

Principles and structures of training of health social workers in Sweden

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Social workers & licensed healthcare counsellors

PhD in Social Work

Social work and health care social work in Sweden

- Estimated 40 000 social workers in Sweden
 - Mainly public sector
- 5000 healthcare social workers
 - 98% bachelor in social work
 - 80% further training (basic training in psychotherapy, Master's, PhD)

1:e socialsekreterare, Adjunkt, Administratör, Arbetsförmedlare, Arbetskonsulent, Arbetsmarknadskonsulent, Arbetsmarknadssekreterare, Avdelningschef, Barnsekreterare, Behandlare, Behandlingsassistent, Beteendevetare, Biståndsbedömare, Biståndshandläggare, Biträdande enhetschef, Biträdande Institutionschef, Biträdande verksamhetschef, Boendechef, Budget och skuldrådgivare, Case manager, Diakon, Diakoniassistent, Doktorand, Elevhälsochef, Enhetschef, EU samordnare, Familjebehandlare, Familjehemskonsulent, Familjehemskonsult, Familjehemssekreterare, Familjerådgivare, Familjerättskonsult, Familjerättssekreterare, Familjeterapeut, Familjevårdsinspektör, Frivårdsinspektör, Fältassistent, Förvaltningschef, Gruppledare, Handledare, Handläggare, HR-konsult, Hyresrådgivare, IFO-chef, Inspektör, Integrationssekreterare, Jourhemskonsulent, Kanslichef, Kontaktsekreterare, Kriminalvårdschef, Kurator, Kvalitet- och kompetensutvecklare, Kvalitetsutvecklare, Leg. Psykoterapeut, LSS- och socialpsykiatrihandläggare, LSS-handläggare, Lärarassistent, Miljöterapeut, Myndighetshandläggare, Nämndsekreterare, Områdeschef, Omsorgspedagog, Organisations- och arbetsmiljösamordnare, Organisationskonsult, Personlig handläggare, Personligt ombud, Planeringsledare, Programutbildare, Projektkoordinator, Projektledare, Projektsekreterare, Psykoterapeut, Samordnare, SAS - socialt ansvarig samordnare, Sekreterare, Sektionschef, Senior familjehemssekreterare, Servicehandläggare, Skolkurator, Skolsocionom, Skolutvecklare, Socialchef, Socialkonsulent, Socialpedagog, Socialrådgivare, Socialsekreterare, Socionom, Socionomkonsult, Specialisthandläggare, Strateg, Studievägledare, Stödpedagog, Systemförvaltare, Teamledare, Teamsamordnare, Ungdomskonsulent, Universitetslektor, Utredare, Utredningssekreterare, Utvecklingsledare, VD, Verksamhetschef, Verksamhetscontroller, Verksamhetsledare, Verksamhetsledare, Verksamhetsområdeschef, Verksamhetsutvecklare, Vårdutvecklare, Vårdvalschef, Yrkescoach

Structure of social work education in Sweden

- Bachelor programme/degree (socionomprogram), 210 credits
- Master in social work, 120 credits

Other common postgraduate programmes:

- Basic training in psychotherapy, 45-60 credits
 - Psychotherapy programme, 90 credits
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- Only 2,7% of Swedish social workers has further academic training (FSSOC et al, 2024)

Common work tasks

- Not strictly regulated, common tasks include:
 - Psychosocial treatment – assess, plan and carry out treatment of psychosocial problems
 - Relations, existential threats, shortage of material resources
 - Crisis support/psychological first aid
 - Social counselling and support
- International comparison
 - Discharge planning – not a primary task
- Organisation: Employed *in* the healthcare sector
 - Primary care
 - Somatic and psychiatric specialist care



Healthcare social worker – the title and role is intertwined with the organisation's nature and cognitive map

Comparison with social work in bureaucratic roles

Health care, school

Normative pillar

Ideas of well-being, therapeutic
To support people to live according to societies norms

Lean on empathy, scientific training

Multiprofessional teams

Autonomy
Professional independence

Municipalities, social services

Regulative pillar

Ideas of law and regulation and social order
Assessment in relation to legislation

Lean on procedural knowledge, guidelines

Dominant role

Part of welfare system
Adhering to standards

Professional License since July 2019

- Protected professional title: Healthcare counsellor (Hälsa- och sjukvårdskurator)
 - The license protects the title, not assignments and tasks
- The first social work profession in Sweden to require a license
- Rationale for license
 - Patient safety
 - Supervision by the Health and Social Care Inspectorate (IVO)
 - Documentation duty



Master's Programme in Healthcare Counselling

- A specialist training at the advanced level for social workers
- 60 credits
- Healthcare counselling degree
- Exam qualifies for professional licensure
- Licensure is issued by the National Board of Health and Welfare (Socialstyrelsen)



The Master's programme is currently offered at seven universities



LUND
UNIVERSITY



Degree objectives

The Higher Education Ordinance

Knowledge and understanding

Scientific base
The interplay between
social/psychosocial factors and health
Implications of ill-health for individuals
Grief, crisis, trauma, loss

Skills and abilities

Assessment
Plan, implement, evaluate interventions
Team collaboration
Apply statutes and regulations
Organisational development

Judgement and approach

Self-awareness, empathetic ability,
professional approach
Applying scientific, societal and ethical
aspects, human rights

Independent project for Master's degree in Healthcare Counselling (15 credits)

Program overview and content

- Law and regulations
- Social determinants of health
- Counselling practice and field placement
- Professional development
- Research and evaluation methods

- Current challenges:
 - Limited number of licensed HSW supervisors for field placements
 - Few PhDs in the subject who can teach
 - Changed entry into the profession
 - The HSW knowledge base is not clearly defined

Social determinants of health

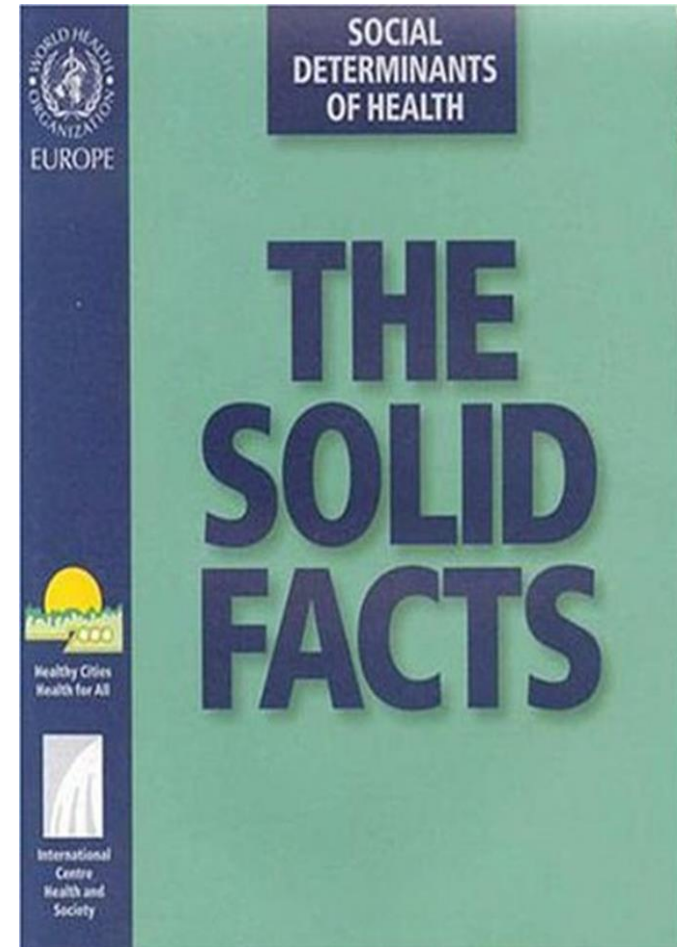
A conceptual framework for social work
within and beyond the healthcare setting

“Interventions aimed at reducing disease and saving lives succeed only when they take the social determinants of health adequately into account.”

Lee Jong-wook, Director-General of WHO
in *The Lancet* 2005

The development of the SDH framework

- WHO 1948 – Health is a state of physical, mental and social well-being.
- Declaration of Alma-Ata 1978 – "Health For All", health is a human right.
- The Black Report 1980 – Health is unequally distributed.
- WHO 2005 – Commission on Social Determinants of Health (SDH) led by Professor Michael Marmot.



Some solid facts about SDH and life expectancy

Global differences

- Life expectancy differs by 30 years between the poorest and richest countries.
- Infant mortality is over twice as high among the poor compared to the rich – in most countries.

In Sweden

- Life expectancy is shorter in depopulated regions and in disadvantaged urban areas.
- People with a university education live 4-5 years longer than people without.
- Unskilled workers have more than twice the mortality rate from cardiovascular disease compared to low-level white-collar workers.

Low income + low education + disadvantaged area
= significantly higher risk of shorter life expectancy.

Up to 60% of illnesses are
due to social factors

“The causes of the causes”

Social determinants

Poverty, low education, poor housing, job insecurity, discrimination, etcetera.
(root causes shaping choices and opportunities)



Health risk behaviours

Addiction, poor diet, physical inactivity, chronic stress, etcetera.
(lead to disease)



Health outcomes

Chronic illness, early mortality, life expectancy gap.

A theoretically grounded framework

The focus on resources “resolves” the contradiction between the material, behavioural and psychosocial explanatory models. Includes critical theories of power.

Theories in the field include, for example:

- Ecological models (systems theories)
- Theories of fundamental causes
- Human capital theories
- Intersectionality

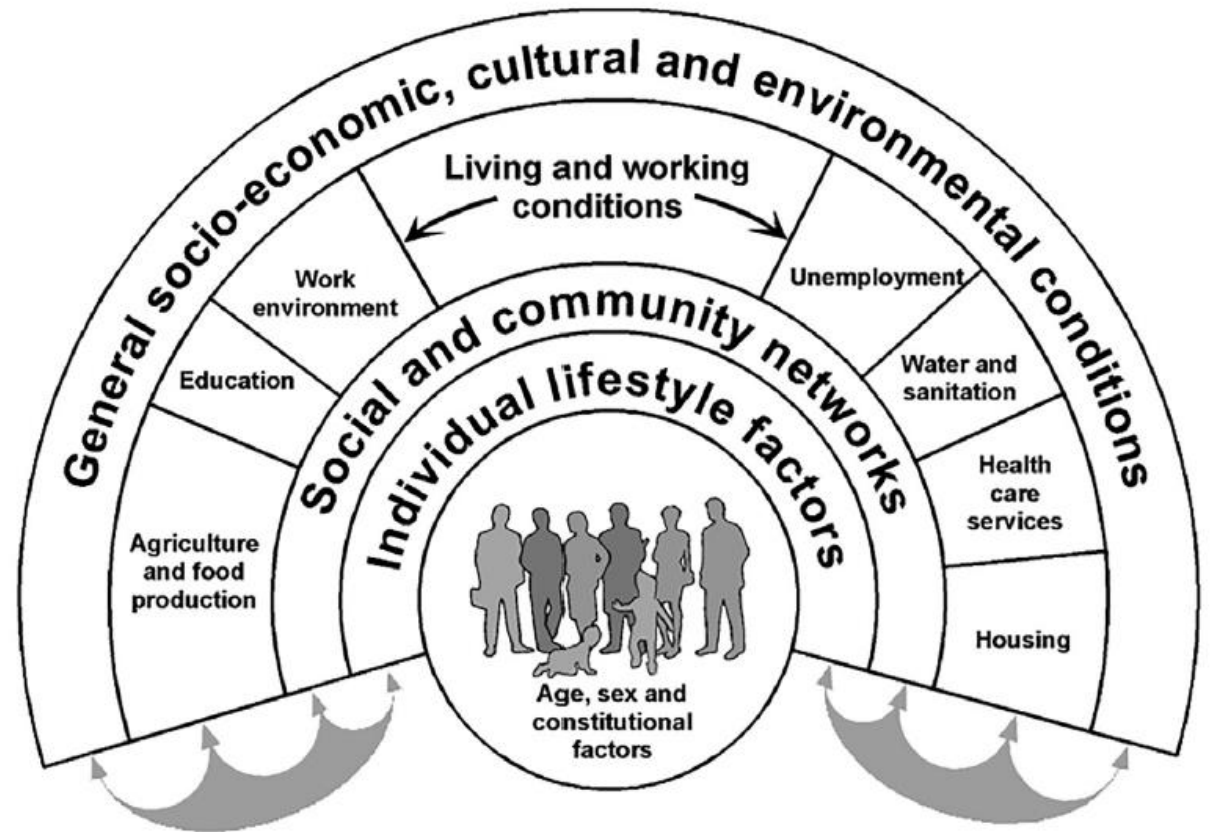


Figure from
Dahlgren & Whitehead (2021)

The SDH Commission's final report (2008)

Closing the gap in a generation:

Health equity through action on the social determinants of health

“Social justice is a matter of life and death. It affects the way people live, their consequent chance of illness, and their risk of premature death.”

“The inequities in health, avoidable health inequalities, arise because of the circumstances in which people grow, live, work, and age, and the systems put in place to deal with illness. The conditions in which people live and die are, in turn, shaped by political, social, and economic forces.”

The overarching recommendations

- 1) Improve daily living conditions
- 2) Tackle the inequitable distribution of power, money, and resources
- 3) Measure and understand the problem and assess the impact of action.

Including educating about SDH in medical training programmes and for decision-makers.

WHO's conceptual framework for action on SDH (2010)

Distinguishes between **structural** and **intermediary** determinants.

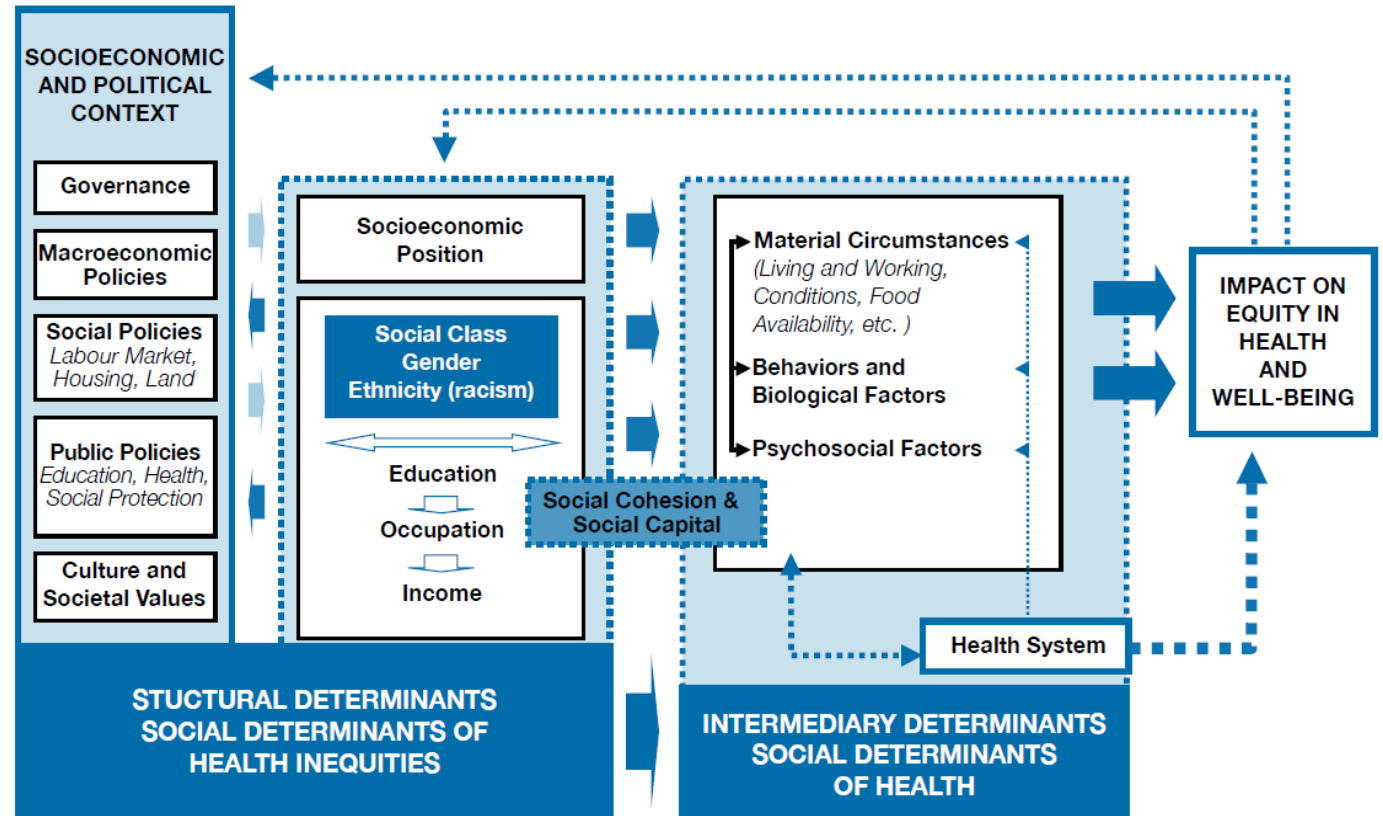
The **structural** determinants consist of:

- The socioeconomic and political context and systems

Which are influenced by, and create:

- People's socioeconomic position (the social gradient)
 - Leads to social stratification according to, for example, education, income, work, gender, race/ethnicity.

Figure A. Final form of the CSDH conceptual framework



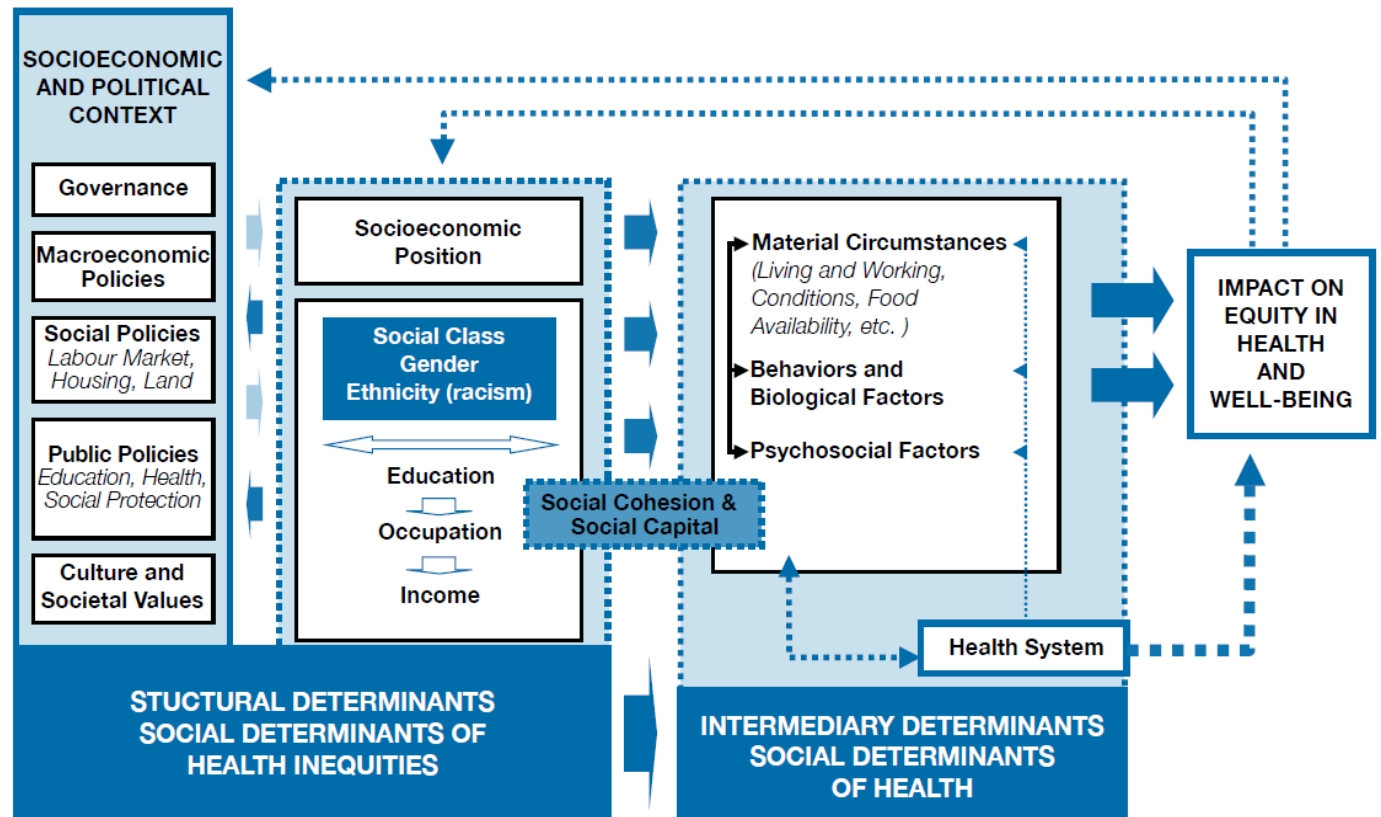
WHO's conceptual framework for action on SDH (2010)

Distinguishes between **structural** and **intermediary** determinants.

The healthcare system is an **intermediary** determinant, that must address differences in exposure and vulnerability to ill-health by:

- Equal access to healthcare
- Cross-sectoral measures
- Communicate consequences of disease on people's lives – counteract deterioration in social status and participation in society.
- Contribute to equality, social participation and empowerment.

Figure A. Final form of the CSDH conceptual framework




Literature reviews show: HSW plays a significant role in addressing SDH and are cost-effective in healthcare!

Bridging Healthcare and Community: A Systematic Review of the Role and Impact of Medical Social Workers in Patient-Centered Care

Saddam Hussain Abusaq¹, Saad Mohammad algshaneen², Mohammed Shaeil Al Sedran³, Naif Masood Obyan⁴, Hamad Mahdi Salem Alyami⁵, Fahad Hussain Saleh Zubayd⁶, Ali Mohammed Hamad Qureshah⁷, Ibraheem Mohammed Alsalem⁸, Ali Hamad Al rakah Alyami⁹, Mansour Mohammed Mansour Al garad¹⁰

Medical social work roles, inter-professional collaborative practice and factors impeding practice in hospital settings: A literature review

Joseph N. Musuguri 

The University of Dodoma, Tanzania


Mariana J. Makuu

The Open University of Tanzania

Scoping review of social workers' professional roles in primary care

Rachelle Ashcroft ¹, Peter Sheffield ¹, Keith Adamson¹, Fred Phelps², Glenda Webber^{2,3}, Benjamin Walsh⁴, Louis-François Dallaire⁵, Deepy Sur⁶, Connor Kemp⁷, Jennifer Rayner⁸, Simon Lam¹, Judith Belle Brown⁹

Collaboration between general practitioners and social workers: a scoping review

Cornelia Löwe , Patrick Mark, Samira Sommer, Birgitta Weltermann

Exploring the Efficacy of Social Work Interventions in Hospital Settings: A Scoping Review

Liana Petruzzi^a, Bonnie Ewald^b, Elle Covington^c, Walter Rosenberg^b, Robyn Golden^b, and Barbara Jones^a

Social workers in integrated care beyond primary care: a scoping review

Nicole Milano,^{1, } Liana Petruzzi,² Elle Covington,³ Barbara Jones,² Patricia A. Findley¹

Social Workers' Collaborative Role in Addressing Social Determinants of Health in Healthcare Settings: A Systematic Review

Emmanuel Temitope Adaranijo, Cassandra R. Marshall, Adrien Ong, and Blessing Chiamaka Nwachukwu

The Value of Social Work to Health, Health Systems, and Interprofessional Teams: A Scoping Review

Abigail M. Ross, Julia Jasbinski, Molly Zatony Lombardo, Jazmyne Keane, and Geoffrey Wilkinson

Social workers coordination in primary healthcare for patients with complex needs: A scoping review

Yves Couturier¹, Séverine Lanoue², Marlène Karam³, Maxime Guillette^{2 } and Catherine Hudon⁴

A Systematic Review of Social Work in General Practice: Opportunities and Challenges

Ines Zuchowski & Simoane McLennan

Social workers are key to addressing social determinants of health in integrated care settings

Liana Petruzzi PhD, MSW^a, Nicole Milano MSW^b, Qi Chen MSW^c, Lailea Noel PhD^c, Robyn Golden LCSW^d, and Barbara Jones PhD, MSW^{c,e}

The HSWs plays a central role in translating evidence on SDH into healthcare practice

- ❖ A framework with strong evidence reflected in the field of HSW knowledge, professional ethics and global definitions.
- ❖ Clarifies the need for social workers' knowledge and competence.
- ❖ HSWs have the expertise to act as a link – as practitioners, researchers and leaders.
- ❖ Can form a common conceptual framework to clarify HSWs role and interventions.
- ❖ Useful for arguing for efforts that go beyond the individual level.

“Our major focus is to prepare for the post-2015 development agenda, which includes, for example /.../ the WHO initiative on the social determinants of health.”

From ‘The Global Agenda for Social Work and Social Development: Commitment to Action’
(IFSW, IASSW, ICSW 2012)

The essence of HSW is based on expert knowledge of social determinants of health.

Applying the SDH framework at all levels

The individual level

- ✓ Systematically map social factors at different levels/systems (in anamnesis and assessment)
- ✓ Prioritise patients with the greatest needs
- ✓ Provide advice on rights and resources
- ✓ Referrals and collaboration
- ✓ Advocate for patients' needs and rights, and pursue legal cases

Applying the SDH framework at all levels

Group or local level

- ✓ Communicate how social conditions affect health
- ✓ Implement SDH screening instruments for medical staff
- ✓ Implement consulting services for patients, and medical staff
- ✓ Collaborate with user organisations
- ✓ Mobilise resources and collaborate in the community
- ✓ Educate staff and managers about SDH, create courses

Applying the SDH framework at all levels

Structural level

- ✓ Participate in, or take the initiative to develop, guidelines and strategies for equal healthcare – with a focus on vulnerable groups
- ✓ Spread knowledge about and promote coordination between healthcare and social services to ensure equal health for all
- ✓ Get involved in policy change in an organisation, trade union or party
- ✓ Launch campaigns on key issues, with or without allied professions
- ✓ Contact decision-makers – or become one yourself!

Urgent need for structural engagement:
HSWs need to strengthen knowledge about SDH and take the lead!

Concluding remarks

- HSWs established over 100 years ago and is currently undergoing fundamental changes, in completely different ways in Sweden and Finland.
- It took 60 years to implement the professional license and Master's training.
 - Despite a strong trend among HSWs towards psychotherapeutic work since 1970s, the degree objectives are focused on social work.
 - Can lead to greater consensus on the professional role and knowledge base.

What can we learn from history?

- ✓ Remain committed to policy change!
- ✓ Rely on strong evidence that HSW benefits patients!
- ✓ Strengthen the international knowledge transfer and cooperation!

Thank you for your attention.
We wish you an interesting conference!

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