Systemic Relationships Associated with Professionals at a Norwegian Centre Dealing with The Next of Kin.

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Abstract.

Title: Systemic relationships associated with professionals at a Norwegian centre dealing with The Next of kin.

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The closeness in some of family relationships always comes to a test when a family member or members is going through a difficult situation. Some of these situations are so dire and they end up requiring a lot of help from their next of kin. This next of kin, depending on the nature of this situation ends up being affected and requires support from external parties. This study's aim is to explore the collaboration brought about by the relationships the professionals have with their leader, other professionals in similar fields and the community as a whole in order to work with the next of kin in terms of the vulnerabilities they face during these times. The research was based at a centre in the South West of Norway and was conducted by qualitative inquiries, using interviews, purposive sampling. The data was analyzed and put into themes that suggested that the professionals had a holistic way of assuring participation of their service users and that there existed proper distribution of power amongst these professionals and the other professionals that they worked and or trained. This power distribution also allowed for community involvement.

The study uses the terms 'service users', 'people they work with', 'citizens' interchangeably to refer to the next of kin

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…And think, just the experience of being in a room where it's about me, it's about how I feel, it's not about the patient. It's not about my sibling, or my father or mother, it's about me and how I feel and how I am dealing with everyday life… (Respondent 6,centre staff, study participant)

The following quote is from a staff member that took part in my research ,the respondent is expressing the feelings they work towards when it comes to the next of kin who and it is with this same notion that I decided to look into the work done by the staff to provide services for the next of kin. This chapter will focus on the foundational aspects of this study. It will look into the background of the study which will define several of the driving terms used and what influenced the research. It will also showcase the relationships that this study has with social work in different contexts and will introduce the research topic and its guiding questions.

1.1 Problem statement

When an individual is faced with a vulnerabilities such as sickness, substance abuse and mental illness it is often very natural to try and focus on helping them directly without looking into his or her environment. But for this individual to get better there's a need for an interconnected system to make the wellness process wholesome .This individuals' family members play a huge role in this process(Westergren et al., 2021,p.2). The relatives who decide(Campbell et al., 2008, p. 1082; Kihlström, 2012) to take this role can be referred to as the next of kin. The Next of kin could comprise of children, young adults, parents and elderly couples(Bolin et al., 2008,p720) The roles of the next of kin differ depending on the type of vulnerability that the family member is facing can be referred to as objective and subjective (Taranrød et al., 2020). Objective being case specific (p. 1363), this could include checking on the health of the patient whether it is deteriorating or getting better then reporting this to the medical professionals involved. In other situations this role involves helping the sick patient with their medicine. The next of kin is at times also expected to check on the patient's mental health(Campbell et al., 2008, p. 1079), to ensure that they're dealing well with the life changes that they are presently experiencing. A lot of the times the next of kin is expected to do all of this while still catering for the medical expenses of the patient(Taranrød et al., 2020). What makes the role of the next of kin even more difficult is that in a lot of the cases they're expected to go about their own daily

routines(Campbell et al., 2008, p. 1082), be it work, school and even caring for other family members for example their children and their elderly parents(Bolin et al., 2008).

These responsibilities can and will eventually lead to the next of kin being overwhelmed which then escalates to a feeling of guilt when the said relative does not get better or loses their life.(Michailakis & Schirmer, 2014).During this whole process the next of kin develops what could be referrd as subjective burdens which are characterized by physical ,emotional and financial difficulties that due to their nature can take a long time to recover (Taranrød et al., 2020, p. 1363).

Some of the burdens that are being expressed cannot be taken care of by anyone else other than the next of kin but there is a need for support through their roles. When it comes to the part of the next of kin dealing with the medical related parts of care then medical professionals is key(Aasen et al., 2012).

In relation to the emotional toll, in some cases we find that ailing or bereaved relatives might have been one of or the main supporters of their next of kin and now the roles are reversed. It is therefore important to create proper channels that can replace this lost sense of security and meaningfulness to the next of kin (Durkheim, 1951).These channels can be achieved by professionals such as therapists, psychologists, nurses and social workers to help these individuals cope with their current situations. Statistics have shown that some of groups do seek out support (Taranrød et al., 2020). This is due to the fact that the roles that the family members play can prove to be delicate as they're expected to be involved in the whole process with no professional training. Unfortunately, it is often difficult to be fully prepared for a loved one's suffering hence the need for proper guidance.

1.2 Background

This study is interested in looking into relationships in a social work context that lead to provision of services. Hence it will adhere to the social work definition by(Pincus & Minahan, 1990,pg.9) which focuses on the interaction between people and their social environment which predicts their ability to carry out their day to day activities ,manage stress and helps them realize what they're aspirations and values are in life.

Social services in social work practice according to The International Federation of social workers comprise of therapy and counseling, group work, and community work; policy formulation and analysis; and advocacy and political interventions(IFSW,2021). These services are vital in that they cater to the needs of individuals that are in vulnerable situations. In order for these services to be provided the need for adequate and appropriate institutions is vital. .Institutions can be defined as " an organization that exists to serve a public purpose such as education or to support people who need help,"(Cambridge dictionary,2021).This definition can be associated by what others have called informal institutions which are "the objective constraints and incentives arising from government regulation of individual and organizational actions,"(Stephan et al., 2015,p.310).

The institution that this study focuses is a centre that is emotionally oriented and primarily comprised of family related matters. The family is defined as "a social context consisting of at least two persons characterized by mutual attachment, caring, long-term commitment and responsibility," Craft &Willadsens, 1992, p. 519 as sighted in(Castor et al., 2018,p.225).This study aims at looking into the relationships around the professionals who work in this institutional centre in order to be able to provide proper services for the next of kin. Hence the focus on the hardships they experience as the next of kin. These hardships previously mentioned as burdens can be characterized by deteriorated mental and physical health of the next of kin, problems with their social lives and financial difficulties(Bolin et al., 2008; Johansson et al., 2002; Ljungman et al., 2014; Taranrød et al., 2020, p. 1363)

Because of these some countries have created institutions that can provide assistance to the next of kin and their affected relatives. Some of these are Home care services that are used instead of hospitals in terms of over-night treatment. These services include providing clinical reviews, support, education and management of the acutely or chronically unwell child under the shelter of their homes(Castor et al., 2017).Other than institutions other countries have set up policies that act in the best interest of the next of kin's. Sweden, for example has put up a policy in a case where multiple children from one family are sick, both of their parents can get some time off work(Ångström-Brännström et al., 2015,p-11).The United Kingdom conducted a research in the 20th century that was interested in elaborating proper coordination of services between those involved in health and social care. This combination of services lit a light in the fact that people from different fields can work together towards a single goal using different skills set (Pollard et

al., 2010,p.3)., this is vital to my research as it suggest the star of network in service provision. So as the expansion of the welfare states such as the Nordic one occurred in the 20th century , more institutions were formed to act as a base where finances directed to particular programs were mechanized in order to come up with particular interventions to administer the collaboration of public and private policies to enhance proper provision of services to members of state(Castles et al., 2010)

Thus has not been the case in third world countries for example have found it difficult to improve service provision. One of the reasons that have been highlighted was lack of proper planning in regard to issues that lead to the improvement of the people's quality of life (Spitzer et al., 2014) .which could be from a lack of resources. And also due to the fact that there exists little to no research on how to achieve this.(Michailakis & Schirmer, 2014). Another reason could also be that all development programs are based on facts that are more associated with the global North being that that is where most of the aid that is highly needed in some of these countries comes from(Spitzer et al., 2014).We this it is important for me to put the Nordic welfare system in context that will serve as guide as to why some of the services my research is looking into are applicable in Norway.

The origin of the Nordic Welfare

Historically social service provision has highly depended on the structure and economy of the state; Structure in this context would mean how a particular government organizes its facilities in order to assure a provision of services that would deal with issues such as health care and pension, this naturally trickles down to how much funding is allocated to achieve this.(Castles et al., 2010) This was well showcased in the western context during the pre world war two era where a tremendous growth of some states was recorded and issues of providing a somewhat better life to citizens was prioritized .(Castles et al., 2010)This switch took different routes as time went by ,some of these changes were effectively applied in some countries while some countries did not take this up. In some of the European countries these changes were characterized by major benefit cutbacks and reinforcing political crisis which led to the downfall of some democratic regimes. However in the United States and The Scandinavian countries this was a preview of how effective their welfare provision would be like for the next couple of

years. The post world war two era came in with new policies that promoted increased employment rates, high taxes and expenditure levels, this came hand in hand with the promotion of the idea of government involvement in economic and social affairs. The advantage of these new post war policies was that they were tied to issues of ensuring peace and security(p.7).Centralization of tax powers was also regulated during this period which armored most nations with better response strategies to economic displacements.

This research will focus mainly in the Nordic context, specifically Norway. Mikko Kauttoin in his chapter in the Oxford Handbook of The welfare states starts by praising Nordic countries (Norway,Sweden,Denmark,Iceland and Finland) of their well established welfare systems which are often used as good example to other states. The Nordic model is conventionally characterized by three main factors; "active state, a large public sector , and a broadly conceived public responsibility for the social welfare of citizens all within the framework of a market economy"(Kautto,2010,p.587) .

These characteristics in a country like Norway have proved to be of a great advantage when it comes to caring for families and their next of kin. As Scandinavian culture and traditions do not put great value on informal family care as they are well funded public facilities put aside for that.(Bolin et al., 2008,p.720)

1.3 Significance of the study

The nature of the problems that the next of kin face lay a risk of escalation to issues such as addiction, mental instability, homelessness that can by themselves lead to more problems. Clinical levels of psychological distress such as posttraumatic stress symptoms (PTSS), anxiety, and depression have serious consequences, not only for the individual, but also for the society.(Ljungman et al., 2014) The next of kin are a big part of the society. The National Swedish board of health and welfare (1993), has emphasized that the care for relatives should be considered and incorporated into care planning. As stated by Niklas Luhmann;

"We may arm ourselves even against dangers not attributed to our own decisions,"(Luhmann & Barrett, 1993,pg.29)

These issues that face the next of kin could be looked at as dangers that can be classified as social problems.The social problem is treated as a deplorable circumstance about which something must be done (Holstein & Miller, 1993a)Viewing and defining these problems that are faced by certain groups of people gives rise to preventive initiatives and efforts by many different agents and institutions, such as the welfare state, social workers and psychiatrists (Michailakis & Schirmer, 2014). If proper care is put in place for these individuals other social problems such as depression and substance abuse can be avoided. Therefore looking into the channels that create a movement that leads to proper provision of services to this particular group of people can be lead to a guideline as to how different people can work with say, professionals to provide these services

1.4 Research Objective

The project was interested in how professionals at this particular Norwegian institution offer their services to relatives affected by caring for a family member in a vulnerable situation such as sickness, substance abuse and in other cases the family member's death. The study explored the relationships between the professionals with their service users, their leader, and other professionals from other institutions and their community .The research aimed at seeing how these relationships are used by the professionals to provide their services to the next of kin.

1.5 Research question

The main research used to guide this study was: 'How the professionals work collaboratively to provide services at the centre?

1. How are the services being conducted?

2. Other than the professionals, who else in involved in provision of these services?

3.How do they take part in service provision

1.6 The study's relationship to the Nordic social work and welfare

This research aims to demonstrate relationships formed using values such professionalism ,respect ,and equal participation. These values go hand in hand with some of the Nordic welfare values that stand for aspects such as active participation and trust in the state (Castles et al., 2010).This research also manages to maintain the global accord based on social work aims and values that focus on preventing dysfunctions that could prevent individuals reaching their full potential (IASSW, 2001).With this the study presents the scope of what the The Nordic social work and welfare stands for.

This research focused on professionals working in the social care field with relatives playing the role of the next of kin in Norway. This is a considerable contribution to how social work is done by using all the factors involved to attain adequate practice. Adding the service user voice would have helped paint an ever clearer picture but with the current global pandemic situation this was not possible.

1.7 Organization of the study

This study divided into six parts. The first part framed the foundation of this study, presenting its background and the thought process of the author that shaped the study. The second chapter described the theoretical framework and the academic sources used. Which led to the methodology part of the study in the third chapter that outlines the data collection process, its analysis and the limitations, trustworthiness and ethical consideration behind the interactions in the field. The fourth chapter then comprised of the findings followed by the discussion of these findings in chapter five. The sixth and the last part of the study comprised of the recommendations and a closing remark.

CHAPTER TWO: THEORETICAL FRAMEWORK

This chapter starts by stating its philosophical standpoint followed by a description of the theoretical framework of the study. It then uses various literatures sources on involvement , the use of power and power distribution within professionals and the community and .

2.1 Philosophical standpoint

This thesis is inspired by (Berger et al., 2011)social construction approach. It is important to highlight the philosophical standpoint of this study as it shows how I thought through the ideas that led me to look into these professionals, which informed how the participants perception and experiences are theorized. A quote from (Sica, 2016,pg.40) influences my interpretation of social construction is that it holds the belief that everyone has the right to interpreted their experiences they way they see fit depending on how and what that experience made them go through.So in regard to my own interpretation , I felt that the next of kin can easily be a marginalized vulnerable group depending on how others people choose to see them(Cabiati & Raineri, 2016)So when I found a group of people that chose to see the next of kin like I did ,I decided to look into how they do this using their own experiences and skills,this aspect was the niche to how I interpreted the data I received.

According to (Berger et al., 2011,pg.19&21)the understanding of reality and knowledge are different in every individual and this is dependent on what they decide to make of these terms when faced by different circumstances. Knowledge and meaning in this thesis, is created through an interaction between the interpreter and the interpreted. My way of thinking through this study was that the knowledge that the professionals have and use while dealing with the next of kin has been determined by the social construction of reality of these professionals. They are able to see the next of kin as people in need of their services because of the environment they live in. Their environment in this sense is what makes it possible for them to use their skills and resources. This could be their leader, their community and each other.

I also refer to social construction as social construction of reality as it was the preferred term by the founders of this approach ,Peter L Berger and Thomas Luckmann (Pfadenhauer & Knoblauch, 2019,pg.1; Sica, 2016,pg.40)

2.2 Introduction to system theory

I based the study on looking into how the social work field can facilitate their services to reach those that are in need of them by using the relationships that exist around them. For this to be possible, several networks have to be involved in a way that they correspond to provide assistance. System theory stems from the aspect of relationships. The mentioned relationships are vital because they are responsible for providing channels that lead to healthy and helpful interactions. An example of these relationships is the family. It is evident that that if relatives are close and have a more constant relationship then they are more likely to be there for each during trying times(Kihlström, 2012). One of the ways that these family member would support each other is by identifying the importance of involving professional help. This helps in creating another useful relationship which would lead to more relationships that would be brought about by the professionals and their own networks. An example of the professional network in such a context would be; the social service institution and or organization they work for(Rosa & Tudge, 2013). This would then lead to the institution involving the bodies that give them funding. These could be the respective government, non-governmental organizations and the community. This in a threshold explains the thinking behind system theory .(Payne & Campling, 2005,pg.49; Pincus & Minahan, 1990,pg.74).

System theory has been proclaimed to serve as a foundation to social systems as it provides a theoretical perspective and empirical tools from the individual to society and its institutions. System theory has a unique take on the relationship amongst people, and also the environment they create amongst themselves.(Oltedal & Hutchinson,2003,pg.177 ; Pincus & Minahan, 1990,pg.64).As much as several scholars have claimed that system theory might be a complicated theory to understand ,it has still been praised for its detailed breakdown of the multiple dimensions of social life and how they have interrelated functions(Weiss & Gomes Neto, 2021,pg.109 ; Oltedal & Hutchinson,2003pg.)

"A basic premise of structural functionalism is that society needs a certain level of social cohesion, solidarity, or integration in order to function, and structural functionalists can be regarded as attempting to identify, and perhaps promote, the sources and forms of social cohesion"(Dew, 2014,pg.1)

This rest of the chapter uses the aspects of the above quote to unwind system theory and the kinds of interconnected relationships it creates. These aspects are seen in the form of holistic approach leading to involvement and the distribution of power.

2.3 The holistic way

This study takes on the approach of holistic thinking and working as a way of focusing on the things in life that are considered small or different but mean more to than they are 'face-value'. (Oltedal & Hutchinson,2003,pg.178) explain this approach as one that gets in touch with the diversity in human life and how these particular diversity is the core of all systems. I related this to a study by de Anda(2008) on teaching social work within multicultural populations which touched on cultural and belief diversities. In her study, she allocated her students groups with an assignment to learn and hold presentations of the assigned cultures, these presentations were all to be of positive perspectives . The feedback from her students is that they learnt a lot about their own cultures, they found new ways of looking at what was considered negative about their practices and gained the courage to express these practices. This assignment goes to the importance of putting value on what others have to offer by treating it with respect and no judgment. To believe that,even if what others have to offer seems minor , it is still vital and needed. This relates to this study in terms of what the next of kin are offering to their relatives, the importance it holds and also what the centre, their leader and the community around them can offer them. (de Anda, 2008) was able to form a relationship between the students, their classmates and their culture by bringing out different parts of who they are and what their culture represents, by doing this one creates an appreciation for all parts of something by showing the beauty and importance of what might have been considered appalling or meaningless(Ruch, 2005,p.113).

This brings the study into looking at the society networks that as much as they hold great value are not looked at as networks that can be put together to create a better society . According to (Kihlström, 2012)society has a lot of functional systems that are related but not necessarily structured to work together. A good example in this study's context would be how very few social services focus on family members of a vulnerable service user in the process of working with this individual therefore failing to make a connection of these two integral parts of the

service users life. So here we see the mentioned relatives as one network and the service providers as another network that could ideally form relations that work towards increasing the quality of all that are involved. These relations can be very simplified and could have major impacts.So Luhmann in Kihlström, (2012) comes up with two strategies that involve contribution and structure. He states that contributions can be as minor as offering to talk to someone about how they feel when in a dire situation. In regard to structure he talks of networks; in this study we look at the municipalities funds and the educated professionals that deal with the relatives as networks that act together to create a structured welfare system that generates an effective way of working.

The family system

The study then looks into the family system theory as another network .The family system theory is based on the emotions of a family that are said to bring them together as a unit, this theory uses systems to explain the complexities in emotional interactions in order to be able to explain them is a manner that sees these complexities as relevant parts (The bowen centre,2021;Kihlström, 2012). These complexities can be seen in the level of intimacy connections that are seen amongst nature of the family (The Bowen centre,2021). The introduction of the eight concepts in The Bowen centre (2021) explains that this family connection differs in degrees when it comes down to how close family members chose to be(Campbell et al., 2008) and family members are more dependent on their relatives. We look at the children as being more dependent so it is vital to look at their development process especially in the context of them being the next of kin and how they can work together with other networks (Gullbrå et al., 2014).

This can be done by using Bronfenbrenner's theory of human development which focuses on the relations between a growing human being and the changing properties that happen around them(Rosa & Tudge, 2013).These changing properties are the interconnected structures that are referred to as the macrosystem ,microsystem and exosystem and mesosystem.He defined the microsystem as the individuals closest physical influence which can be the home, childcare, workplace and playground. He then defined the mesosystem as the relationship between two microsystems ,for example the home and workplace. The individual does not participate in the exosystem but feels its effect an example of this could be how a child can be affected by

occurrences at their parents workplace(p.246). The macrosystems include the institutional settings of the individuals culture, these comprise of economic,social,education,political and legal systems.(p.247).These highlighted relations become even more vital when a child development is also characterized by vulnerabilities such as those experienced by the next of kin.

Professional's wellbeing

And in the process of focusing on the family it is also important to focus on the professionals' wellbeing. This study aims to show how efficient professionals' involvement, armored by well defined roles and healthy work structure and relations have an advantageous effect to a particular vulnerable group. Breaking this down; efficient professionals would be competent individuals who understands the difficulty in this type of work where people's personal lives play the main part of the role and thus being able to understand the impact they have on these lives.This would mean that they would clearly define their roles, check on their strengths and weaknesses in these roles and knowing when to point out when they're feeling burnt out(de las Olas Palma-García & Hombrados-Mendieta, 2014,p.392 ; Nordesjö, 2020, p. 795).With this , these professionals need to be provided with a healthy working environments that help them generate these strengths and to also be to provide them with positive emotions, social skills and resilience to handle the pressure of the nature of their work. All of this being put into account will lead to better relations with their service users who will gain trust in them and will able to relay their needs more carefully(de las Olas Palma-García & Hombrados-Mendieta, 2014,p.392 & 393).

2.4 Getting the next of kin involved.
The next of kin are the main service users in the institutional context of this study. It is therefore important for them to have a proper understanding of the services they are receiving. This happens when they are well involved in the whole process , as put by(Beresford & Croft, 2001,p.296) 'the involvement of service users, individually and collectively, in the planning, management and operation of specialist care services and, to a lesser extent, in people's individual dealings with services'(Beresford & Croft, 2001,p.296).This can be can be portrayed

by a project done in Hong Kong by (Leung & Lam, 2019,p.21) in regard to the use of consensus when it comes to decisions concerning building structure on service user participation units. This project involved the service user and the service practitioner sitting in panels where the two parties discussed the way forward. From the example the service user involved in planning process(Beresford & Croft, 2001) by speaking and communicating with the practitioner therefore creating channels of knowledge sharing(Anghel & Ramon, 2009). and learning (Cabiati & Raineri, 2016).In this context they were able to share knowledge by producing facts about what they individually know and have experienced (Campbell et al., 2008, p. 1078; Uggerhøj, 2011, p. 50, 2014, p. 51) whereby discussions and proper communications are used to pass information about the services in hand. This information exchange helps pay attention to things that could be missed without proper communication. And this could start with the believe that good practice starts with lived experience (Muurinen, 2019; Sudbery, 2002 ;Leung & Lam, 2019,p.21).With this notion working with others can be more concrete by paying attention to the reality of the vulnerabilities(Uggerhøj,2014).

Unfortunately, over the years research has shown that it was mostly the service providers who play apart in the exchange of information while the service users were not well and appropriately involved (Beresford & Croft, 2001).Some reasons have been highlighted as to why the service providers who in this context are referred to as the professionals are unable to provide the service user with the information they need and why they at times do not take the time to consider the service users contribution. Gillian Ruch in her paper on relationship and reflections in social work practices expresses a few understandable reason as to why people in the social work profession carry out their services with this notion ,she expresses the anxiety that comes with the nature of the job and expresses the importance of addressing them as a way to better service provision(Ruch, 2005,p.111).Others have given the reason that due to lack resource they are not able to treat every individual as a unique case (Beresford & Croft, 2001,p.297)

The importance of this changing is now seen as the participation of the service users' involvement is showing an improvement in the quality of services being provided in recent times (Anghel & Ramon, 2009)and the improvement in the lives of the involved service users .

Sweden, for example depends on the aspect of service user participation in their public health policies to improve their citizens social and living conditions(Fredriksson et al., 2018,p.471&472; Locock et al., 2017,p.836)

In the context of my study it is vital for proper information to be exchanged amongst the relatives providing aid to their family member. (Arnstein, 1969, p. 261) helped put this into context and explained what she refers to as citizen participation and how it was done . She looked at it as the distribution of power to those who at the moment of discussion are not directly involved in political and economic processes. For this individual this distribution of power ensures that they take part in making decisions that concern their future. (Arnstein, 1969)Using this way of thinking he put up an eight type- ladder of participation; manipulation, therapy, informing, consultation, placation, partnership, delegated power and citizen control. Two types from the eight consisted of what this study was interested in; Informing and consultation. I saw the importance of highlighting these steps as they are able to show the progress service user participation has made over the years.

Informing in Arnstein's (1969) ladder of participation was basically giving the citizen information concerned with their rights, responsibilities and options. This, to this day is deemed as a very important part of working together. In the recent past there had only been a one way flow of information from professionals to citizen, citizens being how Arnstein(1969) referred to service users. This one way flow of information was in the form pamphlets, news media's and posters. As it is the service users were not able to contribute to what these papers contain nor were they able to ask for further elaboration. This kind of transaction was seen as more of a consumerist approach to user involvement(Beresford & Croft, 2001,p.296). In other instances information was communicated by the use of technical terms as explanation or answers to questions asked by the concerned (Arnstein, 1969, p.261). By not creating' informal and friendly ways to break communication barriers' (Cooper & Spencer-Dawe, 2006,p.610) the people who were in need of certain services were left in a difficult state and as they were in a vulnerable position and were in need of assistance. So this led forced them to persevere instead of having more of explaining about their inability to contribute to issues deeply concerning their own lives.

 Arnstein(1969) then brought in the aspect of consultation. Which during her formation of the ladder of participation was still not useful as it was still done using things like pamphlets which still showed a lack of the service user voice. Today's version of social services consultations are during face to face meetings or through video or audio calls. Which are useful as there is a dialogue involved and more importantly the service user voice is heard and respected(Anghel &

Ramon, 2009)This aids in the formation of good partnerships as the planning process begins from a point where everyone is heard. (Arnstein,1969,p.221; Beresford & Croft, 2001,p.296) Other than Arstein(1969) Other scholars highlighted other versions of participation that were started at the development of service user involvement ,these comprised of movements which facilitated a shift from top-down political, social policies and social work ideologies to a bottom-up way of thinking and working Beresford and Croft, 2001,p.298).This is seen as the start of service users discussions amongst themselves, ideas, cultures, demands and alternatives .These movements started from the service users and grew to have influence on political and social platforms. Which translated to a focus on civil rights and freedom of information legislations and a maximum support for organizations that dealt with these issues.(Beresford and Croft,2001,p.298)They also received massive support by social work as a field by including service users developing initiatives and exploring ideas concerning activities that could enhance user involvement(.(Beresford and Croft,2001,p .299). In The United Kingdom this nature of involvement was also considered a type of research as it included the voices of the public and how they experience things instead of how others assume they do(Locock et al., 2017,p.837)It's the notion of service user knowledge that comes to play , knowingly or unknowingly each individual is an expert of their own lives. Because of this ,The United Kingdom government policy is keeping a keen eye on social participation , they explain how one can lose out life chances because of their absence in participation(Warmington & Learning in and for Interagency Working Project, 2004,p.13),when left to policy makers who might have no prior knowledge of vulnerabilities, the main goals turn to just raising funds and giving money (Beresford and Croft,2001,p.300).So when issues are well dealt with and there exists proper allocation of say resources and responsibilities, practice and services increase in their efficiency. One way of doing this could be the use of power and power relations and what it means to certain people(Rawsthorne et al., 2017).

2.5 Facilitation of power amongst the service users, professionals and their community.
As phrased by (Dreher, 2016,p.54)'Power is a universal element of human existence and it is present in all forms of social relationships' .I look into the existence of power within the existing relationships amongst the stakeholders involved at the centre and how it is used to generate

proper channels of involvement during service provision ,during the day to day work-life of the staff and within the community.

This study will also focus on facilitation of power amongst professionals and the rest of the community. This is important in that it focuses on the agenda of involving the service users by empowering the people around them(Anghel & Ramon, 2009, p. 186).In regard to the professionals, there is always a hierarchy and it might at times seem that others have more power depending on where they are placed in the hierarchy, (…….)so it still important to ensure that all professionals involved are in a position where they feel heard and respected.(Anghel & Ramon, 2009)As for the community in the context of this study, their power comes from how their contribution is treated.

Service user

 Service users are at times forced into acting in certain ways in order to receive the services they need. It has been found that it is often easier to act in the way that the service provider expects so that as a service user your case does not come off as too complicated for the professional you are working with. This way they can fit you into a common category which makes their work easier and makes you as a service user more acceptable. This unfortunately means that the service user does not receive the specific assistance they need that fits who they are and the unique vulnerability they are facing. This generalization of vulnerabilities in the social service field leads to a lot being uncovered and also at times leads to the development of more vulnerabilities(Cabiati & Raineri, 2016,p.835; Eriksson, 2018).It is therefore important to have proper facilitation of power , so that such possibilities can be avoided .This way the service user involved will be able to express their vulnerability with no fear and also give their opinion on what service they prefer.

Professionals

So getting into it, it might seem like a lot of the professionals in social work fields end up having numerous control in their field, and as seen at times this is not their intention and it could be circumstantial .So they do end up deciding on who they include and exclude in their day to day

work life, they get to decide what knowledge they use and share as they work. With this they hold a lot of power and it gets down to how they are willing to use it to better the services they provide.(Locock et al., 2017,p.837) This part of the chapter reflects on how this could have come about. This might not happen deliberately but it happens with time and when it is made a routine. These sort of initiatives might have started   from a point of what felt like restrictions on the ground workers in the care field, these restrictions according to a research done by (Karabanow et al., 2019,p.89&90)resulted with the creation of coping strategies that lead to Bottom up working. Public welfare service providers have a better understanding of the work done on ground as they deal directly with the people receiving these services. This proved to be an advantage as they are certain ways this power can be used to benefit the people these professionals work with, their working community and the society as a whole.

Tapping into the wise words of the famous Peirre Bourdieu who urged people who hold a certain power to use it as a way solve problems that people lived with by looking at these problems as ideas that can be looked into and pondered with(Locock et al., 2017,p.839). In this sense , in order to look ponder with the problems , this existing power naturally needs to be fueled by a network of resources. So how can some of these resources be used, one is by empowering professionals empowering other professionals. This increases the lengths skills by reaching more service providers. With this, service users are looked at as less of a burden as there are more people who can work with them. An example of these resources could be financial resources. Money as a resources enables you to attain other resources. In this context, the funds could enable the attaining of trained professionals , these professionals could be used as a resource to train other professionals and their surrounding community. (Karabanow et al., 2019; Power, 1999; Veenstra, 2018).An article by (Cabiati & Raineri, 2016) shows professionals who went through training ended up changed their whole outlook of how they view they service users and as for the service users themselves, they appeared to be gain more confidence and self esteem as they were present to see how they impacted the trainees.

Articles by (Cooper et al., 2005; Cooper & Spencer-Dawe, 2006) look into the approach of training students in medicine, nursing, physiotherapy and occupational therapy as their starting point in creating collaborative relationships between professionals .Three authors (Carlisle et al., 2004,p.545)conduct a study on this collaboration, in their study they mention that traditionally teamwork within the same field was quite normal and encouraged but as it is now being seen,

service users are being appreciated for the complex needs that they have and with this comes the importance of further encouraging inter-field collaborated teamwork. So then in the(Cooper et al., 2005) project groups of students were made to work in teams whereby they were put through courses which entailed aspects of the different fields presented. The findings then showed that working with other professionals as a team did create good collaborative relations between the professionals which led to improved care service delivery (p.506)

Community

One of the ways these resources can be facilitated is by collective responsibility. Collective responsibility is a vital part of the social work global definition (O'Donoghue & Munford, 2019,p.257)A project done on supporting older women living in the community used the term 'relational lens' to refer to collective responsibility because by doing this ,one can explore the value that is put on individuals and the feeling of belonging this relationships creates. The mentioned research looked into a group of women who mobilized their resources and participated in development projects concerning their community through the empowerment they achieved from sharing of knowledge , respect and trust from their policy makers (Rawsthorne et al., 2017) .

This aspect of community involvement leads to useful developments for the society which in turn helps bring different community residents together such as members of the church,different community business and community organizations(Hardina, 2013,p.2)this then facilitates the exchange of knowledge. In Hardina(2013)book on Interpersonal social work skills for community practice, the community is used to identify its own problems by using, dialogues, groups

In conclusion, it is encouraging to see that prior work on cultivating relationships among stakeholders involved in service provision has been done before.

3. CHAPTER THREE: RESEARCH METHODOLOGY

This chapter starts with a brief description of the centre where the respondents for this research were chosen from. This is followed by a methodological framework characterized by data collection and analysis ,trustworthiness, ethical considerations and study limitations.

3.1 Overview of the centre

The Norwegian welfare system has come to be one to look up to, its focus on a large number of vulnerable individuals continues to be exemplary (Kautto,2010).It's principled to believe that every member of its state is deserving of the states' support and goes a long way to ensure this is so. The country is dedicated to giving funds needed to secure all these special needs. These funds ensure employment of competent labor and proper involvement of all those that can provide aid.(Castles et al., 2010)

The centre that this research was based on is situated in the South of Norway. It is a public institution which is majorly funded by the municipality. It was started in 1998 and first only dealt with members of that particular municipality but is now growing to cover the whole of Norway. The centre has 18 members of staff from various professional backgrounds, with responsibilities distributed amongst them in accordance to their skill sets and qualifications. The centre believes in care for all ,a belief that is well showcased by its all- you -need to know website that is divided into an adult sector, a youth sector and an employee sector.

The centre's motto is: Take of yourself-Take care of the sick-Take care of the family-Take care of the children.

3.2 Methodological framework

Qualitative research has aspired to showcase commitment to sets of beliefs that are brought about by experience that can be interpreted by theories.(Denzin & Lincoln, 2008,p.18).This was vital to this study because the research topic was brought about by personal experience and my own train of thought of how services should be provided to this particular vulnerable groups (Cabiati & Raineri, 2016; Creswell & Poth, 2018; Denzin & Lincoln, 2008). These personal thoughts

needed scientific proof in the form of texts and data collection in order to focus on findings that can be put through a thematic analysis that leads to a well detailed discussion.(Denzin & Lincoln, 2018)

In order to get a good grasp of how the staff at this particular centre work the study took a qualitative inquiry route for the purpose of identifying the differences in forms of things that make a difference for meaning. In latin ,qualitas refers to a primary focus on the qualities ,the features, of entities to distinctions(Denzin & Lincoln, 2018,p.36).Some authors expressed an immense sense of pride towards qualitative inquiries stating that over the years there seems to be a revolutionary takeover of social sciences and other related professions by this method (Denzin & Lincoln, 2008,p.1).Other authors have worded these said qualities as the collection of 'good' information that in turn help to answer research questions that can help capture the phenomenon of interest ,in order to allow for further inquiry (Paradis et al., 2016,p.263-264) qualitative methods encourage critical and reflective questioning to issues such as democracy ,gender ,race, class ,nation states ,globalization ,freedom and community.(Denzin & Lincoln, 2008)These qualities helped the research focus on the matters of service provision and the environment created around these said service by the professionals and their networks. Qualitative inquiries trusts in the abilities for social researchers to think objectively and because of this the research was allowed to get into the thought process of how the staff   themselves see their work. Their different voices allowed for a more affirmative presentation of the centre and the work being done there by the use of different relationships(Denzin & Lincoln, 2008,p.7).

3.3 Data collection methods

The process of data collection was kicked off by applying for authorization to go into the field through *Norsk senter for forskningsdata* which stands for The Norwegian Centre for research data(NSD).This serves as a safety assurance for the people taking part in the research as it guarantees an abidance to the ethical conducts of research by the researcher who will face penalties if they go against the outlined conducts . This is a process that took two weeks as the board went through the interview guide and the proposal of the research. The proposal contained information on how the research will be conducted which included selection of participants

,access, and details of the supervisor of the research and the Institution the research was done under(Creswell & Poth, 2018,p.151).

The research was based on collection of data using interviews .According to (Creswell & Poth, 2018) interviews have had various definitions over the years ,some have defined interviews as social interactions based on conversation , some have referred to interviews as construction of knowledge through the interaction between the interviewer and interviewee and others depicted the qualitative research interview as trying to understand ones subjective reality from an objective stance(p.163-164). Looking into this research, these definitions are all fitting due to their nature as showcased further in this section.

The use of semi structured interviews in this study was to allow the respondent the freedom to answer the questions according to their own understanding .This way they are able to give individual details of how they work and relate with different people .This is made possible by the general nature of the questions in a semi – structured interview which in the long run also gives the interviewer permission to have follow up questions if needed which also allows for a change in the sequence of the questions(Bryman, 2004,pg.113; Denzin & Lincoln, 2018,pg.579) For example,the use of clarification by the interviewer;

'So, um, you talked about , the phone line and how you get to meet the relatives with the next of kin? Is it usual that other people like you told me hairdresser will call? Is it usually you get another relative talking about their cousin, maybe he or she's taking care of their parents?'

The use of probing questions.

Respondent
"Stavanger come in and pay us a great deal of money every year to be their part in this work. And stronger communities also have their own different offices and different tasks for next of kin is Stavanger now, but they also send a lot of them to us, because they know that we have special competence to do this. Yeah. But we also help the people who works with next of kin. Stavanger to be able to do it as a better job. Yeah, so we also teach because the people who work in Stavanger kommune… Yes…. We train them…"

Interviewer

'so who are these people you're training are the professionals? Like socials workers…?'

This function of the semi-structured interviews were useful during some of the interviews where the language barrier presented itself and made it difficult for the respondents to understand the questions or made it difficult for them to answer ,so as the researcher I was able to rephrase the question or ask again using simpler terms.

3.4 Selection of interview samples

Due to The Corona virus disease(Covid 19) ,the samples of this study had to be tactfully chosen .This purposive sampling of the staff at the centre ,concentrating on their professionals duties aimed at tapping into their relational dealings with the next of kin whether directly or indirectly (Bryman, 2016; Creswell & Poth, 2018,p153) .

Since the research study required different professions in order to acquire different perspectives of the centre (Oltedal && Hutchinson,2003,) .Accoridng to Creswel and Poth's(2018) book on qualitative inquiry it is vital to have determined a sample size before going into the field so that as a researcher you are able to have a proper plan on how to conduct the research but one should always be flexible incase of any changes in the field as it is not in the researchers control.(Creswell & Poth, 2018,p.158; Malterud et al., 2016,p.1754).This research had an original plan to have a sample of eight respondents but the contact person provided six respondents with different backgrounds and functions at the centre which was promising of a more specific and precise data set regardless of the reduction in number(Creswell & Poth, 2018,p.158).

The interview process

This whole process started when I got in touch with the centre. I did this by first looking up the centre and finding contact details through their website and linked in. I then emailed the leader of the centre and they assigned a contact person for me to work with. We arranged an online meeting with the contact person where I was able to discuss and present my proposal of the research, with this we talked about how many respondents I needed and their

demographic(Bryman, 2016; Creswell & Poth, 2018). The contact person then proposed this to the staff and 6 of them volunteered to help in my research, the contact person did have a target to get me 8 respondents according to my proposal but due to language barrier and time constraints two could not take part. With the centre having given me access to their premises, I was then able to finish my authorization process with NSD ,informing them of my permission of access, also provided them with the an interview guide, together with the consent form that the respondents would be required to sign(Bryman, 2004, ; D'Cruz & Jones, 2004).After two weeks of processing, NSD gave me the authorization to go into the field. I then made a plan with my contact person for the respondents to provide me with dates and times of availability. The plan was to conduct 6 interviews each taking thirty to forty five minutes and then conduct two observations, where I was to sit through a group session with the staff and their therapist during one of the observation sessions(Bryman,2016). The participants consisted of 5 females and 1 male with various educational backgrounds and different years if experience as illustrated in the table 1. Moving forward I conducted four audio recorded   interviews and then the Covid 19 cases started to increase in Norway so the country went into a semi-lock down with social distancing restrictions. Due to these restrictions I was not able to access the centre anymore as the staff at the centre was required to work from home so the last two interviews were conducted online and were also audio recorded (Creswell & Poth, 2018). These restrictions also meant that I could not conduct the planned observations sessions. After conducting all six interviews. I started the transcribing process which started with converting the audio recordings to written form.

RESPONDENTS	PROFESSION	YEARS OF EXPERIENCE AT THE CENTRE
1	Psychiatric Nurse	3 years
2	Nurse with specialization in cancer treatment	4 years
3	Manager	4 years
4	Nurse & cognitive therapist	8 ½ years
5	Counseling psychologist	1 year
6	Family therapist & social worker	5 years

Table 1: Demographic background of the respondents

3.5 Method of analysis

One of the focuses of this research was to get a detailed and informed description of how different professionals provided their services, and some of the data that did not adhere to this was filtered out. The data collected was put through thematic analysis. Thematic analysis is the process of identifying patterns or themes within qualitative data characterized by its key advantage of flexibility. This method of analysis is not only known for its extensive freedom in relation to epistemological and theoretical perspectives, it can also serve as a foundational learning platform and introduction to other qualitative analysis methods (Braun & Clarke, 2006,pg.78).This research used thematic analysis with the aim to showcase the relationships formed by the professionals working at the centre .With the use of several approaches , thematic analysis gave this research leeway to showcase the techniques that might have been used by these professionals in order to make the services they provide more effective.(Braun & Clarke, 2006, pg. 81).

Thematic analysis aims at identifying important patterns in the data collected .The collection of themes in this research was used to answer the research question. The themes in this research occurred repeatedly in the data set and together they collected different elements of the relationships formed by the respondents in order to bring about an outcome that proves to be helpful to the vulnerable groups of people involved. (Delahunt & Maguire ,2017 ; Braun & Clark ,2006).Using the thematic analysis method inspired by (Braun & Clarke,2006)I read and re-read the data in order to be familiar with what the respondents said. I then started picking out the codes which were characterized by aspects of the data that were of interest to me. From this I had to start collected themes that were related to my research, I then went ahead to name three themes that directly connected to my research question. With these three I went ahead to present my findings and discussions(Braun & Clarke, 2006).
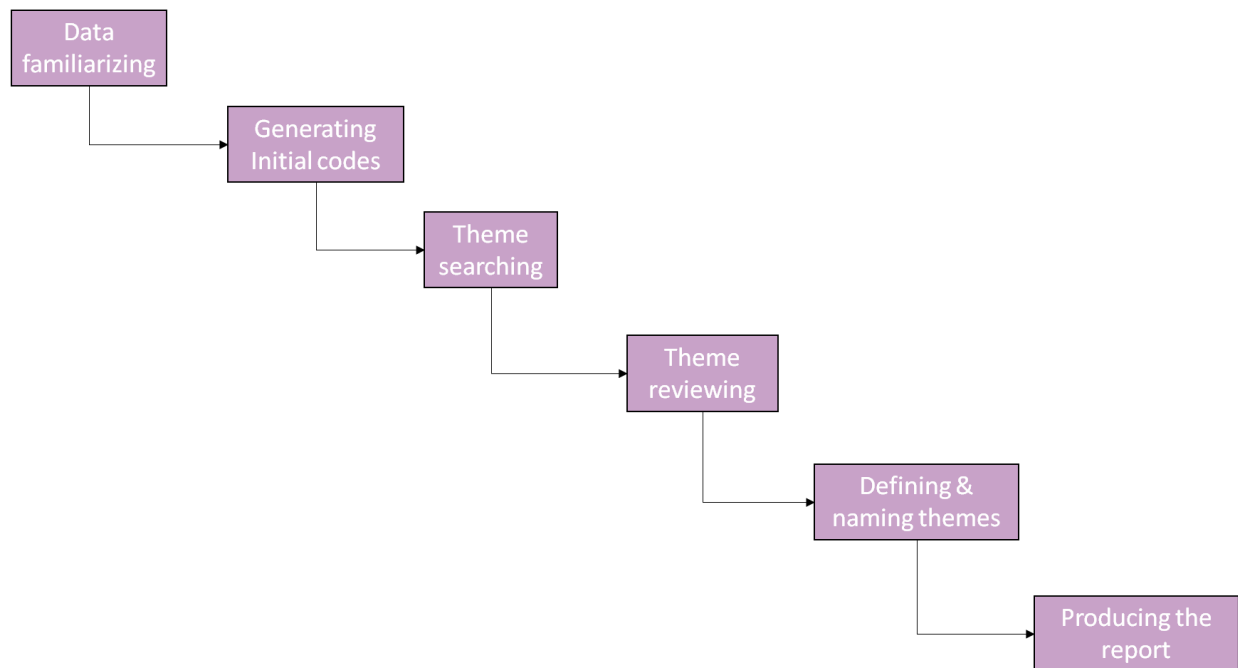
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Figure 1 : Phases of thematic analysis(Braun & Clarke, 2006,pg.87)

3.6 Trustworthiness

Qualitative research adheres to a particular standard of trustworthiness as the research is in process. Trustworthiness in this context can be described as what the measure of the qualitative research value is in terms of credibility ,transferability, Dependability,and confirmability(Morrow, 2005; D'Cruz & Jones, 2004).

In order to ensure transferability, I read extensively through literature done by other authors and researchers, in order to learn about what has been before in regard to my research(pg.75), how it was used and this assisted by giving me a preview of what my research could be(Schofield,1993 :208-20 as sighted in D'Cruz & Jones, 2004,pg.76).

To put value on my research I ensured credibility by using a methodological framework that worked in the context of time and place. I used qualitative inquiry as a method because it made it

easier (George,2020) for me to reach my respondents in the midst's of a global pandemic(Covid 19).

To ensure truth value in order to establish confidence my data and findings(D'Cruz & Jones, 2004,pg74 & 76),I worked with my supervisor throughout the research. I shared my transcribed interview documents with her, this way she was able to identify from my findings and sources what was not well highlighted and what felt irrelevant to the topic and the research question. Other than the documents, I presented each of the chapters of the study to her and from this she was able to give me advise on the structure of the paper, we were able to discuss where I should place the subtopics so that there can be a good flow for the readers to easily follow. We also discussed the wordings of some terms that I used so that we can remain in line with proper and respectful titles for those mentioned in the research. During the last leg of my writing I made a call to a former classmate who had recently submitted her research and made a short presentation of my study whereby she was able to give me tips on the general outlook of the paper.

The staff at the centre were aware of my master program as we had visited the centre back in 2019 for field study, though they did not know me in particular. This gave me an easier inn as it was easy for them to trust me as we already had a build up rapport. The staff that took part in my research are qualified professionals which was important in the context of my research as it meant that I trusted their opinions and interpretations of my interview questions. With this ,I put myself in a place where I was able to answer their questions in order for them to gain trust in my ability to interpret what they told me(D'Cruz & Jones, 2004,pg.76).

3.7 Ethical considerations

This research took place under the institutional arrangements of The University of Stavanger (D'Cruz & Jones, 2004,pg. 101;Creswell & Poth, 2018,pg.54) .These arrangements were clearly outlined as the research proposal went through processing with the Norwegian Centre for Research Data(NSD) . Where certain ethical considerations were put down .Ethics play a vital role in social work research. One of the main ones being a starting point of how one should carry themselves and maneuver around the field and around all those involved. And more importantly

how the respondents are protected in terms of harm ,consent, privacy, deception.(Bryman, 2004, pg.509-; D'Cruz & Jones, 2004,pg.101; Creswell & Poth, 2018,pg.54)

Respondents received both written and oral information about the research with assurance of confidentiality and that participation was voluntary and that one can terminate their consent of participation at their own free will. The participants were able to choose a time for their interviews that was convenient to them'(National Health and Medical Research Council (Australia) et al., 2018,pg16) The respondents consent to take part in this research study was vital due to the fact that meant that the data collected from their participation could be used as part of the thesis. Their consent meant that they're fully aware of how this research is conducted , what their role in it means and with this information they were given a leeway to decide whether they want to take part in the research or not(Bryman, 2004,pg.511 ; National Health and Medical Research Council (Australia) et al., 2018,pg16).They were informed about the aim of the study and were given the capacity to inquire more about the aims and ask for clarifications if need be.

The issue of confidentiality is a mandatory prerequisite to research in the case of prevention of harm .Harm can be formulated in different forms in different contexts; it can be physical and or emotional depending on the kind of research being conducted. Harm should be anticipated parallel to the nature of the research. Some researches due to critical nature of their aims can proof to be more dangerous than others(Bryman, 2004,pg.510).The aim of this research was to highlight the work being done at the centre hence harm might not be as expected compared to other researches but confidentiality was still vital because they do deal with personal lives of vulnerable groups and respecting their privacy is the staffs' obligation as stated in some of (NHMRC) highlighted in (D'Cruz & Jones, 2004)

The prevention of harm then became by responsibility as the researcher to protect whoever is taking part in their research. One of the ways precautions can be taken to avoid harm is by the use of general terms to refer to the participants, for example this research I used the term Respondents to refer to the participants and labeled each respondent using number 1 to 6 in accordance with their interviews.(Bryman, 2004,p.510).

An ethical issue that might present itself in this research is that as the researcher, I have been in the position of the next of kin who has not come across services like those offered at the centre. This could have raised my expectations when it came to the results, by wanting them to be good enough for the next of kin at hand. I was fully aware of this bias through the whole process and I made sure to be reflective about this as I went along with the research(Bryman, 2016).

3.8 Limitations

The original plan of this research was to get the next of kin voice on how they thought felt about working with the professionals. But due to The Covid 19 pandemic, it was safer not to include the next of kin in this research in order to reduce the chances of spreading the virus. This was also better as the next of kin could be around relatives who are at a higher risk of contracting the virus due to low immune systems. According to World Health Organization reports there were over three million reported cases as the research commenced(WHO,2021).This led the focus research to the staff of the centre route which proved to be a fruitful decision as the study proceeded. Corona virus still led the research to some roadblocks as Norway went into lockdown during the interview process and some of the interviews had to be done online using Microsoft teams therefore losing some of the authenticity of the interview process and made the observation part of the research impossible as access to the physical centre was denied.

Language also came in as a barrier. Some of the respondents were more comfortable using their first language which is Norwegian and it was not possible to get a translator so the interviews had to be conducted in English. This brought about a bit of discomfort to some of the respondents as they felt that they could have expressed themselves better in Norwegian. But because we had discussed this at the beginning of each of the interviews, I took time to explain what they needed me to and in one of the interviews we used Google translate to translate some of the English and Norwegian terms.

4. CHAPTER FOUR: FINDINGS

Respondents in this study explain how they work with the next of kin who visit and work with the centre. They are intentional with their decision making process regarding their next of kin. This chapter will present findings of how these professionals conduct their services. The findings explore how they use their good relationship with their leader, their next of kin and the community around them to provide efficient services. These concepts were presented as three outlined themes that came up during the analysis process. The themes were ;1.a focus on the 'little big things',2. working together with the next of kin and 3.working within the community and its professionals.

4.1A focus on the 'little big things'

The theme focusing on the 'little big things' in this research means putting meaning into everything happening at the centre and around the next of kin. As I conducted the research it was evident that the staff took time to do this. By doing this they are able to cover larger parts of the next of kin's lives just by fully doing their parts as illustrated by my findings. This is made possible by enforcing a proper working structure. The leader has a well organized staff schedule, where the responsibilities are well distributed. Especially with the shared responsibilities for example the phone line which according to the respondents can be very busy, especially with the pandemic. The centre is open till late, so the respondents each have a specific day where the work till 1930hrs .These well outlined functions corresponds with the efficiency of a system. The staff at the centre have different responsibilities in terms of who they work with , some work with individual, some with couples, some with children, and some with the whole family. But even with this specification in their responsibilities the respondents see the importance of always coming together to ring issues in as one so that they are able to reach their main goal of working well with the next of kin(Pincus & Minahan, 1990,pg.54).

"...when I'm not sitting on the line, I have conversations with people in my office…"

(Respondent 1)

This proper structure permits a well organized process once the next of kin comes into the picture. For example as stated by the one of the respondent, the first meeting with the next kin is used as a way of re-introducing the centre to the former;

"…As I start the first meeting. I always start to ask how much they know about us. If they don't know much about us, I tell them who we are, how many we are. That its a free consultation that we have posted,… that we keep complete silence…umm…when you're not allowed to tell about ,..confidential? Yes…And I tell them that we offer approximately three to five consultations within three weeks ... But that always varies if they have a crisis, or if there is something special. We can it's not a strict…" (Respondent 1)

The staff at the centre talk about how important is for them to give us much information as they can to the next of kin. From the quote above, respondent 1 sees the importance of   making sure that the next of kin are well aware of the fact that they do not pay for these sessions that they receive. This is important for them to clear out as it is a private centre and it does give off a therapeutic feel so just for assurance purposes to stay clear off any confusion, the respondent mentions it. With this open dialogue with the next of kin, the professionals is able to build a healthy and trusting relationship with the service user.

With an aim of covering all aspects concerning the next of kin, the professionals are given more leeway to use different techniques to connect with their service users.

"*that was the word …I facilitate. Like I facilitate the room, I facilitate the food. And of course, I also facilitate in the way I asked questions to them, and try to be open with the questions and no judging. So that I think I facilitate a room that is open to anything, that is…uhh.. that is a safe room to talk about how things are in life. But I think also, I was lucky to just get into a group that was already set, because it's been four years like so that, and that is the really good thing about it being soo open, because you always have someone there that has been there. And they have experienced how to be new in the group, and how that feels and how good it was to come there and what was important to them when they came so that they can… they can offer the same thing to new users coming in.*" (Respondent 6)

"And it's quite difficult for… for other friends that are in the youth's life to quite understand what you are going through when you are next of kin. Like when you worry about your father, or you worry about your siblings, or that you can't go out as much because you have things to do back home, or you're worrying that if you go out what would happen at home. So it's quite difficult for other people that have not experienced that in their lives to quite understand what's

going on and how it affects you. Yeah. So to have that place, that without words, they can just understand you…" (Respondent 6)

The use of groups was mentioned by the respondents, they used these groups to bring the relatives together and take part in activities and discussions. The respondents expressed that this kind of group setting has great impact as they have been able to involve more next of kin. For example the next of kin that felt like they couldn't speak to the professionals as adults, they open up more when put in their own peer groups. Others who felt like what they are going through is so extremely grim and only happening to them, found a safe place where they heard their own story from several other people.

Some of the respondents work with other techniques that they prefer to first discuss with the service user.

'…we also tell them about the cognitive therapy methods we can use…' (Respondent, 2)

'…mindfulness training, awareness training, because you can say that the awareness training is like the background of becoming aware of your thoughts. If you have no awareness, then you… you… don't pick up that your thoughts are like in the past, for your essence. And all the stuff from the past is just terrorizing you,…' (Respondent 4)

The respondents see the need to share their work process with the next of kin. This way the next of kin as a service user is able to express whether they are comfortable with the technique or not. And if they are they are well aware of what the professional is doing so even when these techniques feel challenging, the next of kin understands that it is a part of the process and together with the professional will get through the hurdle.
As much as challenges are concerned, they are not only felt by the next of kin. So the centre takes a great responsibility in taking care of the respondent's mental health.

"…a lot of heavy cases with a lot of emotional strain in it, because we are talking about a child whose death and suicide. So that's a lot of pressure, emotional level, compared to other other places where he will talk to people…" (Respondent 5)

"…And she is struggling with thoughts about harming herself. And she hasn't told anyone. And everyone around her thinks that the problems are in school because she is struggling with getting to school. And, and a professional healthcare worker would totally call it anxiety. But I as a family therapist, I don't want to reuse diagnosis, I'd like to be to see what is the problem? How is this problem hindering you in what would you like to do with your life. And it's been so clear that I want to live an ordinary youth life they want to be, I don't want to be stopped by these problems. So this is my, this is how I work with her. But this Tuesday, she said, I have a problem that I haven't told anyone about. And everyone thinks that it's about school, but it feels like I have to do something difficult every single day of my life. If I'm good at school, then it's something else. And I'm so exhausted of it. And then she told me, I need to tell you something that I haven't told anyone. And that is I'm getting thoughts now about harming myself. And then I'm exploring that with what kind of thoughts are coming? Do you have Do you always listen to the thoughts or do something, do other things and we explore that. But at the same time, she says, I don't know all these things, but I really know I need help now. And then I say, I am going to you told me, and that was a brave thing to do…" (Respondent 6)

She had thoughts of harming herself and chose to speak to the respondent so that she does not cause any more harm and trouble for her mother who was already dealing her other sibling.

'So we have a good system to catch up First, we have, every year, I have a conversation with each one met about some other development conversation... And also during the year, I have conversations with each one of them. And then we also have this, we have this training, every Tuesday… and also two times a year, in June, and in December, we go away for two days, all the group together, we go away on a hotel or something. And then we have two days with only working on ourselves about what is important for us, what is important for the next half year… And we also have what we call and when they get paid, they also get an amount that is specially connected to physical training... And then they can decide themselves if they want to do it and use it on membership or they want to use it on shoes to go on the mountains or they want to use it on a bicycle or whatever but it is it is to maintain your own physical health… that it is possible for them to ask for some appointment with a psychologist outside the office. And that is paid by the office.' (Respondent 3)

The people working at the centre give off a general understanding of how all the things around a person have an effect on their lives whether that person is in a vulnerable situation or not, so they have made a point of not excluding themselves from this criteria as they understand the impact they have on the next of kin.

4.2 Working together with the next of kin

I focus on the participation aspect of the service user in this research. Using the professional voice, my aim was to see how relationships they're in are able to make this happen. In social work, participation of the service user is more than just their physical presence. Participation in the aforementioned context is the act of letting a person using your services be a part of making decisions concerning their lives. This is ensured by several factors such as empowering them to believe that they're able to make these decisions no matter what vulnerable state they are in. This empowerment is let to take its course during the service provision process because at times one is not quite sure of what they need at the moment but with proper guidance they're able to figure that out. (Beresford & Croft,2001,p.309)

" Because they're very, you know, young people that are more I don't know. I don't know. So they need help to, to get into subjects sometimes…" (Respondent 5)

"…sometimes you just listen…and that's enough for some people… sometimes they're just so filled up with the issues that they just want to talk they forget that you are there…but you have to show curiosity in this situation…"(Respondent 6)

The respondents at the centre also expressed that at times the interest in participation is lacking, and this has to be considered as well as they go about their work.

"But we can't really change other people, that's up to them, but we can support them…"(Respondent 6)

With this empowerment comes transparency whereby the person involved is given proper information about their situation. At the centre this is done by openly discussing what visiting the centre entails (Beresford & Croft,2001,pg..& p.302)

"I always start to ask them how much they know about us. If they don't know much about us, I tell them who we are, how many we are…" (Respondent 1)

In some instances the respondents make it a point to ask for consent when they're about to put one of the next of kin in a situation where they might have to share part of their story

"…I always ask is it okay, would you like us to talk about that? Would you like us to use that as the topic for the group today and then they can say no or they can say yes, that's up to them…" (Respondent 6)

With this, the relative is able to prepare themselves mentally and physically as to what process they're about to go through. They're also given the chance to accept or deny the service or ask for acceptable changes that they might want to make. During this process the professional is able to measure the state that the relative is in and this allows them to plan on how to approach the process of this service provision. This collaboration increases self-responsibility and sufficiency.(Buchanan & Nooe, 2017).

"When you get into difficult life situations and you or your loved ones are suffering, then it's like you forget yourself, you forget your awareness and you forget what is wise for you. And then you start doing things that are not so wise to do, because it's not leading anywhere, except that it's very draining for the next of kin. So to start to become aware of how you feel and your simple life process and how it's affecting you what you're doing. And, you do it in a different way? Yeah, to, to reflect upon such fears"(Respondent 4)

With these considerations, the centre has the ability to individualize the services for specific people;

"Three or four times a year, we tried to make a weekend where we have a couple couple of courses… So we've tried to have for causes there also to come away from the home and relax and some good food and have a break (laughter…)"(Respondent 5)

"…Some of the people that are involved here cannot come to this center in daytime so then we have evening shift …"(Respondent 2)

'And there can be young children that contact us. Maybe they think it's really difficult to take the phone and call somebody or get to see a person face to face and tell them horrible things or difficult things. They often write in chat that it's so much easier to tell about hard feelings on chats online …' (Respondent,2)

And the respondents at the centre take the initiative to teach these techniques not only to other professionals but too the next of kin themselves.

'And these techniques are appropriate for everyday life. Also, not just if you if you are struggling. This is one course. And the other course … And it's about health, how you can promote your health. When you are in a difficult situation… life situation that is very important to take care of your health. And different ways of doing that. And we talk a little bit about exercise and walking in nature and how you eat and how you sleep and how you how you socialize, to do things that are building you up. When life is difficult, then you really need to focus on what is building you up. And cognitive therapy, the way we think has an effect on our feelings and on our behavior…"(Respondent,4)

The respondents believe that with this level of awareness the next of kin can make more sense into what they can do about their current situations and also accept that   there in some instances there is not much that they can do.

4.3. Working within the community and its professionals

The respondents of the research comprise of nurses, psychologists ,social workers and their leader who has a background in managerial studies. As professionals they are appreciative of the different contributions brought to the table by people from other fields.

"a thing I like about the center is that they are working very professional with things …you know I come from a place where we only were therapists and here we have the web designer, and we have the people who's applying for money for the center, and some people doing the conversations and this small professional, build up, set up…" (Respondent 5)

Other than that, the professionals at the centre take part in training several other professionals who do not have similar skills to help the next of kin

"Yes, they're professionals…nurses, also doctors and also teachers who work in school and in Kindergarten….nursing homes also…" (Respondent , 3)

"And then we have courses and we educate. We go out to centers to educate people in different things we have. And we also have courses on the center, where we have groups of different subjects'…" (Respondent, 3)

This act of training helps in sharing the skills that the respondents have   with someone who doesn't .The centre is becoming for their training sessions by other practicners. They visit some institutions and offer these classes, they also have sessions online and videos line-ups on youtube for some of the courses they offer. Majority of the respondents that took part in the research take part in the teaching.

 "I had quite much responsibility … because we had a program with the child care services in Stavanger… the topic was children as… as next of kin. To get the perspective in there as well so that many of the children they meet are also next of kin. That is kind of the story or the kind of the situation of course, because when parents cannot offer regular assistance…" (Respondent,6)

The staff at the centre also get involved with other social services when need be, for example when a child is involved;

"They *sometimes contact us because they are in contact with the youth of their school that would like to participate, parents parents contact us. And also, the childcare system and the different municipalities around us*." (Rerspondent, 6)

According to some of the findings, members of the community are very comfortable with contacting the centre when and if they sense that someone they know is need of their services, this is brought about the fact that the centre extensively puts focus on advertizing themselves.

'… It could be a hairdresser that calls us and tells us that client of theirs... Yeah, she can see that hygienic wise something is not okay…" (Respondent 6)

Members of the community use the website and the phone line to reach the centre. The leader of the centre on their interview talked about their website that is personalized for different types of service users, they also talked about frequent updates they make on the website to make it fit with the changing times and service users.

In summary, the professionals are well aware of the privilege they have to work with such liberty to engage the way they do. This way there competence is increased as they are motivated and filled with respect for their work and those around them.

5. CHAPTER FIVE: DISCUSSION

This chapter will comprise of a details discussion of the results and how they relate and interpret the literature discussed earlier. This chapter will discuss the three main themes from the findings and how they answer the research question;

5.1 How are the professionals working holistically?

The centre deals with individuals of all ages, gender and ethnicity proving that the professionals involved are open to dealing with any vulnerability that comes forth when it comes with the users of the services they offer. This makes the centre indirectly involved with their families, their friends and their work life and school life(Kihlström, 2012). With this the centre not only benefits their service users' wellbeing but the community's as a whole. And on top of this, the respondents are seen to be working as pro-active professionals and not reactive. Majority of the time they are able to come into the lives of their service users in the early stages of their hardships and at times they are able to prevent more harm. One of the cases shared by a respondent was about a young next of kin who had thoughts of harming them self, the professional was able help them by using the relationship they natured with some of the other family members ,the school they attended and the trust their leader portrays when it comes to letting the professionals make decisions on their own(Rosa & Tudge, 2013; Ruch, 2005,pg.115).This was also possible to achieve because the professional treated the child's case as an individual case(Gullbrå et al., 2014) and dealt with using distinctive resources that fit the child. To treat this child as an individual (Campbell et al., 2008)two different systems were involved, the macrosystem was seen with the affordability of the centre to use different resources, this comes from the municipality. The microsystem is seen by the involvement of the specific respondent who was dealing with this child.

These system developments are present in the increase in numbers of the next of kin who are asking for the services, this is seen by how busy the phone line is ,it is also seen in the growth of the centre's website, and the fact that the centre aims at opening up to more parts of the country other than south. (Rosa & Tudge, 2013)This impact can be noted from various directions due to the interrelation of all sectors that include the funding from the municipality which is part of   the community which plays a big part in the expansion of the centre's reach to other parts of the country and the growing of the website. This then connects the staff who even when busy with their responsibilities are willing to take part in expanding the centre's outreach.(Payne & Campling, 2005,pg. 157) from institutions who have great influence on policy enforcement.

5.2 How they work with the next of kin

 As seen at the centre, participation and involvement can be as simple as having a dialogue or conversation with someone. The respondents used conversation to make decisions and learn more about the people visiting the centre. The respondents used different activities to engage the participants in conversation. For example the use of food in group settings(Fredriksson et al., 2018,p.472&475)This sets up an ambience that is less official and more personal thus making easier for the next of kin to communicate with each other as it releases the pressure(Cooper & Spencer-Dawe, 2006,p.610) **.**

The respondents believe this setting then made the next of kin connect by sharing their stories (Anghel & Ramon, 2009; Uggerhøj, 2014) and learning that they are not alone in this and that others have gone through some of the things they haves who have ways of dealing with these particular situations. Hence , the centre gives them a feel of security.In a field, like this where work involves people's lives ,interest in participation is vital, sometimes this interest can be lacking especially at the beginning where one might not understand what assistance they need or might not have developed trust in whoever is assisting them as said by the some of the respondents. There is a proper understanding of such an aspect at the centre, where the respondents give the next of kin freedom and time to find a way to express themselves. Due to the individual attention given to each next of kin, there are not under the pressure to fit into any category of a service user.

The findings also showed how the respondents don't make assumptions on how the next of kin want to be conduct their visits at the centre(Locock et al., 2017). They take proper care of where to put who ,they understand that not all of them want to put in groups, for example. One of the respondents talked about how some of the next of kin just wanted to be listened to and not neccesarily have the professionals giving them verbal advice.

The professionals see a therapist to address their anxiety so that is brought about by what one of the respondents referred to as 'heavier cases' that were more emotional than others. Another worry that comes about , naturally, is when dealing with children and having to let them take part in their own process having very little experience, this is a process that the respondents understand has to happen but it can be worrying and having someone who can help you through this thought process before hand or even after is essential. As its part of the development of a more faceted relationship between the professional and the people they work with. This not only involved giving respect and dignity to the service user but also realizing that the practitioners have short-comings that come from a place of worry and anxiety due to the nature of the work they do (Ruch, 2005,pg.113).

5.3How they give more power to the community and related professionals.
As per the finding of the research, the leader at the centre has collected various professions as members of her staff. The leader understands their importance and what they bring to the table from their different fields. With this the leader portrays a high degree of trust towards them and gives them the freedom to work using different techniques(Ramsundarsingh & Shier, 2017). The leader who has more of a political background has a way of dealing with the bureaucratic factors that affect the sector. They are in charge of getting the funds for the centre, dealing with the board of CEO's and managing interferences that might occur and prove to be a distraction for the staff. With this the chances of some type of resistance and or ethical challenges are reduced.

"if the workplace itself is oppressive to the workers, the workers will in turn be oppressive to those whom they are serving"(Ramsundarsingh & Shier, 2017,pg.14)

The staff use it as power as they facilitate their techniques while working with the next of kin. They are free to use groups, different forms of questions and the art of mindfulness in their sessions. As a whole they come together to train different people.(Locock et al., 2017) Using

Pieree Bourieu's way of thinking about resources, we see how the centre uses their financial resources to ensure that the needs of the next of kin are catered for and they go a step further and use their resources to teach other professionals. This can be termed as the concept of converting financial resources into other forms of resources in order to share power with others(Power,1999,pg.50)The centre understands the importance of the responsibility they have towards the next of kin. By training other professionals in related fields, they are ensured that the services that are available for the next of kin are more widespread. And by armoring these other professionals with their skills they first; create opportunities for the next of kin that they do not have a hold on and second; because of these opportunities they create, they promote the chances of a healthier community.(Cabiati & Raineri, 2016)

The centre is well aware of the importance of other professionals and the community the next of kin lives around. As per the findings, the respondents believe in working with other professional as they understand that they are a huge support system for the next of kin but they cannot offer other services. For example, even if some of the respondents have psychological backgrounds, they are not in positions to offer counseling sessions to the next of kin and or diagnose any psychological disorder that the next of kin might have. So the respondents make it a point to have good relations with therapists who can provide these service when needed. They also work with the child services and school nurses and social workers when necessary because this gives them appropriate access to some of the children and it also works vice versa where some of the case workers from child services and at schools can recommend the centre's services to the next of kin.

The community in the context of the centre comprised of the extended family, the neighbor, other service providers for example; the hairdresser, and the general public that come in as volunteers. The volunteers and some of the community members also call up the centre in the case where they think an individual is in need of their services go to these extends to ensure that the people living around them are safe and healthy so they looking out for each other. Working with this community to this extent shows the autonomy that has been created by different factors in this context. This community believes in the input they have on their fellow community members because they have been shown that what they do for the next of kin matters and makes a different. An example of this was seen through the respondents acting on the communities

suggested next of kin. The professionals would look into it further before approaching the next of kin but they would not ignore the community member.

The centre is well funded by the municipality. The funds are allocated to the centre to directly deal with the next of kin and to create a healthy environment for the staff. The funds are also at times used to pay for sessions for other professionals to be trained by the respondents who hold classes on how to deal with the next of kin.

CHAPTER SIX   : END

This chapter marks the end of this study carried out by using six professionals working with the next of kin of individuals in vulnerable situations at a centre in the South West of Norway. This chapter comprises of the recommendations and a concluding remark.

6.1 Recommendations

1. Part of the data that was not used suggested the lack of male service users and staff. Further research should be done to find out why this is so as they are a large part of the population and as it is , vulnerable relatives affect the whole family, so just working with one gender from the family might slow the process of what the centre is working towards.

2. Also according to some of the data, there was evidence of a majority of ethnically white Norwegians as the main users of the services at the centre. This suggested that other ethnicities were not using these services or were not aware of them. More focus should be put on how to reach this part of society.

6.2 Concluding remark

This study used qualitative inquiries taken from social construction of reality to look into how staff at this Norwegian centre use the relationships exposed to them to conduct the next of kin services.Findings from this centre were positive as they showcase that the staff are able to use their relationships as resources to ensure proper service provision. In summary,this study improved my research skills and improved me as a student .I learnt the values of being a competent social worker ,and what results it can bring when you are dedicated to your work and the people you work with.

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APPENDICES

APPENDIX 1: INTERVIEW GUIDE

A. Demographic questions

- Name
- Profession

B. Close-ended questions

- How long have you worked at the centre
- What are your responsibilities while working with the next of kin

C. Open-ended questions

1. Walk me through a day of working at the centre
2. What happens when you get into first contact with a relative? Can you walk me through the process?
3. Apart from this centre does the relative deal with other social service providers
4. Can you tell me more about the teaching programs
5. What kind of support do you receive, either from the state, private organization, community
6. If yes to other social services, are you in charge or do you help in kind of way connect these services
7. What is the most common way that the relatives/users get to know and ask for your services?(Reference from a friend,another relative,health institutions etc)
8. Can you describe challenges that the professionals have while dealing with the relatives
9. Who are the main people who visit and use the centre in terms ;Age, Gender etc.

APPENDIX 2: CONSENT FORM

Are you interested in taking part in the research project
Systemic relationships associated with professionals at a Norwegian centre dealing with
The Next of kin.

My name is Sophie Amir Hashim. I am a second year masters student at The University of Stavanger studying social work and welfare. This is an inquiry about participation in a research project where the main purpose is to look into how services are rendered by the professionals at your center using different relationships. In this letter we will give you information about the purpose of the project and what your participation will involve.

Purpose of the project-what I want to figure out

This is a master's thesis project. It will be looking into how staff at this Norwegian institution uses the relationships around them to facilitate the provision of services to the Next of Kin who visit the centre. The relationships that this research will be looking into will be the relationships the professionals have with their leader ,the next of kin, the community and other professionals in the same field of social care.

Findings from the research will be published in a dissertation, but no personal data that will lead to the identification of participants will be included in the dissertation.

Who is responsible for the research project?

University of Stavanger is the institution responsible for the project.

Why are you being asked to participate?

This was a purposive sample selection being that I will be looking into members of the staff provided by the leader of the centre and the contact person provided by the leader.

My research aims at generating knowledge on the thesis and I believe that the staff have this valuable knowledge and are in a position to understand the purpose of this topic.

What does participation involve for you?

Participation involves per-taking in an open-ended interview that will be sound recorded and will take a duration of 45 minutes. The interviews will incorporate questions like how the centre receives help from the local community, the staff s' ties legislation ties and a more elaborate definition of the type of next of kin(relatives) who visit the centre in terms of gender ,age,etc. . All this will be done with a strict adherence of my role as a researcher.

Participation is voluntary

Participation in the project is voluntary. If you chose to participate, you can withdraw your consent at any time without giving a reason. All information about you will then be made anonymous. There will be no negative consequences for you if you chose not to participate or later decide to withdraw.

Your personal privacy – how we will store and use your personal data

We will only use your personal data for the purpose(s) specified in this information letter. We will process your personal data confidentially and in accordance with data protection legislation (the General Data Protection Regulation and Personal Data Act).

At The University of Stavanger only I will have access to the data collected. I will replace your name and contact details with pseudo names. The list of names, contact details and respective stored on my personal pc and email that only I (the researcher) has access to which are both encrypted by a private password.

What will happen to your personal data at the end of the research project?

The project is scheduled to end of June 2021.At the end of the project the recordings will be deleted.

Your rights

So long as you can be identified in the collected data, you have the right to:

- access the personal data that is being processed about you
- request that your personal data is deleted
- request that incorrect personal data about you is corrected/rectified
- receive a copy of your personal data (data portability), and

- send a complaint to the Data Protection Officer or The Norwegian Data Protection Authority regarding the processing of your personal data

What gives us the right to process your personal data?

We will process your personal data based on your consent.

Based on an agreement with The University of Stavanger, NSD – The Norwegian Centre for Research Data AS has assessed that the processing of personal data in this project is in accordance with data protection legislation.

Where can I find out more?

If you have questions about the project, or want to exercise your rights, contact: ☐ The University of Stavanger via Ayan Abdi Mohamoud, Email: ayan.handulle@uis.no, phone number +4751831262.

☐ Our Data Protection Officer:

☐ NSD – The Norwegian Centre for Research Data AS, by email: (personverntjenester@nsd.no) or by telephone: +47 55 58 21 17.

Yours sincerely,

Project Leader Student (if applicable)

(Researcher/supervisor)

Consent form

Consent can be given in writing (including electronically) or orally. NB! You must be able to document/demonstrate that you have given information and gained consent from project participants i.e. from the people whose personal data you will be processing (data subjects). As a rule, we recommend written information and written consent.

- For written consent on paper you can use this template

- For written consent which is collected electronically, you must chose a procedure that will allow you to demonstrate that you have gained explicit consent (read more on our website)

- If the context dictates that you should give oral information and gain oral consent (e.g. for research in oral cultures or with people who are illiterate) we recommend that you make a sound recording of the information and consent.

If a parent/guardian will give consent on behalf of their child or someone without the capacity to consent, you must adjust this information accordingly. Remember that the name of the participant must be included.

Adjust the checkboxes in accordance with participation in your project. It is possible to use bullet points instead of checkboxes. However, if you intend to process special categories of personal data (sensitive personal data) and/or one of the last four points in the list below is applicable to your project, we recommend that you use checkboxes. This because of the requirement of explicit consent.

I have received and understood information about the project *(Services to aid the next of kin . A study of a public centre in the south of Norway)* and have been given the opportunity to ask questions. I give consent:

☐ to participate in an interview

☐ to participate in *(office observation) – if applicable*

☐ *for my personal data to be processed outside the EU – if applicable*

☐ *for information about me/myself to be published in a way that I can be recognised (describe in more detail)– if applicable*

☐ *for my personal data to be stored after the end of the project for (insert purpose of storage e.g. follow-up studies) – if applicable*

I give consent for my personal data to be processed until the end date of the project, approx.
[insert date]

(Signed by participant, date