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Should social workers (learn to) care? How educational reforms affect the social work profession

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ABSTRACT

The professional jurisdiction of social workers is subject to continuous change. Such changes are often assumed to be based on actions taken by the profession; an assumption that downplays the influence of external factors. This paper investigates the influence of educational reforms on jurisdictional change by examining the addition of social care to the professional jurisdiction of social workers. The paper is based on an analysis of public reports and the curricula of all social work programmes in Sweden. The findings show that only one curriculum has mandatory courses in social care, while most other curricula have non-mandatory courses on ageing. The findings support the hypothesis that educational reforms can drive changes in professional jurisdiction. However, the path-dependent nature of higher education institutions may lead to gaps between the intention and embodiment of such reforms, which is shown in the empirical analysis. Finally, there are tensions between the idea of a generalist social work programme and ensuring that newly qualified social workers are prepared to work in the specialized sectors of social work.

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Introduction

The social work profession is continually being transformed. One source of such change is the construction of new social problems; as societal perceptions of what constitutes a social problem change, new policy areas are added to social work. Other times, the tasks assigned to the social work profession, i.e. its professional jurisdiction, may increase because of changes in formal institutions (Payne 2006). For example, reforms of social assistance in many European countries since the 1990s have required social workers to engage with active labour market policies, as access to social assistance was made conditional on participation in activation programmes (Brauer 2022). This is just one example of how the jurisdiction of the social work profession is subject to constant change.

A hallmark of the professions is their reliance on a specific knowledge system based on academic education. Abbott (1988) refers to education as ‘the academic sector of the profession’ (p. 53). This view is echoed in the global definition of social work: ‘Social work is a practice-based profession and an academic discipline’ (IASSW 2023). Although it equips prospective social workers with knowledge, the education is an arena for socialization and identity building, as students are introduced to professional values when interacting with professionals (Reiner, Dobmeier, and Hernández 2013). Altogether, social work education plays a central role in preparing future professionals for their working life.

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One might wonder how changes in the professional jurisdiction of social work relate to education. It might seem reasonable to assume that education reflects practice, i.e. that social work curricula are updated to reflect changes in social work practice. While this might often be the case, there are reasons to consider the opposite direction of causality: that educational reforms drive changes in the profession. This paper investigates the relationship between social work education and practice by analysing white-collar work in Swedish elderly care from the 1980s and onwards. During this period, a process began in which social care became increasingly linked to the social work profession as responsibility for elderly care was gradually shifted from the counties (now regions) to the municipalities. While social workers were a minority professional group within the counties, they are a vast majority in much of the social services delivered by municipalities. For this reason, the reforms were important in reframing care for the elderly as a central task of social workers (Edebalk 2021). However, it is easy to overlook the educational reforms that took place during the same period, which were also central to the inclusion of social care within the jurisdiction of the social work profession.

The paper aims to deepen the understanding of the interaction between professional jurisdiction and educational reforms. It does so by examining the role of the latter in the process by which social care became part of the jurisdiction of the Swedish social work profession. In the paper, we divide between social work, social care, and care work. *Social work* refers to the profession labelled social workers and the academic discipline of social work. *Social care* refers to services provided for people in need of daily support, e.g. older adults. *Care work* takes place in the interaction between a care worker and a recipient. The following research questions are addressed:

- (1) What background, motives, and actors preceded the inclusion of social care in the social work programme in Sweden?
- (2) To what extent and in what way is social care integrated into the curricula of the social work programme?

Professions and jurisdictions

This paper concerns jurisdiction, a concept associated with Abbott (1988). He depicts jurisdiction as a conflict between professions seeking public legitimacy for their interpretations of social reality. The profession that is most successful in gaining legitimacy for its interpretation of a specific problem is given jurisdiction to intervene in a certain area. Abbott illustrates this with the struggle over personal suffering during the 20th century, in which psychologists established the psychodynamic understanding as a publicly accepted interpretation, replacing the religious interpretation. By reframing personal suffering, psychologists increased the scope of their jurisdiction at the expense of the clergy; a process referred to as usurpation (Liljegren 2012).

We argue that it is important to distinguish between the causes and consequences of jurisdictional change. Starting with causes, subsequent scholars tend to focus on the active role of professions in jurisdictional processes, understanding professions as agents. For example, Meilvang et al. (2022) argue that professions claim new jurisdictions. In a similar vein, Isaksson and Larsson (2017) investigate how school social workers and teachers 'protect the boundaries of their own jurisdiction' (ibid., 246). However, there is a need to consider alternative causes of jurisdictional changes. We argue that they can stem from forces external to the profession. This is especially relevant for so called semi-professions, which include social workers and nurses. These are professions whose jurisdiction has not necessarily come about through strong agency, but rather to fulfil a practical need of the welfare state (Brante 2022; see also Abbott 1995). Andreassen and Breit (2024) adopt a similar perspective in their study of social workers in the Norwegian Labour and Welfare Administration. They found that social workers refrained from meeting external expectations to broaden their jurisdiction to include activation, thus illustrating that professionals can resist external pressures.

Turning to the consequences of jurisdictional change, it is important to consider its impact on professional practice and training. As jurisdiction increases, many professions create an internal division of labour. Doctors divide into sub-disciplines such as cardiology and psychiatry. These divisions are often reflected in research and education. Thus, educational content is a basic aspect of the jurisdictional capacity. The social work profession is more ambiguous about the pros and cons of specialization versus generalist practice. There are plenty of examples of specializations in social work, such as hospital social workers, school social workers, and child social workers. However, there is also a strong emphasis on the importance of a generalist approach to social work as a key feature of the profession. Raeymaeckers (2016) problematizes this discussion by arguing that it is not simply a question of either-or but stresses the potential benefits of a mutual co-existence of specialist and generalist social workers.

To better understand the phenomenon of jurisdictional change and its implications for professional jurisdiction and training, we use a historical-institutional perspective (Streeck and Thelen 2005). Historical institutionalism focuses on gradual change and stability of formal institutions. We view professions, social services, and higher education institutions (HEIs) as formal institutions that are affected by political decisions as well as by internal and external pressures to adapt to a changing environment. Much of the early work in historical institutionalism viewed institutional stability through the lens of path-dependency, with scholars pointing to the ‘increasing returns’ of continuing to follow choices made early in processes of institutionalization. In terms of professions and training, one example is the move towards cognitive-behavioural therapy (CBT), often at the expense of psychodynamic methods (Saltzman and Norcross 1990). Redirecting the training of therapists from psychodynamic methods to CBT require significant resources, as educational organizations have invested in teachers with competence in the former type of method. Thus, the retraining or replacement of teachers, to increase the knowledge in CBT, is costly.

While acknowledging the relevance of path dependency, more recent scholarship has stressed the need not to overemphasize institutional reproduction. There is a growing body of literature to consider processes of gradual institutional change. Streeck and Thelen (*ibid.*) distinguish between external and internal causes of institutional change. In higher education, external causes include factors such as government regulation and demands from employers and/or students. Internal causes include pressure from administrators, professors, or other groups within the institution. Applying such perspective enables a fuller understanding of what drives institutional change in the realm of higher education.

Social work and elderly care in Sweden

Elderly care in Sweden is administered by the municipalities who can choose to provide services on their own, by contracting non-public providers, or through a combination of the two. Private providers can be contracted either through public procurement or customer choice (National Agency for Public Procurement 2023). Despite differences in the use and mix of public/non-public providers, most municipalities are characterized by a New Public Management (NPM) type of arrangement commonly referred to as the ‘buyer-supplier model’ or simply BUM, an abbreviation of the Swedish label. In this arrangement, one unit assesses and quantifies the needs of clients, while other units and/or private providers provide the social care. This division also reflects the involvement of social workers. Beginning with needs assessment, it is brought out by an occupational group labelled assessment officers. According to the National Board of Health and Welfare (2007, hereafter referred to as NBHW), assessment officers should have either a social worker degree or a degree from the social care programme (cancelled in 2007 which we will return to). A vast majority of assessment officers have this educational background, though there are examples of qualified nurses (Hjalmarsson 2014). When it comes to the provision of social care, social workers tend to work as managers. Compared to assessment officers, there are less restrictive educational requirements on managers. Around 40 per cent of first line managers have a social work degree or a degree from the social care programme, around 25 % are qualified nurses (National Board of Health and Welfare 2021). Thus, in Swedish elderly care, social workers tend to be

white collar workers that assess the need of care or supervise the care services while the ‘pink-collar’ workers, i.e. those who provide the actual care, normally have no higher education.

Social work education in Sweden lasts for seven terms and leads to a degree in social work (equivalent to a bachelor’s degree). As will be discussed in more detail in the analysis, it is a generalist education with a curriculum designed to prepare social workers to work with different target groups (such as young people, people with addiction problems, older adults, and people with disabilities). The generalist education provides formal competences, while the actual competences develop over time through practice-based workplace learning (Ellström 1997; Lave and Wenger 1991). Social work education, and the national curricula, is regulated in the Higher Education Act (SFS 1992:1434) and in the Higher Education Ordinance (SFS 1993:100), but every HEI has extensive discretion to define syllabus contents to achieve the aims and objectives of the national curricula (Nygren 2021). Graduates of social work programmes work in a variety of areas. The most common area where graduated social workers got their first job is in social services, which involves following tasks: assessing needs of children and families and families, social assistance assessment and assessment of people with addiction problems (Bruhn et al. 2020). However, it’s relatively common for many social workers to start their careers as either assessment officers or front-line managers in elderly care (Bengtsson 2020) and many of them wish to become managers within that area (Olofsson 2011).

There has been little analysis of how social work curricula address ageing and the elderly. Trydegård (2016) argues that courses relating to older adults and elderly care differ between HEIs, and that optional courses on ageing attract few students. Jönson and Ågård (2020) findings point in the same direction. They note that mandatory courses relating to older adults and ageing are only offered at some HEIs, that topics relating to older adults/ageing are usually embedded in other courses, and that the optional courses have few applicants.

Data and analysis

The analysis consists of two sections. The first is a historical-institutional document study of public investigations and other grey literature concerning Swedish elderly care and the education of social workers. The second is an analysis of the curricula of all social work programmes in Sweden. The document study can be characterized as a single-case process-tracing analysis. It has a dual focus on understanding the causes of the analysed event and testing and developing theory (cf. Ulriksen and Dadalauri 2016). We mapped the reforms in both the education and care sectors during the period to identify conflicts and actors. As with all historical analysis, we had to make a trade-off between the length of the period and the depth of the analysis on the one hand, and the space available to present the analysis on the other. The analysis focuses on recurring themes and controversies from the time preceding the reform. However, to help the reader understand some of these issues we must first describe the educational reforms of the last quarter of the 20th century.

Regarding the analysis of current social work curricula, the curricula we analysed to what extent they include courses on social care with focus on older adults. The curricula were collected from university websites. They were coded according to whether, and if so when social care with focus on older adults were covered in the programme, the number of credits, and whether courses in caring and/or ageing are compulsory or voluntary. The reading of curricula was supplemented by email contact with programme directors at all HEIs that offer a social work programme. At HEIs with voluntary courses, programme directors were asked to provide information on the share of students who choose courses on social care with focus on older adults. All programme directors were also asked to indicate the extent to which their curricula covered social care with focus on older adults, as syllabus do not necessarily reflect everything covered in the actual education. The data were collected from April to October 2023.

Findings

Social care in the social work programme – background, motives and actors

This section examines the developments that led to the inclusion of social care within the jurisdiction of social work. Surprisingly, perhaps, little attention will be devoted to the social work programme. The analysis will focus on the educational programme that trained most white-collar workers involved in social care prior to the social work programme: the social care programme. The programme had two areas of specialization: (i) care of the elderly and people with disabilities, and (ii) social pedagogical work. The former played an important role in providing higher education for prospective white-collar workers in social care. In 2007, an educational reform intended to integrate the social care programme and the social work programme was launched. In practice, as we will describe below, it is more accurate to describe the process as a phasing out of the former. The subsequent sections investigate the 2007 reform, including the arguments in favour of integration. First, however, it is necessary to describe the institutional framework within which the social care programme was initially introduced, as well as the parallel development of the social work programme.

The social care programme – its origins and relationship to the social work programme

In the second half of the 20th century, the training of many welfare professionals was moved to HEIs. Prior to that, these professionals had been trained at vocational institutions. Since 1921, professional social workers had received training from so-called social institutes. In 1964, these institutes were integrated into higher education, which was a first step towards increasing the research orientation of the social work programme. This development took place during fierce debates concerning the autonomy of universities where the government streamlined tertiary education by introducing standardized curriculums (Östberg 2020). National authorities within higher education were active in suggesting policy changes that sometimes aligned with HEIs and other times with the government. As we will see, suggestions proposed by these authorities were sometimes acknowledged by the government but sometimes also neglected due to financial motives. We will mostly refer to The Swedish National Agency for Higher Education (Hereafter SNAHE) which until 2012 was the supervisory authority that evaluated and performed quality control with the mandate of withdrawing the examination authorization for HEIs.

In 1977, a major educational reform affected the training of many welfare professionals, including social workers, by integrating social institutes into higher education. The government intended to increase the scientific basis of the profession (Agevall and Olofsson 2019). Social work was accepted as an academic discipline, and professorships were created to strengthen the research orientation of the education. This process can be seen as a recognition of the social work profession by the government as well as the national authorities within higher education (Swedish Agency for Higher Education 2003).

While many professions and occupations were integrated into universities in 1977, many care- and health-related professions, such as nurses and occupational therapists were not. These professions were trained at healthcare colleges that were owned by municipalities and counties. Based on the ambition to streamline tertiary education, a commission (SOU 1978:50) proposed that these colleges were to be integrated in the national higher education which was close to happen in 1982. However, the costs were deemed by the government to be too high, which is why the healthcare colleges remained separate from higher education (Proposition 1981/82:89).

In 1983, the social care programme was introduced at the suggestion of the University and Colleges Office (1981) and the National Board of Education. These actors motivated the introduction of the programme as a response to the increasing demands from the ambition of closing care institutions in favour of home care. A key issue was who would be responsible for the programme, i.e. the educational authority. The programme was introduced in 1982 during a shift from a Centre-Conservative-Liberal coalition to Social Democratic government. Both governments agreed on the benefits of implementing the programme at the healthcare colleges. However, Social Democratic members of parliament argued

that recent developments within social care, emphasizing elements such as community-based services and milieu therapy, were a strong reason for delivering the social care programme at universities alongside the social work programme. They pointed out that most of the opinions expressed in the public consultation agreed with them, and that the only justification for doing otherwise would be financial (Motion, 1981/82:1795). That the financial motives were decisive is confirmed in a report by the parliamentary Committee on Education (UbU 1981/82:20). It acknowledged the benefits of sorting the social care programme with the social worker programme but deemed it too expensive. Thus, the social care programme was introduced at the healthcare colleges in 1983.

In the 1990s, the social care programme's lack of academic attachment was used as an argument for reform by several actors. In a motion to parliament (1992/93:Ub673) made by members of two liberal-conservative governing parties, it was proposed that the social care programme should be extended to three years. They also argued for the importance of increasing the programme's research orientation. Further, a public inquiry on the question of transferring the responsibility for the healthcare colleges from the county councils to national HEIs, argued that:

The wide dispersal of the Health Care colleges' programmes has undoubtedly given rise to difficulties, particularly in terms of meeting the requirements of a good academic university environment in all units. These difficulties have been exacerbated by the fact that medical schools have evolved from non-academic vocational schools. (SOU 1993:12, 7)

The inquiry described strong reasons to transfer the social care programmes to universities where social work programmes were offered as both programmes were based on social science. The committee also argued that co-location and increased collaboration between the two programmes could contribute to synergy effects (SOU 1993:12, 97/98). While it proposed the transfer of the social care programme, the committee emphasized the need for it to retain its distinctiveness in relation to the Social Work Programme.

Regarding actors, it is important to note the growing involvement of the Swedish Association of Municipalities (since 2019 called the Swedish Association of Local Authorities and Regions, hereafter referred to as SKR). One impetus for this involvement was a reform in 1992 called Ädel which is an abbreviation of the Swedish name Äldrelegationen (the delegation for elders). The municipalities were given the full responsibility of long-term care services for older adults (Edebalk 2021). Further, a new local government act (SFS 1991:900) came into force 1992. It gave municipalities greater discretion in organizing political and administrative branches. At the time, NPM-oriented ideals were popular which was reflected in the sense that many municipalities introduce the BUM-model (Erlandsson et al. 2013). Taken together, elderly care demanded more extensive administration both in terms of planning and management which required professionals more prone towards these tasks. SKR lobbied for a revision of the social care programme. In a governmental report (SOU 1993:12), they argued for transferring the responsibility for the programme to the universities. They also stressed the need to extend the length of the programme, as well as for the education to focus on economics, administration and human relations.

The transfer of the healthcare colleges and the social care programme to HEIs

In 1995, the Parliament decided to gradually change the educational authority of the healthcare colleges from the counties and municipalities to the government. The background to the reform was an investigation by the Swedish National Agency for Higher Education (1996) of all programmes at the healthcare colleges. The overall conclusion, and an important motivation for changing the educational authority, was that many programmes poor scientific attachment. The government decided to transfer the responsibility gradually, a process that was not completed until the early 2000s due to extensive negotiations about the impact on national funding for the counties (Committee Report 2000/01:UbU17).

The SNAHE (1996) investigation's criticism of health care's low level of academic attachment applied especially to the social care programmes. In line with the reform of the healthcare colleges, the educational authority in charge of the social care programme was gradually changed. In 2000, 13 universities/university colleges offered the social care programme. The SNAHE wrote:

The social care programmes have moved towards greater integration into the national higher education programmes, preferably within social work programmes or programmes with a strong sociological focus. (Swedish Agency for Higher Education 2000a, 53)

Despite the change in educational authority, the SNAHE (ibid.) identified shortcomings in the teaching skills and argued for the need to ensure that teachers had qualifications at master's, doctoral or associate professor level.

A reading of the policy documents makes it clear that the reform was not only an organizational matter. National public authorities also made proposals to make the programmes more similar. The NBHW suggested adding a seventh term to the social care programme, which was motivated by the length of the social work programme:

There are strong reasons to also consider extending the social care training to include 140 credits [seven terms] like the social work programme. Programmes of different lengths and standards for work in the social services are based on old traditions and are not justified on the basis of the work tasks. (National Board of Health and Welfare 2000, 15)

The report repeatedly mentions the ambition of *integrating* the two programmes and in fact two universities started this integration 1998 (Johansson 2010). However, this was not the case for all social care programmes, as not all HEIs had a social work programme.

In addition to the length of the programmes, the national learning objectives of the two programmes were partly harmonized. An evaluation of the social work programme (Swedish Agency for Higher Education 2000b) pointed out that the social care programme had two national learning objectives relating to: (i) management and leadership and (ii) personal maturity, increased self-awareness and a professional approach based on empathy. According to the assessment group: 'there is no fundamental difference between these two programmes in these respects' (90), and that this objective should therefore also apply to the social work programme. These two objectives remain in the national curriculum for the Social Worker programme today.

The 2007 reform

As we have seen so far, there was pressure from national authorities for integration between the social care programme and the social work programme. This pressure increased in the early 2000s. In 2002, the government commissioned the SNAHE to investigate the future of the two programmes. The government referred to integration as *one* possible strategy. However, it also stressed the need for the SNAHE to take health services related to social services into consideration (Government appointment, U2002/2321/UH). SNAHE, in collaboration with the NBHW, proposed that the two programmes should be merged. The proposal was motivated by the changing labour market and the overlap between the programmes. The choice of name for the new programme – the social work programme – gave the impression that the social care programme was being discontinued rather than merged. The SNAHE argued for the continued use of the title 'social worker', on the basis that it was an established professional title well known to both employers and prospective students. Meanwhile, the agencies argued that 'it is important that the perspectives, knowledge and experience of the social care programme are taken into account in a merger' (Swedish Agency for Higher Education 2003, 5).

Another issue surrounding the choice of label, social care or social work, was the difference in status. At the time, most social care programmes were the same length as social work programmes, namely 3.5 years. SNAHE stated:

There is a tendency for higher education institutions that have a social care programme to try to obtain the right to award a social work degree. In many institutions, the right to award a social work degree is regarded as an upgrade from a social care degree. This can be partly explained by the stronger academic foundation of social work education. (Swedish Agency for Higher Education 2003, 30)

In 2007, the government approved the proposal to merge the two programmes. In retrospect, there is no evidence of political disagreement or objections from non-governmental members of parliament. Rather, judging from publications by national authorities (e.g. Swedish Agency for Higher Education 2003), the impression is that the 2007 reform confirmed what everyone already knew was going to happen. For example, social care programmes at some higher education institutions had already been transformed into social work programmes before the reform (Swedish National Agency for Higher Education 2009).

It was stated in the ordinance that the social work programme should be a generalist programme, i.e. not be focused on sub-groups. However, as shown by the Swedish National Agency for Higher Education (2009), many of the new social work programmes that emerged from the social care programme were specialized. The most common specialization was social care, but there were also other areas of specialization, including sports and ethics. In 2010, the social work programme was offered by 16 HEIs. However, there were 37 different programmes to apply to, as several HEIs offered specializations (SOU 2010:65). Some HEIs that had specialized in the social care argued that local employers had requested specialized social workers. The profiling process was not well received by the SNAHE, which warned against this development, arguing that an 'education that excludes an important target group cannot be considered to meet the degree objectives' (Swedish National Agency for Higher Education 2009, 28). The NBHW and the Swedish Association of Municipalities agreed, emphasizing that social work programmes should be coherent and have an even broader generalist character.

The move towards specialization was also debated among scholars. Some social work scholars were critical, arguing that the core tasks of social work would become unclear if a specialization in the care of the elderly and people with disabilities was included in the social work programme (Kristiansen 2002). However, some social work scholars with a background and research interest in social care were sceptical about the integration process, as it could increase rather than decrease the unequal status between social work and social care, with the former having a higher status (Jacobsson and Johansson 2003).

In summary, the aim of the 2007 reform was to integrate the two education programmes so that social workers would be able to supervise social care work and also assess the social care needs of older adults. The change from two programmes to one varied from one HEI to another, which was criticized by national authorities. The critique spawned a drastic reduction of specialized social work programmes from 2009 onwards. But what has happened since? To what extent do today's social work students learn about social care? These questions lead to the second part of the analysis – the analysis of social work curricula.

Part 2 – social work curricula

This section presents the review of the current social work curricula. Judging from the review, issues of ageing and care are included in the Swedish social work programme curricula in three different ways. The first way includes various types of courses in which students learn about different sub-groups including older adults. These courses do not specifically involve social care work. One type of course is life-course development, which focuses on various stages of life including childhood, adolescence, adulthood, and later life, from a psychological and/or sociological perspective. Another type of course is concerned with legal aspects of social work, including how to process, investigate and make legal decisions in relation to various areas including child welfare, social assistance, and social care. The second way is to include ageing as part of social care. Typically, these courses cover social care for older adults and for people with disabilities. Based on the information of syllabus these courses typically focus on social gerontology and disabilities but also knowledge

about need assessments. Careful readers may recall that such a pairing of the two target groups under the heading of ‘social care’ was a feature of the social care programme. The third way of including ageing is to have courses that are entirely dedicated to ageing. These courses are similar to the second way but solely focusing on the elderly.

Another dimension is whether courses are mandatory or not. All programmes have mandatory courses with the first type of inclusion of older adults, i.e. courses where older adults are addressed as a sub-group among others. However, there are differences between the programmes in terms of which mandatory courses include older adults as a sub-group. For example, the legal aspects of handling cases in elderly care are not covered in the legal courses of all programmes. Similarly, ageing is not covered in all courses on life-course development.

With regard to non-mandatory courses, 18 of the 19 programmes allow students to choose between different sub-themes on at least one occasion. These sub-themes are often based on different target groups, such as older adults, people with disabilities, and children. In 15 of these 18 programmes, this section is offered in the last (seventh) term of the programme. Of the 18 programmes with optional courses, 13 offer courses that focus on ageing, three do not offer courses related to ageing, and two offer courses on social care, as shown in Figure 1.

Given the reliance on mandatory courses, we also asked programme directors to specify the proportion of social work students who chose courses on ageing or social care. The mode is 15 per cent, and the dispersion is shown in Figure 2.

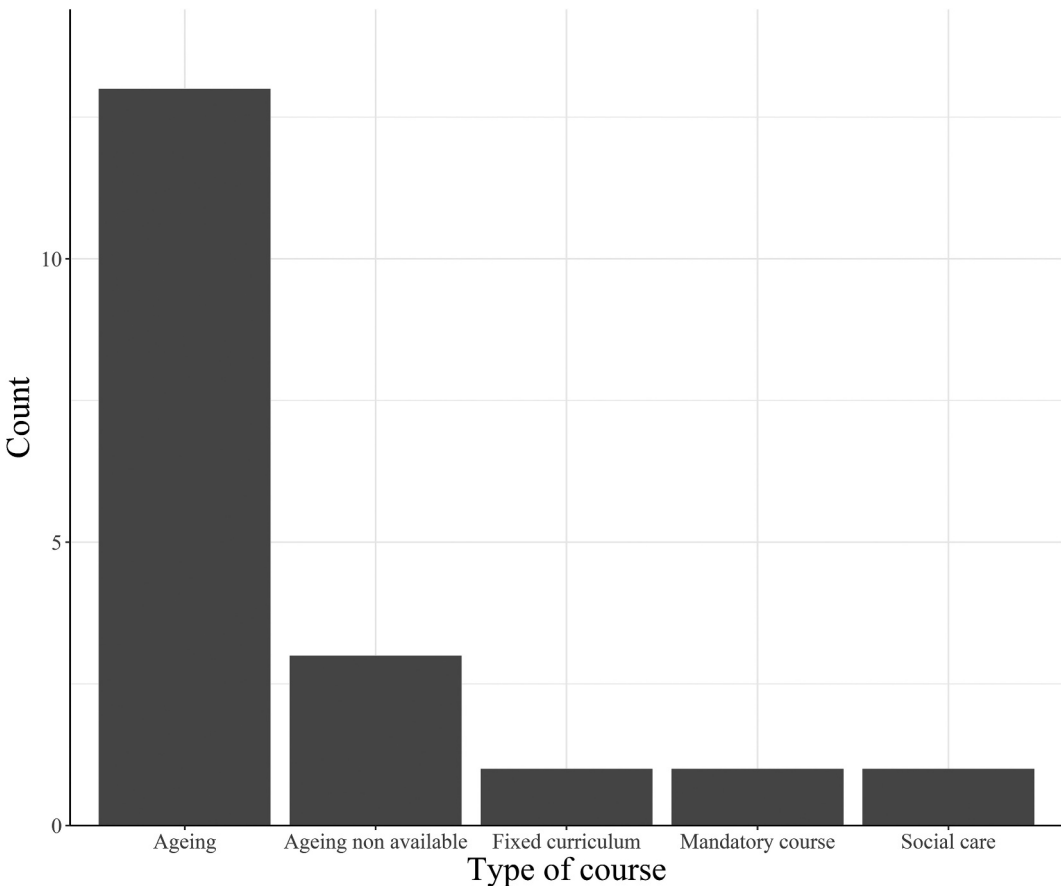


Figure 1. Optional courses.

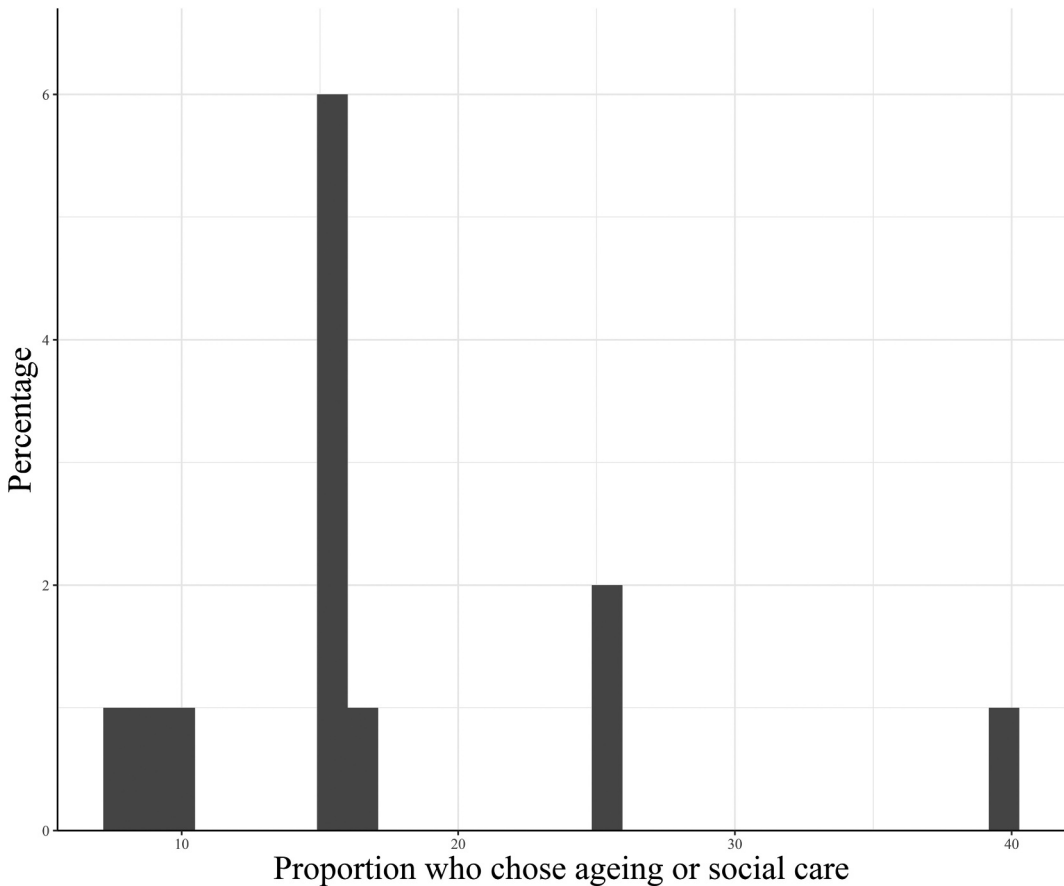


Figure 2. Percentage of students who chose ageing or social care.

Discussion

In this paper we have investigated the inclusion of social care within the professional jurisdiction of social work, focusing on the background and outcomes of the 2007 reform. The intention of both politicians and national authorities was that the reform would lead to an ‘integration’ of the social care and social work programmes. However, as we have shown, it is questionable whether this was really a process of integration – given that integration is understood as bringing different parts together on equal terms. Another metaphor was of ‘merging’ the two programmes (Swedish Agency for Higher Education 2003), i.e. joining or fusing them. As shown, however, the reform did not result in a merger or fusion. On the one hand, there was resistance from some social work scholars to making room for social care in the curricula. On the other hand, the new social work programmes that were created at the HEIs that had offered the social care programme were criticized for trying to retain aspects of social care in specialized programmes. Both processes can be seen in the light of theories on institutional change and path-dependency. Providing broader curricula was costly for both established social work programmes and institutions that had previously offered social care programmes.

The analysis of the curricula and of participation in courses on ageing or social care resulted in similar findings as in previous research (Jönson and Ågård 2020; Trydegård 2016). In practice, it is more accurate to label the 2007 reform as a *cancellation* of the social care programme rather than an integration of it. Most students do not take any courses that focus solely on ageing and/or social

care. It is questionable whether the curricula that are sub-group oriented, i.e. that include older adults as one target group among many, sufficiently prepare social work students for the complex work situations that characterize contemporary social care.

Regarding the actors involved, the historical review reveals a declining political interest in the training of white-collar workers in social care services. When the social care programme was introduced, there was some political debate concerning the educational authority. However, while some criticized the decision to locate the programme in the healthcare colleges, given their ability to provide up-to-date training, the government justified it on economic grounds. It would simply be cheaper to offer the social care programme at the healthcare colleges. However, it was not long before national authorities, not least the SNAHE, raised concerns about the quality of the programmes, increasing the pressure on successive governments to nationalize the social care programme. Following the nationalization, governments and the parliament appear to have agreed with the national authorities on the proposed reforms, including the phasing out of the social care programme. Thus, the national authorities were important actors in making the reform of the social work programme a reality. The social work profession was mostly quiet during these processes. When reading the public investigations, we found little evidence that the unions, or other actors representing the professionals, had any stronger opinions. This is surprising given the strong role of unions during reforms in Sweden. During the period, social workers and social care workers were represented by two strong unions: the Union for Professionals (Akademikerförbundet SSR) and the Swedish Association of Municipal White-Collar Workers (SKTF, since 2007 named Vision). This silence can be compared with the ongoing debate today concerning the social work curriculum, which we describe below, where both unions are highly involved, for instance in a 'shadow investigation' to affect the outcome of the reform (Dagens Samhälle 2024). As always with historical sources, it might be a limitation in the data as public reports and other documents give a condensed and selective description of what actually happened.

Leaving aside the political reforms and the actors, there are reasons to consider more fundamental aspects of the inclusion of social care in social work. As Gunnarsson expresses it:

The question, then, is why knowledge of the conditions of the elderly does not have an obvious place in the social work programme? Neither as a practice nor as a field of knowledge has social work traditionally included elderly care or the living conditions of older adults. However, this knowledge is still not integrated into social work programmes in general, and social work as a discipline has not obviously included this area. (Gunnarsson 2008, 114)

The debate at the time of the 2007 reform, which according to Nygren (2021) was extensive, concerned whether social work could function as an umbrella term to include social care, or whether it should be defined more narrowly in terms of the traditional social-problem-oriented work associated with the social services' efforts to create change and exercise authority. Our review of the texts highlighting this discussion suggests that the dilemma was not resolved at the time and remains an open question. This is perhaps illustrated by the fact that older adults and disabled people are not mentioned in the current national curricula for the social work programme, whereas children and families are. Similar things can be said about social pedagogy. As described, the social care programme had a specialization in social pedagogy. However, social pedagogy was not covered in the national curricula after the 2007 reform. This paper has been limited to social care and thus not focused on social pedagogy. Future research should also engage with the role of social pedagogy in the Swedish training of social workers given its fundamental contributions to human change and development (Hämäläinen 2003).

This paper took Abbott's (1988) concept of jurisdiction as its theoretical starting point. It illustrates that jurisdiction is complex both in terms of actors and time frame. In the presented case, the social work profession did not claim jurisdiction over elderly care. Rather, the jurisdiction came about as a result of reforms in education and governance of care, despite

criticism from scholars of social work. Beginning with educational reforms, the government as well as national authorities intended to gather and streamline educational programmes. Turning to governance of care, the Ädel reform and BUM during the late 1900s increased the administrative orientation of social care which made SKR interested in reforming the education of social care work (SOU 1993:12). These findings support the claim made in the theory section of this paper: that changes in jurisdiction also result from external forces, from outside of the profession as described by Andreassen and Breit (2024) in their paper on activation work. To summarize, care work was not a subject of usurpation (cf. Liljegren 2012), but rather absorption

As described, activation work resembles social care as it has become part of social worker's jurisdiction relatively late. However, when comparing the scholarly debate, activation work has remained more controversial, compared to social care, with fundamentally different scholarly conceptions of whether and how social work research and practice should conceive of it (Dall and Brauer 2024). It is beyond the scope of this paper to compare recent changes of social work jurisdiction, but one hypothesis would be that activation work is more politicized, in questions concerning conditionality of basic income protection, compared to social care. However, the differences between these cases must be stressed. The case of social care stemmed from the political ambition to increase the scientific basis for the training of welfare professions. Thus, it was initiated by educational reforms. Activation became part of the social work jurisdiction through changes of social services. Another issue, in need of further investigation, is social worker's attitudes towards different jurisdictions which is not the subject of this exploratory paper. Judging from previous literature, however, there are indications that social care work has lower status among social workers compared to other areas of social work (Jacobsson and Johansson 2003; Jönson and Ågård 2020).

The findings raise the question of whether it is desirable that higher education makes white-collar workers better prepared for social care through additional courses. It is tempting to say 'yes'. The average life expectancy continues to rise, and the demand for social care is also expected to increase in Sweden as well as in other countries. More specialized social care can be expected to better meet the needs of older adults. Bruhn et al. (2020) found that many newly trained social workers in Sweden, working within social care services, felt that they had too poor training to do their work. On the other hand, proponents of increased specialization in social care must also consider unintended consequences. There is already a shortage of social workers in Sweden (National Board of Health and Welfare 2023). A successful creation of sub-specialities, for example by introducing licenced gerontological social workers, would require that students be attracted to apply to such programmes and that employers be willing to pay extra for such skills. Thus, it is not given that introducing mandatory courses in gerontology for social worker students would solve these problems given the broad range of groups and problems that social workers are expected to serve. In 2023, the Swedish government launched a public investigation to discuss these issues, i.e. the balance between generalist and specialist social workers, including possibilities of introducing specialized supplementary training through master's degrees (SOU 2025:27). Regardless of the outcome of this process, it is clear that the content and structure of the social work programme will continue to be the topic of discussion and reforms.

The main findings can be summed up in the following key insights:

- The education system can drive changes in the profession's jurisdiction. This means that external forces are sometimes a driving force rather than the profession itself.
- Higher education institutions are path-dependent, which can lead to gaps between national intentions and local embodiment of these intentions.
- Swedish social workers have in general little training in social care work. It is tempting to increase the requirements of social care in social work curricula. However, such requirements challenges the idea of generalist social work. This situation illustrates the difficulty of ensuring that newly qualified social workers are prepared to work in specialized sectors of social work.

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