend their professional territories (Langley et al. 2019; Farchi, Dopson, and Ferlie 2023). It illustrates both competitive and collaborative dynamics among professional groups as they negotiate boundaries, expertise, and authority within the broader professional landscape (Abbott 1988). These professional boundaries, widely acknowledged as collaboration barriers (Bechky 2003; Carlile 2004; Axelsson and Axelsson 2009; Farchi, Dopson, and Ferlie 2023), are prevalent in professional bureaucracies that prioritize specialization and autonomy (Mintzberg 1979; Abbott 1988). Furthermore, Evetts (2006) distinguishes between organizational and occupational professionalism. The traditional form of occupational professionalism, based on trust in the practitioner by clients and employers, emphasizes discretionary decision-making in complex cases, collegial authority, and occupational control of the work. In contrast, organizational professionalism incorporates rational-legal forms of decision-making, the standardization of work practices, and hierarchical structures. A clash between rationalities can appear when professionals rooted in these different logics collaborate (Dunér and Wolmesjö 2015).

Increasing specialization and the need for collaboration have brought to light frictional areas among different professional groups in the public sector, both internally and externally (Scott 2008). The prevalent trend of further internal specialization requires collaboration also within the same agency (Almqvist and Lassinantti 2018; Grell 2022), but it might at the same time result in intra-organizational professional roles becoming so distinct from each other that boundary work or turf issues arise in internal organizational collaboration (Hudson 2002; Liljegren 2012; Khoo, Nygren, and Gümüscü 2020). These challenges highlight the importance of examining collaboration both within and between organizations.

The present study

Specialization is expected to increase the need for collaboration, yet it simultaneously reinforces professional boundaries safeguarding specialized domains, hindering collaboration within and between organizations. This contradiction, where specialization—in the light of theory and research—seems to simultaneously require and complicate collaboration, is referred to as the specialization/collaboration paradox in the present study. The setting of the highly specialized Swedish social services,

particularly the increasingly internally specialized child welfare, provides a compelling context for investigating this paradox. However, other important factors have been shown to influence collaboration, such as work experience (Axelsson and Axelsson 2009; Rose 2011) and workload (Wiklund 2007; Rose 2011). Some studies highlight the risk of time-consuming collaboration reducing social workers' time in direct contact with clients (Christensen and Egelund 2002; Bergmark and Lundström 2005; Bømler 2012).

The primary objective of this study is to explore the relations between different forms of child welfare specialization and social workers' perceptions of how collaboration works within their workgroup, between different social service units, and with external organizations, considering work demand, time spent with clients, and work experience.

Context and concepts

Specialization

How specialization is defined and operationalized varies in previous studies (Lundgren et al. 2009), but it originates from some form of division of work. In Sweden, social services are typically organized into separate divisions responsible for specific case types, such as care for older people, child welfare, social assistance, and adult social services. This often involves a further separation between units handling assessments and decisions (statutory social work) and those focusing solely on services or treatments (Bergmark and Lundström 2005; Grell, Ahmadi, and Blom 2016). In child welfare, further internal specialization based on the children's age was identified in about one-fifth of Sweden's mid-sized municipalities already in 2001 (Bergmark and Lundström 2007). An earlier study based on the same dataset as the present study discovered that this form of specialization remains prevalent in the organization of child welfare activities; it also reveals that the predominant trend in child welfare seems to be specialization based on different statutory work tasks, that is, with different workgroups handling a more limited part of child welfare work. The study identified a prevalent trend of social workers being responsible for a single phase of the process, referred to as 'one-decision specialists' (Steive et al. 2024).

The present study distinguishes between the following forms of specialization within child welfare: 1) *Target group specialization*: Internal specialization based on age groups, distinguishing between families with younger children and families with youth. 2) *Work task specialization*: Any division of work based on tasks, with increased specialization indicated by focusing on fewer tasks. 3) *Statutory specialization*: In Sweden, statutory social workers typically perform services and supportive tasks

within the framework of statutory work. Exclusive engagement in public authority tasks, such as assessments and decisions, is termed statutory specialization.

Collaboration

Social work research on collaboration in Sweden (Bergmark and Lundström 2005) and internationally (Herlihy 2016) primarily focuses on inter-organizational collaboration in local projects. Collaborative activities in child protection across OECD countries commonly aim to enhance safety, improve parenting capacity, and preserve families (Seekamp et al. 2022). Some literature reviews find collaboration to be effective for client outcomes (Ogbonnaya and Keeney 2018; Noel et al. 2022), while others find the evidence to be limited (Herlihy 2016; Luckock, Barlow, and Brown 2017). There is also a plethora of conflicting advice regarding successful collaboration (McNamara, Miller-Stevens, and Morris 2020). McNamara, Miller-Stevens, and Morris et al. (2020) identify trust, leadership, and goals/planning as key success factors. Understanding each other's expertise, perspectives, roles, goals, and tasks is deemed fundamental to collaboration (Rumping, Boendermaker, and de Ruyter 2019). However, organizational and structural factors such as organizational development processes (Widmark et al. 2016), workload (Bronstein 2003; Wiklund 2007), and divergent goals (Khoo, Nygren, and Gümüscü 2020; McNamara, Miller-Stevens, and Morris 2020) are frequently cited as important considerations.

Previous research indicates extensive collaboration within child welfare units (Glad 2006) as well as between units within social services, such as for example disability services (Engwall et al. 2019), domestic violence programmes (Ekström 2018), adult substance use services (Lyrberg, Jess, and Forinder 2024), or social assistance agencies (Stranz and Wiklund 2015). Child welfare units tend to collaborate more than other social service units, although a vignette study suggests there is less external collaboration in child welfare in Sweden and Denmark compared to Britain, Texas, and Germany (Glad 2006). External collaborative partners may, for example, include medical and psychological experts (Glad 2006), juvenile care facilities (Basic 2018), or schools (Danermark et al. 2014). Two common forms of multipartite collaboration with external partners targeting different age groups involve schools, police, and youth centres, as well as child health care centres, maternity care centres, and preschools/day-care facilities, respectively (Bergmark and Lundström 2005).

Theoretical frameworks and empirical research often assume inherent benefits of collaboration, although the precise definitions of collaboration and related concepts like coordination, cooperation, and integration

remain debated (Hudson 2002; Bergmark and Lundström 2005; Williams 2015; Herlihy 2016; Callahan and Higgins 2023). The present study adopts a broad interpretation of collaboration as any joint activity in which child welfare workers engage in their work, leaving the specific definition to the respondents to interpret.

Methods

To examine the association between specialization and perceived collaboration functionality, secondary analyses of survey data collected on three different occasions in half of the municipalities in Stockholm County and half of the town districts in the city of Stockholm were performed. The survey data was collected in 2003 (n = 321, non-response 3 percent), 2014 (n = 435, non-response 19 percent), and 2018 (n = 489, non-response 18 percent). The total sample for all three data collections is 1,351 social workers, with a non-response of 15 percent. The survey's primary purpose was to collect data on the working conditions in child welfare, using the Nordic Questionnaire for Psychological and Social Factors at Work, QPS Nordic (Dallner et al. 2000). The population was social workers handling reports of concern (intake) and/or conducting investigations of child welfare cases.

Data were collected through workplace visitations in the same municipalities and town districts for all three years, except for one additional workplace in 2014 that also participated in 2018. In 2003, the sampling method was systematic and based on 1) the proportion of children and youth in out-of-home care and 2) geographical location to strive for a varied selection of municipalities/districts. Whether or not the sample still held the same systematic differences at the latter data collections has not been investigated. For further details about the survey, sampling method, and data collection, see Tham (2008, 2018) and Steive et al. (2024).

Sample

The number of respondents in the dataset is 1,150. A total of 133 respondents were excluded from this study's sample. Most of those excluded were social workers working only with unaccompanied refugee children in 2018 (n = 88). Around the year 2015, Sweden received many unaccompanied refugee children due to the war in Syria, and most municipalities and town districts had a particular workgroup that handled only those cases in 2018. These respondents were excluded for comparative reasons. A few respondents who reported being managers (n = 23) or did not report conducting investigations or handling reports of

concern were also excluded from the sample (n = 10). The remainder were excluded due to missing answers on one of the exclusion variables (n = 12). The final study sample included 1,017 social workers. Due to missing internal data, the analytical sample consists of 895 respondents.

Ethical considerations

The heads of division in all included town districts and municipalities were contacted before data collection in all 3 years. All gave their permission for the study to be conducted. Written information was distributed to the respondents, and the researchers further informed the participants and assured their confidentiality during workplace visitations. Information about confidentiality was also printed on the survey, and informed consent was obtained by way of respondents choosing to return a completed questionnaire. The study follows national laws and ethical guidelines and uses no sensitive personal data, as defined in GDPR (Regulation 2016/679).

Measures

To better suit child welfare work, questions about, for example, what kind of cases and work tasks the respondents worked with and how well respondents estimated collaboration to work were added to the QPS Nordic. The present study uses these questions as dependent and primary independent variables. The three dependent variables—assessment of within-group collaboration, internal collaboration, and external collaboration—are measured through the answers to one question for each type of collaboration. The main independent variables are the different types of internal specialization: target group specialization (social worker handling only child or only youth cases), work task specialization (number of specified work tasks reported by social workers), and statutory specialization (the social worker reports working only with one or more of the tasks intake, investigation, or follow-up). Control variables included in the analysis are age, gender, education, work experience, time in the present workgroup, time spent in direct contact with clients, quantitative demands, and survey year. Descriptions and coding of each variable are provided in Table 1.

Analysis

Since the respondents work in the same social service organizations, they likely interact with the same organizations and professionals. They might be influenced by each other or have a shared understanding of

Table 1. Descriptions and coding of variables.

Variable	Description	Values
Dependents		
Collaboration within workgroup	How do you perceive that the collaboration works within the workgroup?	0. Very poorly 1. Rather poorly 2. Rather well 3. Very well
Collaboration with other units	How do you perceive that the collaboration works between different workgroups within the organization?	0. Very poorly 1. Rather poorly 2. Rather well 3. Very well
Collaboration with other organizations	How do you perceive that the collaboration works with partners outside the organization?	0. Very poorly 1. Rather poorly 2. Rather well 3. Very well
Main independent variables		Higher values indicate more specialization.
Target group specialization	What kind of cases do you handle? (child cases, youth cases)	1. Only child *or* youth cases 0. Child *and* youth cases
Work task specialization	Number of specified work tasks marked by respondents: Reports of concern (2014 and 2018) Investigation, follow-up, treatment, advice and support, prevention, and outreach.	5. Working only with investigations and/or handling reports of concern 4. Working also with 1 other task 3. Working also with 2 other tasks 2. Working also with 3 other tasks 1. Working also with 4 other tasks 0. Working with all specified tasks
Statutory specialization	Respondent marked only intake, investigation, and/or follow-up as work tasks conducted.	1. Working only with reports of concern, investigations, and/or follow-ups 0. Working also with at least one non-statutory work task
Demographics		
Age	Mean values calculated from categories (20–30, 31–40, 41–50, 51–60, 61 or older [62 years is assumed to be the midpoint])	25.5 36 46 56 62
Gender		1. Female 0. Not female
Education	Bachelor of Science in Social Work Master of Science in Social Work	1. Bachelor in Social Work 0. No Bachelor in Social Work 1. Master in Social Work 0. No Master in Social Work
Control variables		
Work experience	How many years have you been working as a statutory social worker?	1–40

(continued)

Table 1. (continued)

Variable	Description	Values
Time in the present workgroup	How many years have you been working in the present workgroup?	1–25
Direct contact with clients	How much of your working time consists of direct client contacts (meetings or phone calls)?	1. Only sporadic contacts 2. Approximately 25% 3. Approximately half 4. Approximately 75% 5. Almost all working time
Quantitative demands	Index based on three questions (range 3–15): Is your workload irregular so that work piles up? Do you have to work overtime? Do you have too much to do?	1. Never or almost never 2. Quite rarely 3. Sometimes 4. Rather often 5. Very often or always

how collaboration works. Hence, there is a risk of clustering of positive or negative opinions about collaboration, which might lead to erroneously low standard errors. Therefore, we have used population-averaged generalized estimating equations (GEE) for analysis, treating each municipality or town district at each measurement occasion as a cluster. GEE models involve selecting a structure that describes the correlation within clusters. We have chosen the independent correlation matrix, which adjusts for low standard errors due to clustering but otherwise treats measurements as independent. While the independent correlation matrix may not capture the full complexity of the correlation structure within clustered data, it is less sensitive to misspecification than other structures. This robustness is particularly valuable when dealing with real-world data that may deviate from strict modelling assumptions (Ghisletta and Spini 2004).

The regressions were conducted in four steps (models), where one control variable or dimension of control variables was added in each model. For all models, the year the respondent answered the survey was treated as a factor, even though the clusters are based on municipality and year. Age was treated as a continuous variable (based on mean from categorical answers), gender and education (Bachelor and Master) as dichotomous variables, and work experience (as a social worker and in the present workgroup) as continuous variables. Quantitative demands is a scale variable based on three items and was treated as a continuous variable. Work task specialization was treated as an ordinal variable, while target group specialization and statutory specialization are dichotomous variables.

Sample description

Table 2 displays the overall sample characteristics. The social workers were predominantly female (87 percent), held a Bachelor of Science degree in social work (94 percent), had an approximate mean age of 37, and had worked almost 7 years (mean 6.8) as statutory social workers. The respondents rated collaboration within the workgroup as good and collaboration with other units and other organizations as mediocre.

For a description of the differences in basic individual characteristics, education, work experience, and specialization between the measuring points, see Steive et al. (2024). In brief, the social workers who

Table 2. Descriptive statistics (N = 895).

Basic individual characteristics	
Age	37.3 (mean [a])
Female	87%
Education	
Bachelor in Social Work	94%
Master in Social Work	4%
Work experience	
Years working as a statutory social worker	6.8 (mean)
Years in the same workgroup	2.4 (mean)
Work characteristics	
Working time spent in direct contact with clients[b]	48%
Quantitative demands	10.1 (mean [c])
Specialization	
Target group specialization[d]	57%
Work task specialization only investigation, only reports of concern, or both[e]	
+ 1 task	45%
+ 2 tasks	21%
+ 3 tasks	13%
+ 4 tasks	2%
+ 5 tasks	1%
Statutory specialization[f]	58%
Collaboration functionality	
Within workgroup	2.3 (mean [g])
Between units within the organization	1.6 (mean [g])
With partners outside the organization	1.6 (mean [g])

Notes.
[a]Approx. mean based on the midpoint of categories.
[b]Working time in direct contact with clients was reported as a percentage of working hours. The percentages have been calculated based on the response alternatives 1 = only sporadic contacts (coded as 5 percent), 2 = about 25 percent, 3 = about half (coded as 50 percent), 4 = about 75 percent, and 5 = almost all my working hours (coded as 95 percent).
[c]Summed scale, range 3–15.
[d]Working only with child *or* youth cases.
[e]In 2003, respondents could not choose the task 'handling reports of concern', as this was not included as a separate alternative.
[f]Working only with statutory work tasks: 'handling reports of concern', 'conducting investigations', and 'follow-up'.
[g]Range 0–3.

responded in 2018 were approximately five years younger than those who responded in 2003, and they had 2.4 years less working experience in statutory social work.

Results

As seen in Table 3, the social workers' perception of how collaboration works with other units within the same organization shows no significant association with any specialization type. *Work task specialization* and *statutory specialization* were not significantly associated with the respondents' estimation of how well the collaboration works, although there were tendencies to estimate collaboration with other organizations as somewhat less well functioning when work task and statutory specialization were higher.

There is, however, a tendency for target group specialization to enhance the perception of collaboration functionality within workgroups and with other organizations, but this is only significant when controlling for quantitative demands and the time spent with clients (lower quantitative demands and larger amounts of time spent with clients are associated with perceiving collaboration as more well-functioning). Furthermore, target group specialization is associated with perceiving collaboration within the workgroup and with other organizations as better. In the fully adjusted model, the odds of perceiving collaboration as more well-functioning are 1.51 times higher for collaboration within a workgroup and 1.39 times higher for collaboration with other organizations if the respondents are target-group specialized.

As for the confounders, work experience shows only minor associations with how collaboration is perceived. However, lower work demands and more time spent with clients are associated with more positive perceptions of collaboration within workgroups, between units and with other organizations.

Discussion

This study explored the associations between different forms of child welfare specialization and social workers' perceptions of collaboration functionality within their workgroup, between units, and with external organizations, considering work demands, time spent with clients, and work experience.

To begin with, it is important to emphasize that quantitative demands and time spent with clients emerge as significant factors influencing social workers' perceptions of collaboration, consistent with prior research (Bronstein 2003; Wiklund 2007; Widmark et al. 2016; McNamara, Miller-Stevens, and Morris 2020). While concerns have been raised that

Table 3. Generalized estimated equations. Associations between different forms of specialization and internal and external collaboration (N = 895).

Model		Collaboration within workgroup		Collaboration with other units		Collaboration with other organizations	
		CI	OR	CI	OR	CI	OR
1	**Target group specialization**[a]	0.921–2.023	1.37	0.718–1.937	1.18	0.922–1.723	1.26
2	Target group specialization	0.915–1.986	1.35	0.717–1.909	1.17	0.928–1.738	1.27
	Work experience statutory social worker	0.995–1.018	0.97	0.971–1.024	1.00	0.990–1.049	1.02
	Work experience present workgroup	0.990–1.108	1.05	0.989–1.114	1.05	0.962–1.079	1.02
3	Target group specialization	1.015–2.043*	1.44	0.793–1.959	1.25	0.988–1.753†	1.32
	Work experience statutory social worker	0.955–1.016	0.99	0.971–1.022	1.00	0.990–1.048	1.02
	Work experience present workgroup	0.995–1.119†	1.06	0.996–1.123†	1.06	0.967–1.085	1.03
	Quantitative demands	0.798–0.893***	0.84	0.786–0.880***	0.83	0.876–0.924***	0.88
4	Target group specialization	1.062–2.140**	1.51	0.841–2.109	1.33	1.040–1.866*	1.39
	Work experience statutory social worker	0.952–1.015	0.98	0.969–1.020	0,99	0.989–1.046	1.02
	Work experience present workgroup	0.992–1.115†	1.05	0.997–1.121†	1.06	0.968–1.086	1.03
	Quantitative demands	0.796–0.894***	0.84	0.786–0.878***	0.83	0.830–0.923***	0.83
	Time with clients	1.022–1.577**	1.27	1.159–1.641***	1.38	1.096–1.581**	1.32
1	**Work task specialization**[b]	0.895–1.292	1.08	0.845–1.302	1.05	0.722–1.073	0.88
2	Work task specialization	0.915–1.317	1.10	0.863–1.333	1.07	0.726–1.084	0.89
	Work experience statutory social worker	0.953–1.016	0.98	0.970–1.023	1.00	0.990–1.047	1.02
	Work experience present workgroup	0.996–1.118†	1.05	0.991–1.055†	1.06	0.959–1.076	1.02
3	Work task specialization	0.913–1.304	1.09	0.871–1.315	1.07	0.723–1.074	0.88
	Work experience statutory social worker	0.952–1.013	0.98	0.969–1.021	1.00	0.989–1.046	1.02
	Work experience present workgroup	0.100–1.131*	1.06	0.999–1.132†	1.06	0.965–1.082	1.02
	Quantitative demands	0.798–0.899***	0.85	0.789–0.881***	0.83	0.833–0.926***	0.88
4	Work task specialization	0.916–1.307	1.10	0.876–1.316	1.07	0.723–1.072	0.88
	Work experience statutory social worker	0.950–1.013	0.98	0.968–1.019	0.99	0.988–1.044	1.02
	Work experience present workgroup	0.999–1.131†	1.06	1.001–1.130*	1.06	0.966–1.083	1.02
	Quantitative demands	0.798–0.899***	0.85	0.790–0.880***	0.83	0.831–0.926***	0.88
	Time with clients	0.998–1.529†	1.24	1.125–1.605**	1.34	1.056–1.544**	1.28

(continued)

Table 3. (continued)

Model		Collaboration within workgroup		Collaboration with other units		Collaboration with other organizations	
		CI	OR	CI	OR	CI	OR
1	**Statutory specialization**[c]	0.752–1.522	1.07	0.727–1.495	1.04	0.495–1.023†	0.71
2	Statutory specialization	0.760–1.557	1.09	0.745–1.529	1.07	0.506–1.039†	0.73
	Work experience statutory social worker	0.953–1.017	0.98	0.970–1.023	1.00	0.989–1.045	1.02
	Work experience present workgroup	0.991–1.115†	1.05	0.990–1.118	1.05	0.962–1.077	1.02
3	Statutory specialization	0.792–1.627	1.14	0.789–1.590	1.12	0.516–1.055†	0.74
	Work experience statutory social worker	0.952–1.014	0.98	0.970–1.021	1.00	0.988–1.045	1.02
	Work experience present workgroup	0.997–1.128†	1.06	0.999–1.128†	1.06	0.968–1.084	1.02
	Quantitative demands	0.797–0.898***	0.85	0.789–0.880***	0.83	0.834–0.928***	0.88
4	Statutory specialization	0.813–1.656	1.16	0.814–1.636	1.15	0.528–1.065	0.75
	Work experience statutory social worker	0.950–1.014	0.98	0.968–1.019	0.99	0.987–1.043	1.02
	Work experience present workgroup	0.996–1.128†	1.06	1.000–1.127*	1.06	0.969–1.085	1.03
	Quantitative demands	0.797–0.898***	0.85	0.789–0.879***	0.83	0.833–0.927***	0.88
	Time with clients	1.001–1.534*	1.24	1.129–1.611**	1.35	1.050–1.530**	1.27

Notes. Ordinal response. All models were controlled for the year respondents answered the survey, including age, gender, and education.
OR = Odds ratio.
[a]Working only with either children *or* youth.
[b]Number of reported work tasks.
[c]Working only with statutory work tasks.
†≤0.10.
*$P \leq .05$.
**$P \leq .010$.
***$P \leq .000$.

collaboration might detract from client-focused efforts (Christensen and Egelund 2002; Bergmark and Lundström 2005; Bømler 2012), this study suggests a nuanced relationship: social workers who spend more time with clients tend to perceive collaboration more positively.

Collaboration is considered particularly important in highly specialized societies (Fisher and Elnitsky 2012; Grell 2022). However, despite the expectation that specialization might necessitate more collaboration, scholars find specialization to be a barrier to collaboration (Mintzberg 1979; Abbott 1988; Bechky 2003; Carlile 2004; Axelsson and Axelsson 2009; Farchi, Dopson, and Ferlie 2023). Two patterns for this paradox appear in the present study. Specialization in the form of narrowing the social workers' work tasks (i.e. work task and statutory specialization) does not significantly affect how they perceive collaboration functionality. However, despite modest results, the target-group specialized social workers perceived collaboration as better within the workgroup and with external organizations. These two main results will be tentatively discussed below.

The results indicate that internal specialization is not linked to perceptions of within-group collaboration as functioning poorly. Instead, at least for target group specialization, the opposite holds when quantitative demands or time spent with clients are considered. This could imply that target group specialists have a stronger sense of shared professionalism, enhancing collaboration within the group.

Contrary to assumptions of research and theory (Scott 2008; Liljegren 2012; Khoo, Nygren, and Gümüscü 2020), the notion that internal collaboration between specialized units could be as problematic as external collaboration between specialists (Hudson 2002; Liljegren 2012; Khoo, Nygren, and Gümüscü 2020) is not supported by the results of this study. From a boundary work perspective, this suggests that internal professional roles may not diverge significantly enough to hinder collaboration, at least from the child welfare workers' point of view.

Further, the results from this study challenge the assumption that profession-specific skills resulting from specialization can introduce tensions when professionals from different fields collaborate (Hudson 2002; Bronstein 2003; Rose 2011; Dunér and Wolmesjö 2015; Almqvist and Lassinantti 2018; Rumping, Boendermaker, and de Ruyter 2019; Khoo, Nygren, and Gümüscü 2020). On the contrary, target group specialization may facilitate collaboration.

Several studies underscore the significance of the professional role in enhancing collaboration; for example, the importance of a clear professional role (Bronstein 2003), being secure in one's professional role (Rose 2011), and the clarity of roles among collaborative partners (Rumping, Boendermaker, and de Ruyter 2019). Specializing in a target group might differ from being specialized in certain phases of a case-handling process (ie one-decision specialists). The latter might resemble a classic bureaucrat rooted in organizational professionalism

(Evetts 2006). At the same time, the former aligns with the more 'classic' social worker role, anchored in occupational professionalism (Evetts 2006). This aligns with Dunér and Wolmesjö's (2015) findings of differing administration cultures and expert knowledge in collaboration between care managers (social workers assessing care needs for older people) and healthcare personnel. Dunér and Wolmesjö theorized care managers as a profession leaning strongly toward organizational professionalism. Their study indicates that care managers experienced challenges articulating and defining their professional knowledge, which is integral to establishing a professional identity. In this perspective, target group specialization might enhance an expert role or occupational professionalism more effectively than task and statutory specialization, thereby strengthening the professional role and facilitating collaboration.

Collaboration is also an activity that involves at least two actors. Collaboration between actors working for the well-being of children typically requires practitioners to confront divergent assessment and intervention paradigms (Herlihy 2016). Target group specialists might find collaborating easier since they often work with the same collaborative partners, such as schools and the police for youth social workers, and child health care centres and preschools for child social workers (Bergmark and Lundström 2005). Collaboration theory highlights the significance of trust in collaborative processes. Trust and enduring relationships evolve through repeated individual interactions, fostering mutual understanding and a shared purpose (McNamara, Miller-Stevens, and Morris 2020). Dealing with similar problems and collaborating with the same partners may facilitate smoother collaboration.

However, target group specialization is a more established form of child welfare specialization. The longitudinal aspect of the present study's data sheds light on the evolving landscape of specialization within child welfare. Based on the same data, our previous study shows that work task specialization and statutory specialization are newer trends (Steive et al. 2024, see also Bergmark and Lundström 2007). Since organizational development processes have been shown to 'disrupt' collaboration as the focus shifts to intra-organizational matters (Widmark et al. 2016; McNamara, Miller-Stevens, and Morris 2020), the simplest explanation for why the social workers with work task and statutory specializations do not perceive collaboration as equally good as those with target group specializations may be that organizing child welfare in 'one-decision specialist teams' is a newer trend.

Concluding remarks

While this study offers valuable insights into the relationship between specialization and collaboration in child welfare, it is crucial to

acknowledge its limitations. It must be underscored that this study exclusively examines the perceptions of collaboration among child welfare workers with varying degrees of specialization. There are no non-specialized social workers to compare with. The possibility of generalizing the results of this study to a larger population is also limited, as this study's sample contains only social workers operating in Stockholm County. We lack clarity regarding respondents' interpretations of collaboration, the operational aspects of collaboration, its frequency, client and stakeholder perceptions, and potential outcomes. There is, of course, a difference between institutional collaboration and ad hoc collaboration in individual cases (Bergmark and Lundström 2005), as well as between formal and informal collaboration (Grell 2022).

Nonetheless, the study challenges one prevailing assumption about specialization and collaboration, paving the way for further research and nuanced policy considerations in child welfare practice. The two assumptions related to specialization, namely 1) a need for collaboration in highly specialized welfare societies and 2) specialization aggravating collaboration, constitute a paradox. Scholars (Fisher and Elnitsky 2012; Raeymaeckers 2016; Smith et al. 2019; Grell, Blom, and Ahmadi 2022) and policymakers (Perlinski et al. 2010; National Board of Health and Welfare 2013) often take for granted that specialization requires more collaboration. While the present study does not directly investigate the need to collaborate in highly specialized contexts, its findings suggest that specialization may not be a barrier to collaboration.

Difficulties working together may be attributed to how professionals manage boundaries (Grell 2022) rather than the boundaries themselves. It is highly beneficial when professionals go beyond their formal roles and responsibilities, especially for clients with complex needs and experiences of fragmented services (Grell, Blom, and Ahmadi 2020; Grell 2022). Whether target group specialists engage more extensively in this form of collaboration is beyond the scope of this study. Target-group specialized social workers perceiving collaboration to be working better should, however, be considered at least potentially beneficial for positive client outcomes.

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