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Cross-unit collaboration as a tool for developing support to children and families affected by parental substance use

Ann Lyrberg[a,b], Kari Jess[c] and Ulla Forinder[b]

[a]Centre for Research and Development, Uppsala University/Region Gävleborg, Gävle, Sweden; [b]Department of Social Work and Criminology, Gavle University, Gävle, Sweden; [c]Department of Health and Welfare, Dalarna University, Falun, Sweden

ABSTRACT

Children living with parental substance use are at higher risk of experiencing negative emotional, social and developmental outcomes. In Sweden, the specialized organizational structures of social services often lead to fragmented service delivery, limiting the ability to provide coordinated, child- and family-centred support. This study examines practitioners' experiences of collaboration between two specialized units, child and family open care and substance abuse open care, involved in the Me and My Family intervention. The study draws on data from five focus groups and one individual interview with 23 practitioners from 10 municipalities and uses thematic analysis to examine how professionals perceive collaboration across organizational boundaries. While collaboration highlighted differences in professional cultures and approaches, it also enabled practitioners to complement one another and gain a more comprehensive understanding of families' needs. Boundary spanners – experienced professionals skilled in communication and systemic thinking – played a key role in fostering reflective dialogue, non-hierarchical interaction, and shared learning. Their efforts created a cycle of preparation, practice, and reflection, supporting the development of shared mental models. However, tensions arising from differing perspectives, uneven workloads, and limited organizational support occasionally hindered collaboration and obstructed collective learning. Overall, the study demonstrates that cross-unit collaboration fosters organizational learning when it is supported by reflective dialogue, shared responsibility, and leadership that values interprofessional teamwork.

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Cross-unit collaboration; Learning Organization; boundary spanners; social services; parental substance use

Introduction

Children living in families affected by parental substance use are at higher risk of poor health and of engaging in destructive behaviours during childhood and later in life. Research shows that these children often experience feelings of loneliness, sadness, anxiety, and worry (McGovern et al. 2021; Alexanderson and Näsman 2017; Rossow et al. 2016).

In addition, studies indicate an increased risk of delayed cognitive development, self-harming behaviours, and substance abuse in both childhood and adulthood (Berg et al. 2016). These children are also more likely to leave primary school without completing their qualifications and to attain lower levels of higher education compared with their peers, which limits their opportunities in the labour market in adulthood (Rahmani and Groot 2023; Ramstedt et al. 2022; Torvik et al. 2011)

CONTACT Ann Lyrberg ann.lyrberg@hig.se

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The well-documented consequences for children formed the basis for action by Swedish authorities. The Swedish National Board of Health and Welfare (Socialstyrelsen) identified that social services were not reaching enough children in need of support. It also noted that the division into specialized units often resulted in support being delivered in silos, with limited coordination and a lack of established routines for collaboration (Alexanderson and Jess 2015). This structure has been criticized in both Swedish and international research for fragmenting services, with units operating in silos and focusing on separate target groups with limited interaction (Carey 2015; Grell, Blom, and Ahmadi 2022; Matthiessen, Zeeberg, and Haack 2017; Trappenburg and Van Beek 2019). To address these issues, the Swedish National Board of Health and Welfare initiated a development project involving five municipalities to promote a holistic approach and strengthen support for children and young people affected by parental substance use. In addition to reinforcing this holistic approach, the initiative aimed to improve collaboration between child welfare and adult social services and to better coordinate assessments and interventions for the whole family (Socialstyrelsen 2012).

Between November 2012 and September 2014, the five participating municipalities were tasked with developing and implementing coordinated strategies to identify children living in families affected by parental substance use. This work involved assessing the needs of both children and parents, as well as delivering and monitoring appropriate interventions (Alexanderson and Jess 2015). As part of the Swedish National Board of Health and Welfare's development initiative, the Me and My Family intervention was developed. To strengthen support for children and their families, the intervention emphasizes close collaboration between two specialized units: Child and Family Open Care (CFOC) and Substance Abuse Open Care (SAOC) (Jess, Lyrberg, and Nehlin Gordh 2021).

Following the initial development project, Dalarna University conducted a research-led implementation of the Me and My Family intervention in ten Swedish municipalities between 2018 and 2022. Previously published findings on the intervention's outcomes for children and parents indicate that it helped reduce the taboo surrounding parental substance use, promote greater family cohesion, reduce household chaos, and decrease children's behavioural problems (Jess et al. 2023; Lyrberg, Jess, and Forinder 2024).

This article shifts the focus from children and families to the organization and discusses the collaborative approach adopted by the units involved in the intervention. The aim is to examine practitioners' experiences of cross-unit work within Swedish social services open care units involved in the Me and My Family initiative. The study focuses on two aspects:

(1) What are practitioners' experiences of working in cross-unit collaboration within social services organizations such as Me and My Family?
(2) What do practitioners consider necessary conditions for achieving cross-unit collaboration within social services organizations?

The Swedish context

Swedish social services are responsible for supporting children and their families affected by parental substance use. A typical organizational structure in Swedish municipalities includes separate divisions for elderly care, social assistance, child welfare, and adult social services. Each division often comprises units responsible for investigations and decision-making, as well as units that provide support and treatment services (Steive et al. 2025). Support measures for children in families affected by parental substance use are offered by the child welfare division and its support and treatment unit, hereinafter referred to as Child and Family Open Care (CFOC). These measures typically include counselling, group activities, and home-based support, and CFOC also provides parenting support. Conversely, support and treatment for substance use issues are delivered daily or

weekly by the adult social services division within its support and treatment unit, hereinafter referred to as Substance Abuse Open Care (SAOC).

In Sweden, open care refers to support, treatment, and social interventions provided without removing the child or adult from their home environment. Its purpose is to assist individuals and families while they remain in their usual living situations. Open care is therefore an alternative to out-of-home placements, such as foster care, residential care, or compulsory treatment.

In this study, the concept of cross-unit collaboration refers to coordinated work among specialized units *within* the social services organization to address the complex and interconnected needs of children and families.

Theoretical framework

Learning organisation

In this study, we conceptualize the social services organization as a system composed of interconnected subsystems – its divisions and their associated units. Decisions made within these subsystems produce ripple effects that influence other parts of the organization. Over time, the organization develops distinct behavioural patterns that function independently of the individuals within it, although these individuals remain essential to the system's operation (Senge 2006). While gathering data, theories of the learning organization emerged as useful perspectives for the analysis.

Building on Peter Senge's (2006) theories of the learning organization, social services can develop through open dialogue, in which staff actively engage with and learn from each other's perspectives. This process requires what Senge (2006) terms personal mastery – the individual's ability and commitment to learning, expanding knowledge and vision, mobilizing energy, exercising patience, and critically reflecting on reality.

Alongside personal mastery, mental models are crucial for individual and organizational learning. Mental models are internal representations of the world and of our behaviour, shaped by generalizations, images, and symbols that often operate unconsciously.

According to Argyris and Schön (1995), organizational learning arises from reflecting on these mental models, scrutinizing fundamental assumptions, and asking why work is carried out as it is; so-called 'double-loop learning' allows the underlying causes to be analysed, in contrast to 'single-loop learning', where errors are corrected without analysing the underlying causes. Engeström (2001) further develops this perspective through the concept of expansive learning. While Argyris and Schön focus on reflection and the questioning of underlying assumptions, Engeström emphasizes how learning emerges when groups collectively analyse contradictions and tensions in their work and develop new forms of practice. Organizational learning thus involves not only improving existing routines but also transforming the activity itself through collaborative problem-solving and innovation.

In Senge's model, organizational development depends on processing these mental models through both individual and collective learning. As Senge (2006) states:

> The discipline of mental models starts with turning the mirror inward; learning to unearth our internal pictures of the world, to bring them to the surface and hold them rigorously to scrutiny. It also includes the ability to carry on 'learningful' conversations that balance inquiry and advocacy, where people expose their own thinking effectively and make that thinking open to the influence of others. (Senge 2006, 8–9)

For organizational learning to take root, it is also essential that the organization (e.g. a social services organization) cultivates a shared vision. According to Senge (2006), a shared vision consists of 'pictures of the future shared that foster genuine commitment and enrolment rather than compliance'. Such a vision is grounded in individuals' personal visions, which generate energy and foster a sense of commitment.

However, a learning organization that remains responsive to changing conditions and evolving needs must go beyond personal mastery, mental model transformation, and shared vision. It must

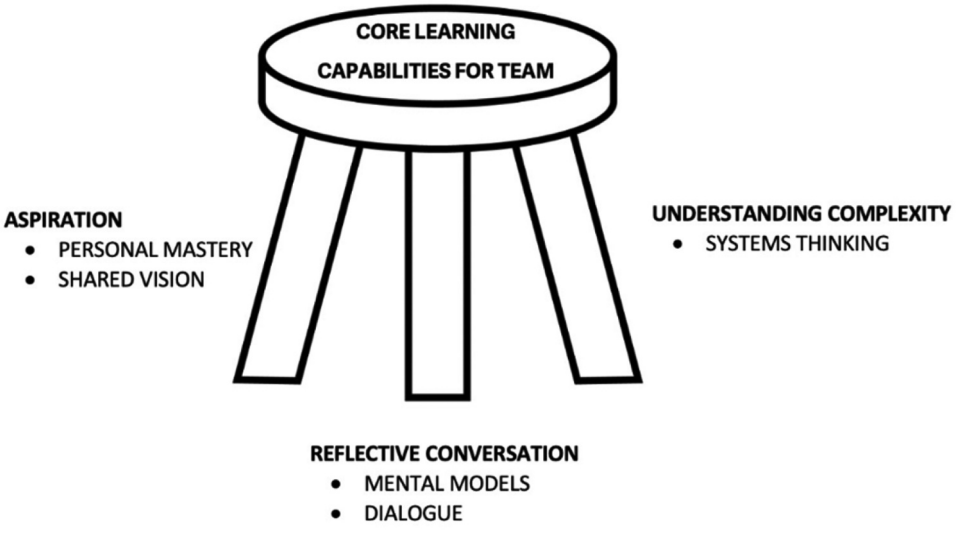

Figure 1. Three-legged stool Senge (2006).

also foster *team learning*—the process by which workgroups develop collectively in ways that individuals cannot achieve alone. Wenger's (1998) theory of communities of practice extends Senge's notion of team learning by emphasizing that learning is fundamentally a social process that takes place through participation in shared practices. Through ongoing interaction, professionals develop common understandings, shared repertoires of knowledge and tools, and a collective sense of competence. From this perspective, organizational learning occurs not only through formal organizational initiatives but also through everyday collaboration and knowledge sharing among practitioners.

Systems thinking integrates the four disciplines – personal mastery, mental model transformation, shared vision, and team learning – into a whole that combines theory and practice and exceeds the sum of its parts. Senge (2006) refers to this as the fifth discipline.

Senge (2006) compared the core learning capabilities of teams to a three-legged stool built on personal mastery, shared vision, and reflective conversation, in which dialogue and mental models help ease the burden and facilitate understanding of complexity through systems thinking. All three elements are equally vital for the stool to stand steadily; see Figure 1.

Boundary spanners

Based on the data collected, the concept of *boundary spanning* – closely associated with inter-organizational collaboration and having gained prominence in organizational, implementation and innovation research – was incorporated into the analysis process. Boundary spanning refers to activities that establish and maintain connections across organizational, professional, and institutional boundaries in order to facilitate knowledge exchange, collaboration, and innovation (Tushman and Scanlan 1981a, 1981b; Williams 2012). Individuals who actively engage in such activities, commonly termed *boundary spanners*, play a critical role in bridging organizational divides by fostering trust, managing conflicts, and facilitating cooperation among diverse stakeholders (Grell, Blom, and Ahmadi 2020; Leung 2013; Nissen 2010; Oliver 2013; Tushman and Scanlan 1981a; Williams 2002).

Typical boundary-spanning activities include networking, coordinating inter-organizational efforts, facilitating communication, negotiating between stakeholders, and bridging differences in professional cultures and practices (Tushman and Scanlan 1981a). According to Nissen

(2010), professionals who work across organizational boundaries contribute positively to both organizational performance and client outcomes. Similarly, Williams (2002) argues that effective boundary spanners are often experienced practitioners with well-developed communication skills and extensive professional networks. They possess the capacity to navigate complexity, maintain a systems perspective, and understand the diverse organizational contexts and cultures in which they operate (Oliver 2013; Tushman and Scanlan 1981a; van Meerkerk and Edelenbos 2018; Williams 2002). Moreover, Oliver (2013) suggests that social workers are particularly well positioned to act as boundary spanners due to their professional education, training, and substantial experience in relationship building and inter-agency collaboration.

The ability to translate knowledge across professional contexts, build and sustain relationships, understand complex systems, and mobilize relevant knowledge resources constitutes a set of core competencies associated with effective boundary-spanning practice (van Meerkerk 2018; van Meerkerk and Edelenbos 2018).

Despite its recognized benefits, boundary spanning has also been criticized. Boundary spanners are frequently expected to perform multiple and often competing roles simultaneously while operating in the interstitial space between organizations, professions, and stakeholder groups (Williams 2012). This position may expose them to role ambiguity, conflicting expectations, and increased workload demands. Furthermore, scholars have criticized the boundary-spanning literature for often overlooking issues of power and politics, instead portraying boundary spanning as a largely neutral and technical activity rather than a process shaped by unequal power relations and competing interests (Williams 2012).

Method

This study forms part of a larger research project whose overall aim is to examine the 'Me and My Family' intervention from multiple viewpoints. In this phase, a qualitative approach utilizing focus groups was employed to gather data, emphasizing practitioners' experiences with cross-unit collaboration. The study involves the social services CFOC and SAOC units across ten municipalities. The first and second authors have previously published papers on the intervention's outcomes and children's experiences; see Jess et al. (2023) and Lyrberg, Jess, and Forinder (2024).

Sample

In the research-led implementation project, we previously trained practitioners from ten municipalities and guided the implementation of the intervention. For a more detailed description of the intervention, see Jess et al. (2023) or Lyrberg, Jess, and Forinder (2024). Of the 64 practitioners who completed a three-day training, 37 had previously implemented the intervention. Practitioners who had applied the intervention with at least one family were invited to participate in this study. Invitations were sent via email to the 37 eligible practitioners. In total, 23 practitioners agreed to participate: 12 (11 women and 1 man) from CFOC and 11 (9 women and 2 men) from SAOC. The participants had implemented the intervention with at least one family, with the most experienced practitioner having applied it in eight families. Table 1 provides an overview of the focus groups, including participant details, dates, and gender composition.

Table 2 shows the educational background of the focus group participants. The median number of years in the profession is 10, ranging from 2 to 41 years. Three SAOC practitioners and four CFOC practitioners also hold advanced training in psychotherapy or cognitive behavioural therapy.

Of the 37 individuals invited to participate, 14 dropped out. Four declined, six did not respond to the invitation, three accepted but did not attend the interview, and one cancelled due to illness.

Table 1. Description of focus groups. Number of focus groups, date, number of participants, unit, and genus.

Focus Group	Date	*N* = Participants	Children and Family unit	Adult unit	Man	Woman
Focus Gr 1	2020–11-03	7*	5	2*	1*	6
Focus Gr 2	2020–11-03	3	2	1	1	2
Focus Gr 3	2020–11-04	5	3	2	0	5
Focus Gr 4	2023–11-15	5	2	3	0	5
Focus Gr 5	2024–04-18	3*	0	3*	2*	1
Interview	2023–07-04	1		1		1
		23 (24*)	12	11 (12*)	3 (4*)	20

*One participant attended the focus group twice: the first in 2020 and the second in group 5, three and a half years later.

Table 2. Educational background.

	Social Worker	Treatment educator/ Social pedagogue/Special educator/Drama teacher	Alcohol and drug therapist	Total
SAOC	4	4	3	11
CFOC	8	3	1	12

Data collection

To address the research question, a qualitative approach was adopted. Data were collected through five focus group interviews and one individual interview, conducted between November 2020 and April 2024. The primary objective of using focus groups as a data collection method was to enable practitioners to engage in open dialogue on predetermined topics (Morgan 1996). This involved examining practitioners' experiences and perceptions related to their work with Me and My Family, with particular emphasis on cross-unit collaboration and on how children's perspectives are integrated into the intervention. In this study, the main focus is on experiences of collaboration.

The plan was to conduct five focus groups in November 2020, but due to the COVID-19 pandemic, several participants cancelled, and only three of the scheduled focus group meetings took place. A new invitation was sent to those who had previously agreed but were unable to attend, and a fourth focus group was conducted online in November 2023. The digital format was chosen because participants found it difficult to take time off work, although employers allowed participation during working hours. One practitioner who could not attend the fourth group was interviewed individually.

The initial four focus groups aimed to broaden and diversify perspectives by including practitioners from both SAOC and CFOC. Working pairs were divided across different groups to minimize bias and encourage more open responses. However, practitioners from CFOC were overrepresented in these early groups. To address this imbalance, a fifth focus group was held in April 2024, consisting solely of SAOC practitioners, to ensure a more balanced understanding of the issues.

Focus groups two and five were planned for five participants each. However, in Group 2, one participant did not attend without notice, and another was unable to attend and switched to a different group. In Group 5, two participants also did not attend without notice. Despite these absences, the focus group interviews were conducted with the attendees. Given the richness of the content, the results were included in the study.

The interviews lasted approximately two hours per group and were facilitated by two researchers, authors 1 and 2 of this study. Their responsibilities included introducing the subject matter, guiding the conversation, seeking clarification when necessary, and ensuring that all participants had the opportunity to contribute. The key topics addressed during the discussions included: 'What are the practitioners' experiences of working across unit boundaries? What is it like to work with a colleague from a unit responsible for a different problem area? What are the challenges?'

The interview session

Before the interview sessions, participants were encouraged to prepare for the focus group by reflecting on the advantages and disadvantages of collaborating with colleagues from different units responsible for other problem areas. They were also asked to consider what they had learned from this approach and whether it had impacted the families they served.

The primary objective of the focus groups was to facilitate discussion among participants. They were informed that the moderators would occasionally look away to minimize disruptions to the conversation. Participants were also encouraged to ask questions of one another.

The two moderators had distinct roles. The first author (AL) was responsible for keeping the discussion on track and ensuring that all participants had the opportunity to contribute. The second author (KJ) focused on attentive listening and sought clarification by asking follow-up questions.

To help participants relax and foster a sense of connection, the session began with opening questions that required only brief responses (Wibeck 2010). This was followed by introductory questions related to the topic, such as, 'Did you know your colleague before starting to work with the intervention?' This approach encouraged participants to reflect on their experiences and helped create a comfortable environment for discussing the topic (Wibeck 2010).

The session then moved on to the main questions concerning the cross-unit collaboration method of the Me and My Family initiative and its impact on families. Finally, participants were invited to share any additional thoughts or insights that had not yet been discussed, ensuring that no significant points were overlooked.

Analysis

Given the research question, and our aim to examine participants' perspectives and experiences of the Me and My Family collaboration model, we chose thematic analysis. Using abduction, we alternated between closely engaging with the empirical data – specifically the participants' statements – and the study's theoretical framework, as well as the intervention's goal of providing better support to children and their families, to identify and interpret underlying themes and structures of meaning (Braun and Clarke 2006).

To facilitate the analysis, we recorded and transcribed the interviews verbatim. Authors 1 and 2 began the analysis by thoroughly reading the focus group transcripts, with a primary focus on the practitioners' experiences. Any thoughts that arose during this process were noted. Each transcript was reviewed multiple times to identify patterns. The first two authors then independently identified themes emerging from the participants' statements.

In the second step, data relevant to the study's aims were identified, with NVivo software used to help organize the information. In the third step, the interviews were reviewed again to identify recurring patterns. The fourth step involved discussing potential themes and subthemes, which were visualized in a thematic map. In the fifth step, the themes and subthemes were refined to align with the data before finalization.

Finally, the emerging themes and subthemes were discussed, incorporating perspectives from learning organization theory. At this stage of the analysis, the results raised questions about the activities and characteristics of those involved in cross-unit collaboration, prompting the inclusion of theories on boundary spanners. The third author (UF), a qualified social worker and professor who was not involved in the intervention, reviewed the interview transcripts and created a comparative analysis. This was done to assess the credibility and confirmability of the results.

Ethical considerations and authors' positions

Participants in the focus groups were informed in advance – both in writing and verbally – about the research, the methodology, and what their participation would involve. Participation was

voluntary and confidential and did not affect their employment status, as managers were not informed of their involvement. While participants remained anonymous to readers and to members of other focus groups, they were not anonymous to one another within the same group. To safeguard anonymity, names, roles, and genders have been altered in the results report. To preserve the anonymity of the individual interviewee, their comments have been incorporated into the results and analysis of the focus group's statements. The interviewee may have offered further perspectives if they had been part of one of the focus groups. As the interviewee was one of those who had the most experience working with the intervention and the interview was rich in content, we chose to include it in the analysis. During the focus group interviews, a guideline was established stipulating that all discussions would remain within the group. The interview process may give rise to potential ethical concerns or dilemmas. If such issues occurred, participants and group leaders discussed how to address and manage them. Informed consent was obtained both in writing and verbally. The study received ethical approval from the Swedish Ethical Review Authority (Reg. no. 2019–02212).

The first author (AL) has broad professional experience working with adults experiencing substance use problems and was one of three social workers who developed the Me and My Family intervention. During the subsequent research-led implementation project, AL served as project leader and was responsible for training social workers in the intervention. In the present study, AL conducted the data collection, led the analysis, and prepared the initial manuscript draft.

The second author (KJ), who led the implementation project, worked closely with AL in providing supervision and support to social workers throughout the implementation process. In this study, KJ co-facilitated the focus group interviews and contributed to the data analysis and the manuscript.

The involvement of both AL and KJ in the implementation project, and AL's role in developing the intervention, may have influenced the focus group discussions. Participants might have felt hesitant to criticize either the intervention or its collaborative model. At the same time, the authors' familiarity with the intervention and established relationships with participants may have facilitated trust, thereby encouraging open reflection and the sharing of both positive and negative experiences.

AL's involvement in developing the intervention, together with AL's and KJ's participation in its implementation, formed an important part of the pre-understanding. While this insider perspective provided valuable contextual insight into practitioners' experiences of implementing the collaborative model, it also risked introducing interpretative bias. To enhance reflexivity and analytical rigour, the authors engaged in ongoing critical discussions throughout the analytical process, continually challenging assumptions and interpretations. Furthermore, the third author (UF), who had not been involved in either the development of the intervention or the implementation project, contributed an independent perspective during the analysis and review of the findings, thereby strengthening the credibility and trustworthiness of the study. All authors contributed to and approved the final version of the manuscript.

Results

The findings are presented according to three central themes and their underlying subthemes, which capture the essence of the results. These themes are: Collaboration raises awareness of different perspectives and strengthens the whole; Cross-unit collaboration fosters learning and development; and Reflective dialogue supports collaboration. Table 3 provides an overview of the themes and subthemes.

Theme 1: collaboration raises awareness of different perspectives and strengthens the whole

A central theme in the focus group discussions was that, through collaboration, participants became aware of each other's different perspectives and recognized that each unit had developed its own

Table 3. Overview of the main themes and sub-themes.

Theme	Subtheme
Collaboration raises awareness of different perspectives and strengthens the whole.	Visibility of diverse perspectives and cultural differences in working methods
	Complementary perspectives, skills, and expertise strengthen a holistic approach
Cross-unit collaboration fosters learning and development	Professional learning and development
	Organisational learning and development
A reflective dialogue supports collaboration	Curiosity and preparation as foundations for collaboration
	Challenges to a reflective dialogue

distinct culture. This theme encompasses two subthemes: the visibility of diverse perspectives and cultural differences in working methods, and how complementary perspectives, skills, and expertise contribute to strengthening a holistic approach.

Visibility of different perspectives and cultures

Participants in the focus groups emphasized that cross-unit collaboration provided insight into distinct perspectives and theoretical foundations. These viewpoints often diverged across units, revealing differences in underlying beliefs and approaches. The focus group members described these discrepancies as cultural divides, noting that they felt they came from 'two different worlds, even though it is the same world' [referring to the same organization] during collaborative efforts.

Focus group participants became aware of what Senge (2006) refers to as mental models – their internal representations of the theories and skills they apply in practice. They expressed that CFOC counsellors generally adopt a systems perspective, often involving multiple individuals in discussions and following an established practice of engaging with children. In contrast, Lisa, an SAOC counsellor, stated that her unit 'is very individualistic and solely focused on the dependent person'. While SAOC counsellors possess considerable knowledge of the effects of harmful substance use and addiction, they often reported feeling less experienced when engaging with children and addressing issues within the broader family context.

The awareness of different perspectives also prompted participants to critically examine the traditional work methods of their home units, as well as their approaches outside the Me and My Family initiative.

> We have been talking about this as a family illness for a long time, that's true. But I think, in all the years I've been working, it's never been an actual reality that it's been based on that. Instead, it is very much based on the adult's perspective. (Sara, SAOC counsellor)

Examining traditional work methods revealed that they sometimes do not achieve their intended outcomes. By 'turning the mirror inward', as Senge (2006) describes, Sara realized that she and her unit often overlooked children's needs and did not include the family system in treatment sessions.

Complementary perspectives, skills and expertise strengthen a holistic approach

By drawing on each other's specialized knowledge, focus group participants described how they provided mutual support throughout the collaborative process. This involved jointly identifying and explaining harmful behavioural patterns and helping families understand how these patterns emerge and influence family dynamics. For example, participants illustrated how substance use affects a parent's cognitive functioning and behavioural responses, and how these effects subsequently impact the child. In this way, their respective professional competencies functioned in a complementary and interdependent manner.

The focus group participants also reflected on how professional boundaries between the collaborating units became less distinct during the joint work.

> However, what I thought was essential to talk about was that the boundaries had been blurred. It was like them and us in a way. They worked with adults, and with a focus on just addiction. We worked with children's needs

> and parents' emotional availability in some way. However, I think that, yeah, but it marries together. (Katja, CFOC counsellor)

Katja describes an initial sense of separation – 'us and them' – rooted in differing organizational mandates: one unit focused primarily on adults and addiction, while the other centred on children's needs and parental emotional availability. Despite these structural and professional differences, she emphasizes that the collaboration ultimately felt coherent and mutually reinforcing. The phrase 'it marries together' suggests that, in practice, their respective areas of expertise align to create a more integrated and holistic approach to supporting families. This blurring of boundaries is portrayed as beneficial, enabling shared understanding and coordinated intervention.

The different perspectives that emerged throughout the collaborative process were seen as contributing to creating a better overall picture. As Jennie, an SAOC counsellor, articulated: 'perspectives broaden, and the field of vision widens'. And as Karsten, a CFOC counsellor, stated: 'It is a holistic perspective, and I think it makes it more caring'.

Hans, who works with adults, discovered that the complementary perspectives and skills 'break the tunnel vision' and challenge outdated working methods in his unit. He reflected that 'only working with the abusive person feels strange to me today' and asked himself, 'Why didn't I involve the family earlier?' These complementary perspectives and skills enhanced his systems thinking, fostering a more holistic view of family issues.

Theme 2: cross-unit collaboration fosters learning and development

A central theme in the focus group interviews was how cross-unit collaboration promoted the development of support for children and their families, and how theory and experience could be applied in practice. This theme comprises two subthemes: personal learning and development, and organizational learning and development.

Personal learning and development

The informants reported that the intervention's cross-unit collaboration model fostered meaningful exchange of knowledge and experience. Through discussions of different methods and perspectives, observing how colleagues articulate their reasoning, asking clarifying questions, and providing constructive feedback, participants engaged in reciprocal, practice-based learning. As Sara noted, 'My competencies are strengthened when I work with someone who gives me feedback'. Likewise, Pia emphasized the importance of experiential expertise, stating, 'You can learn some things theoretically, but having a colleague who has applied that theory in practice is invaluable'.

The development of new knowledge and improvements in methodology also enhanced participants' sense of professional competence. Focus group participants identified a range of communication-related skills strengthened through this process. These included managing conversations with family members, supporting structured turn-taking, using different questioning techniques, practising active listening, adopting a less confrontational approach, adjusting language to match a child's cognitive and linguistic abilities, and engaging more directly with children during discussions.

> I am always learning something, no matter which colleague I'm working with. This exposure shapes how I communicate and express myself. (Lisa, CFOC counsellor)

Lisa's reflection emphasizes the value of these emerging communication skills and highlights the importance of continuous professional development within collaborative practice. Her statement illustrates the significance of ongoing, practice-based learning in a collaborative professional setting. Lisa regards learning as an essential, continuous aspect of collegial interaction,

noting that exposure to diverse professional perspectives and communicative styles not only broadens her skill set but also actively shapes her professional identity and communication practices.

Focus group participants also reported greater confidence when they could draw on and complement one another's knowledge and professional experience. Tina, a CFOC counsellor, described the intervention and its accompanying materials as 'quite reassuring; we know what to do', underscoring the importance of shared expertise in establishing a sense of direction and clarity. She further noted, 'It is good to be able to rely on a colleague who knows things that I do not', highlighting how mutual reliance and access to complementary competencies strengthened their capacity to facilitate meetings with parents and children.

Several participants had professional experience in both SAOC and CFOC. For these individuals, the intervention provided a structure that enabled them to reconnect with, reinterpret, and apply knowledge acquired in their previous roles. Linda, a counsellor at SAOC, reflected, 'The cool thing is being able to use these years and gather these experiences', emphasizing the long-term accumulation and transferability of practice-based expertise. She also noted that, despite the different thematic orientations of the two units – family dynamics in SAOC and substance use issues in CFOC – there was no perceived clash of perspectives between her and her CFOC colleague. Instead, their collaboration was experienced as cohesive and mutually reinforcing, allowing their distinct professional backgrounds to operate as complementary rather than conflicting resources.

Organizational learning and development

The informants explained that the skills developed through their collaboration within the intervention were transferable to a range of contexts beyond the Me and My Family framework, and that they had actively integrated these competencies into their respective home units. Karin, a counsellor at SAOC, described how the intervention expanded her professional repertoire: 'I can use the tools when I meet adults in treatment in a way that I have not been able to before'. She further emphasized her enhanced ability to shift between children's and adults' perspectives: 'I can see things from the child's perspective, so I can steer the conversation away from topics that I might not have been able to broach before, when I only saw things from an adult's perspective'. Additionally, the project's materials were regarded as versatile and applicable to situations well beyond the immediate objectives of the Me and My Family programme.

The cross-unit collaboration involved visiting each other's workplaces, allowing counsellors to build relationships with colleagues from different organizational contexts. These interactions facilitated a greater understanding of each other's operational environments and created opportunities for informal knowledge exchange. Encounters during everyday activities, such as coffee breaks, fostered an atmosphere in which counsellors could associate names with faces and share insights into their respective practices.

As a result, participants reported being more inclined to collaborate, seek consultation, and provide mutual support in cases beyond the intervention's original scope. In informal settings, such as break rooms, it became easier to initiate spontaneous consultations – for example, by asking, 'Could you provide insight on this matter? We have a parent who requires guidance concerning his substance use'. These interactions were described as generating 'ripple effects' within the organization.

> So, it spreads like ripples to those [unit members] who do not work with this [Me and My Family intervention] because we talk about each other positively. Before, we had many opinions about what other units do or do not do. They also have opinions about us. (Tina, CFOC counsellor)

Tina's statements indicate that the collaboration generates positive organizational 'ripple effects', whereby new attitudes and practices spread beyond the immediate participants. This suggests a shift from mutual scepticism between units towards greater recognition of each other's competencies, fostering increased inter-unit trust and reducing previously held assumptions.

The informants' accounts suggest that these collaborative practices gradually broadened professional perspectives, particularly within the substance abuse unit. Counsellors increasingly began to inquire about children's experiences and discuss how substance use affects both children and their families. Agnes, a counsellor at SAOC, described how the intervention enabled her to move between her own unit and the CFOC, fostering dialogue and cooperation by inviting colleagues to meetings and encouraging regular inter-unit visits. She likened this to 'bridge building', noting that SAOC and CFOC initially had different approaches. SAOC staff were initially hesitant to involve children or work across organizational boundaries, raising concerns that the Me and My Family programme might create unrealistic expectations among children, such as hoping changes in a parent's substance use.

A turning point occurred when a parent participating in the programme was simultaneously receiving individual support at SAOC. According to Agnes, her SAOC colleague 'noticed the parent began speaking differently about their child', which changed perceptions of the programme's potential benefits within the unit. This shift in discourse contributed to a reassessment of the programme's relevance and helped strengthen inter-unit collaboration.

Focus group participants also identified a significant limitation of cross-unit collaboration: the risk that responsibility for implementing the intervention becomes concentrated in a single individual. Sonja, a counsellor at SAOC, illustrated this challenge, reporting that her colleagues relied exclusively on her for matters related to the intervention and the child's perspective, as she was the only staff member familiar with the programme. Despite raising these concerns, she received no managerial support. Furthermore, because intervention meetings were conducted at the CFOC, knowledge and child-centred approaches were not effectively transferred to her SAOC team. However, when a new colleague with experience in the programme joined the team and received managerial support, there was a noticeable shift. The team began adopting child-inclusive practices and exploring new ways of working, including greater family involvement.

Theme 3: reflective dialogue supports collaboration

A third theme emerging from the analysis concerns the significance of reflective dialogue and its role in enhancing cross-unit collaboration. This theme includes two subthemes: curiosity and preparation as fundamentals for collaboration, and challenges to reflective dialogue.

Curiosity and preparation as foundations for collaboration

Focus group participants emphasized that dedicating time to prepare for meetings, combined with adopting a curious and inquisitive stance when listening to colleagues, is central to fostering collaboration and building relationships across organizational boundaries. Engaging in preparatory joint reflection and openly discussing differing perspectives and approaches to the intervention enabled participants to develop mutual understanding and gain new insights into one another's professional roles.

Karin, a CFOC counsellor, described this preparatory work: 'We talked about it quite a bit. I explained my thoughts, and he explained his', which she viewed as supportive of the programme's implementation and motivating for ongoing collaboration. According to participants, the programme's inquisitive, exploratory, and open-ended nature helped foster this sense of openness. An unpretentious attitude and a shared sense of responsibility further strengthened teamwork. Maria, an SAOC counsellor, illustrated this dynamic:

> I felt it was quite nice to work with someone who was very unpretentious and had an attitude of 'let's learn together' and 'let's do this', where no one was an expert; we just 'got on with it'. (Maria, SAOC counsellor)

Maria's statement highlights how a non-hierarchical, collaborative stance fostered a more equal relationship among colleagues. Her emphasis on 'learning together' suggests that reflective dialogue was supported by the absence of rigid expert roles, allowing participants to engage openly and

contribute on equal terms. This, in turn, appears to have strengthened trust and facilitated effective collaboration.

Challenges to a reflective dialogue

Despite positive experiences, several challenges to reflective dialogue were identified. A major obstacle was the organizational structure of social services, characterized by separate units and physical distance between them. Participants described this separation as a significant barrier to collaboration, requiring additional logistical planning and limiting opportunities for informal interaction. For example, Anna noted that she had to allocate an extra 20 minutes to travel by bus to attend programme meetings at her colleague's workplace. The physical distance also reduced opportunities for spontaneous conversations, making it more difficult to address emerging issues promptly.

Furthermore, conditions for preparation and reflection varied across units. Some participants arrived at meetings feeling rushed or stressed, shifting the responsibility for preparation onto others. The lack of time for collective reflection – both before and after intervention meetings – was perceived as a substantial challenge. Mats expressed this frustration, stating, 'I had to carry the whole load myself'.

Another barrier was the limited professional curiosity and openness to alternative approaches within certain teams. Sara, a newly qualified social worker at SAOC trained in systemic practice, described resistance to family-based methods and minimal supervisory support, despite being permitted to apply systems theory within the Me and My Family programme. The dominant individualistic orientation in her unit fostered scepticism towards systemic approaches and reduced engagement in exploratory dialogue across unit boundaries.

In contrast, collaboration with the CFOC – where holistic and family-oriented practices were more widely accepted – strengthened Sara's commitment to the programme and supported reflective dialogue. Despite institutional resistance within SAOC, she continued to implement the intervention, describing it as 'important' and personally rewarding. Her account highlights a cultural divergence between the units: while the CFOC prioritized the inclusion of children and families, the SAOC remained more resistant. This misalignment constrained reflective dialogue, as conflicting practice ideals tended to shift conversations from joint inquiry towards defending established routines.

Finally, differing opinions among staff regarding the suitability of children's participation in the programme posed another challenge and, in some instances, hampered implementation. Johnny, a CFOC counsellor, described disagreements over whether the approach might be harmful to children, which caused tensions between the CFOC and SAOC units. Despite efforts by both unit managers to resolve the conflict, the situation ultimately led to an SAOC counsellor ending 'because she couldn't support the programme'.

Discussion

This study examines the experiences of cross-unit work among practitioners within Swedish social services open care units involved in the Me and My Family initiative. Drawing on focus group interviews and one additional individual interview, it explores how professionals perceive working alongside colleagues from different units within Swedish social services, as well as the challenges they encounter. The findings reveal that collaboration between the Child and Family Open Care unit and the Substance Abuse Open Care unit exposed underlying differences in professional cultures, theoretical frameworks, and approaches to practice, while also enabling practitioners to complement one another – an approach perceived as enhancing professional practice and contributing to a more holistic understanding of families' complex needs.

Boundary spanners as a tool for learning collaboration

According to Senge's (2006) theory of the learning organization, organizational development occurs when individuals continuously deepen their understanding, share knowledge, and build shared mental models through collective processes. Consistent with this theoretical perspective, participants in our study described how the collaborative approach in Me and My Family enabled them to recognize one another's differences, perspectives, and professional cultures. The intervention thus fostered a dialogical space in which perspectives and theoretical frameworks were exchanged and collectively processed, encouraging collective learning and enhancing professional competence. From Wenger's (1998) perspective, such processes may be understood as the development of a community of practice in which professionals negotiate meanings, share experiences, and gradually develop a common repertoire of knowledge and practices. Learning thus occurs not only through formal collaboration but also through participation in shared professional activities.

Based on the results, we observed that the professionals involved served as 'boundary spanners' by establishing and maintaining connections across the CFOC and SAOC units to implement, facilitate knowledge exchange and collaboration, activities frequently described in the literature as 'boundary spanning' (Grell, Blom, and Ahmadi 2020; Leung 2013; Nissen 2010; Oliver 2013; Tushman and Scanlan 1981a; Williams 2002). What distinguished them was their status as experienced professionals with well-developed communication skills and systemic thinking, as well as their familiarity with organizational cultures – characteristics typical of boundary spanners (Oliver 2013; Tushman and Scanlan 1981b; van Meerkerk and Edelenbos 2018; Williams 2002). In addition to a strong drive for development and learning, they demonstrated relationship-building skills and the courage to collaborate across unit boundaries, extending beyond what Senge (2006) describes as personal mastery. They actively ensured that reflective dialogues and creative spaces were established, a form of taking command and initiative that, while absent from Senge's framework, we find essential for learning within a fragmented social services organization.

As in other studies (Stephens, van Steden, and Schoonmade 2024; van Meerkerk 2018), we find that the practitioners, similar to boundary spanners, play a vital role in promoting cross-unit collaboration, not only by fostering reflective dialogue but also by creating trust, especially when managers fail to take charge. Trust, seen as a core component of boundary spanning (Stephens, van Steden, and Schoonmade 2024; van Meerkerk 2018), was created through dialogue and a non-hierarchical, collaborative environment. Our study shows that these two aspects, reflective dialogue and trust, are interconnected and rely on preparation, relationship-building, curious listening, an exploratory mindset, and joint practical actions. As boundary spanners, the practitioners effectively link these elements in a continuous cycle of preparation, practice, and reflection. Maintaining this cycle, supported by their skills, helps professionals remain focused on their work and enhances collaborative capacity. Reports of increased trust arising from the exchange of knowledge and experience suggest that shared cognitive frameworks are emerging, contributing to a shared understanding of the children's situation and of the initiative's purpose and implementation – an outcome of this learning–collaboration loop. This process resembles Wenger's (1998) notion of mutual engagement through which practitioners develop shared understandings, identities, and definitions of competent practice.

Time and joint preparation were identified as crucial for fostering reflective dialogue and genuine collaboration. However, when preparation was unevenly distributed due to physical distance or differences in workload, exploratory dialogue was hindered, making it more difficult to achieve a shared understanding.

Descriptions such as 'unpretentious' and statements such as 'let's learn together' and 'no one was an expert' reflect the non-hierarchical approach that boundary spanners promoted. This represents a shift from role-based authority towards relational, process-oriented collaboration. The contributions of boundary spanners, together with the intervention's non-confrontational, exploratory approach to engaging with children and their families, served as an interactional resource: by

asking questions rather than asserting expertise, they created spaces for joint meaning-making. We suggest that this fosters a type of dialogue that encourages openness, trust, and security – allowing professionals to express uncertainties and ask questions without fear of judgement – while also supporting learning at both individual and organizational levels.

The results further demonstrate that the learning–collaboration loop involves processing mental models, which includes questioning and critically examining existing assumptions. This form of reflection aligns with Senge's (2006) concept of reflective dialogue and with Argyris and Schön's (1995) theory of double-loop learning, in which individuals not only change their actions but also challenge the underlying assumptions behind them. Such reflective processes in our study appear to have facilitated deeper, more transformative learning, resulting in more meaningful collaboration. From an expansive learning perspective (Engeström 2001), such transformations may occur when practitioners collectively question established work practices and develop new ways of understanding and organizing their work. The cross-unit collaboration thus appears to have created opportunities not only for reflection but also for the emergence of new forms of practice.

An outcome of the learning–collaboration process is the ability to translate theoretical frameworks into practical applications, such as promoting children's participation in care processes and addressing complex family dynamics, which was identified as particularly valuable. According to Senge (2020), the main challenge in learning and development lies not in the gap between what is known and what is unknown, but in the gap between espoused theory and theory-in-use. Our findings suggest that collaboration between specialized units can help bridge this gap, for example, by enabling reflection on how children can participate more actively in interventions for families affected by parental substance use.

Tensions as opportunities and barriers to learning

As Khoo, Nygren, and Gümüscü (2020) note, the emergence of diverse professional perspectives can generate both constructive and problematic tensions. Our findings reflect a similar pattern. For some practitioners, particularly those acting as boundary spanners, these tensions were experienced as stimulating and developmental, whereas others perceived them as threatening, especially when established mental models were challenged. According to Senge (2006), such reactions may indicate difficulties in reflecting on one's own perspectives and in reconsidering underlying assumptions.

At the organizational level, these tensions can also be understood as expressions of territoriality and efforts to maintain professional jurisdictions within a fragmented and specialized system (Andersson et al. 2011; Axelsson and Axelsson 2009). At the same time, our study – consistent with Steive et al. (2025)—demonstrates that differences in professional approaches can enhance collaboration when they are regarded as complementary rather than contradictory. This finding is consistent with Engeström's (2001) argument that contradictions within and between activity systems may function as drivers of learning and development. Rather than being viewed solely as barriers, tensions can act as catalysts for the creation of new forms of collaboration and practice. This dynamic reflects practitioners' willingness to develop their skills, aligning with Senge's (2006) concept of personal mastery. By exchanging perspectives and knowledge, practitioners gained deeper insights into the complex life situations of families, which in turn strengthened their capacity for systems thinking, a core component of organizational learning.

However, in some cases, tensions were managed through distancing, leading units to withdraw from the Me and My Family initiative. Such withdrawal can be viewed as a defensive response (Senge 2006, 2020), in which actions reflect single-loop learning, with practitioners avoiding deeper reflection in order to protect established competence and organizational cultural norms (Argyris and Schön 1995).

Another strategy for managing tension was to assign responsibility for the collaborative intervention to a single individual, effectively institutionalizing collaboration as a specialized function. While this approach maintained some continuity, it also limited opportunities for

collective learning. The lack of broader organizational support – particularly from management and home-unit colleagues – constrained the practitioners' ability to act as boundary spanners and effectively bridge units, echoing van Meerkerk's (2018) findings on organizational preconditions for boundary spanning. Consequently, learning tended to remain local and individual rather than collective. From Wenger's (1998) perspective, sustained learning requires broader participation in communities of practice, while Engeström (2001) emphasizes that expansive organizational learning depends on collective engagement in transforming work practices. Without wider organizational involvement, learning risks remaining confined to a limited group of practitioners.

Despite these limitations, locally or personally acquired learning still has potential for broader dissemination. The results suggest that continuing to act as boundary spanners may, over time, help transmit new perspectives and insights within their units, particularly when new staff or managers join, as illustrated by Sonja's case. Consistent with previous research, our findings indicate that supportive leadership is essential for fostering dialogue, learning, and development (Axelsson and Axelsson 2009; Horwath and Morrison 2007; Uvhagen, Gärdegård, and Klinga 2024), as well as for maintaining a positive unit and interprofessional climate (Eriksson and Dellve 2020; Ødegård 2006). Positive relationships, supportive attitudes, warmth, and mutual respect are key factors in achieving success in complex cases.

Limitations

The focus group participants consistently expressed a positive attitude towards the intervention and its cross-unit collaborative approach. However, a limitation of the study is that individuals with negative views did not participate in the focus groups; instead, participants reflected on critics' perspectives. It is plausible that some of those with negative opinions were among the dropouts, although this cannot be confirmed, as individuals who declined participation were not required to provide a reason, and some did not respond. Additionally, it is possible that those who agreed to participate already held a positive outlook from the outset.

Another limitation is the variability in participants' experiences: some had applied the intervention with only one family, while others had worked with up to eight families. This discrepancy arose because the research project and the ten participating municipalities faced challenges in recruiting families.

Conclusions

This study demonstrates how the Me and My Family intervention created conditions for both individual and collective learning within and across organizational units. In line with Senge's theory of the learning organization, the collaborative approach enabled practitioners to recognize and incorporate diverse perspectives, develop shared mental models, and engage in reflective dialogue, fostering a deeper understanding of families' complex needs. Boundary spanners played a crucial role by facilitating communication, bridging unit boundaries, and translating theoretical frameworks into practical approaches that strengthened children's participation. The findings further suggest that the learning capacities described by Senge depend on practitioners who are willing and able to initiate, sustain, and bridge collaborative processes across organizational boundaries. The findings also highlight the dual nature of professional tensions: while they can stimulate learning and enhance systems thinking when treated as complementary differences, they may also function as productive contradictions in the sense described by Engeström (2001), creating opportunities for the development of new collaborative practices across organizational boundaries.

The study underscores the importance of leadership, organizational support, and a positive interprofessional climate in enabling boundary spanners to perform their role effectively and in fostering double-loop learning processes.

Finally, the analysis suggests that cross-unit collaboration is most effective when grounded in reflective dialogue, joint preparation, and a non-hierarchical ethos characterized by curiosity, openness, and shared responsibility. When these conditions are met, the intervention fosters a collaborative space that supports trust, joint meaning-making, and sustainable organizational learning. From a community of practice perspective (Wenger 1998), this may also contribute to the development of shared professional understandings and collective competence across organizational boundaries. Conversely, when these conditions are absent – due to workload imbalances, insufficient preparation, or structural constraints – collaborative potential is reduced, and achieving shared understanding becomes more difficult.

Overall, the study suggests that organizational learning emerges through the interaction of reflective practice, shared professional participation, and opportunities to address tensions across organizational boundaries. Boundary spanners play a critical role in enabling these processes by linking communities, facilitating dialogue, and creating conditions for both collective learning and the development of new forms of collaborative practice.

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Author contributions

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