Relational Social Work

A multi-actor approach to relational conditions of structural disability social work in Finland

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Abstract

This study investigates the conditions of structural disability social work in newly formed wellbeing services counties in Finland. The study was anchored in a multi-actor approach informed by relationality. The data comprised social workers' (n = 18) focus group interviews. The research question was as follows: What do social workers consider as needed conditions for conducting structural disability social work in the wellbeing services counties? Through applying qualitative thematic analysis, social workers' perceptions regarding the strengths and developmental needs of structural disability social work were analysed as needed conditions. The social workers referred to both internal and external conditions related to various actors and their relationships. Internal conditions focused on the main actors of disability social work, while external conditions regarded key stakeholders. The findings illustrated relational conditions for collaborative structural disability social work, which is not yet realised in the wellbeing services counties, but is desired from the social workers' perspective. The study highlights the importance of relational bindings and co-acts for the promotion of structural disability social work.

Keywords

Disability, Structural social work, Knowledge work, Multi-actor approach.

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Introduction

This study investigates the conditions of structural disability social work in newly formed wellbeing services counties in Finland. The responsibility for organising social welfare, healthcare and rescue services in Finland was expanded from municipalities to 21 self-governing and government-funded wellbeing services counties at the beginning of 2023. A single wellbeing services county consists of 2-30 municipalities of different sizes. The aim of the reform is to ensure equal services, reduce inequalities in wellbeing, provide integrated services and curb the growth in costs (Ministry of Social Affairs and Health, 2024). For social work, including structural social work and disability social work, the reform means (re)construction in relation to these aims.

Structural social work is an international theme referring to theoretical, practical and political orientation, where attention is paid to the relationship between an individual and the structures (e.g., Mullaly, 2007; Murray & Hick, 2013). Structural social work analyses problems that people face in relation to the underlying conditions and structures (Lundy, 2004; Moreau, 1979), such as ideologies (e.g., capitalism, democracy, new liberalism), institutions (e.g., social and health care systems) and social relationships (e.g., families, communities) (Mullaly, 2007, p. 245). The goal of structural social work is to bring about changes that reduce inequality related to all structural levels (Mullaly, 2007; Weinberg, 2008). However, structural social work has been claimed to be idealistic and detached from the social work practice (Murray & Hick, 2013).

Regarding the relationship between disability and structures, social workers have been called on to collaborate with persons with disabilities in order to bring about structural changes (Eiler & D'Angelo, 2020; Oliver et al., 2012). Additionally, social work should be guided by the CRPD convention highlighting the rights of persons with disabilities (United Nations, 2006). Still, disability social work has been criticised for lack of influence on discriminating structures that persons with disabilities face (Eiler & D'Angelo, 2020; Oliver et al., 2012).

In Finland, structural social work emphasising knowledge work has been statutory since 2015: «Structural social work must ensure the transmission of information regarding social welfare and social problems and the utilization of social welfare expertise to promote well-being and health» (Social Welfare Act, 2014, 7§, authors' translation). Hence, lessons on structural social work are given as part of university-level social work education, where Finnish social work students conduct three years of bachelor's studies and two years of master's studies, after which they receive their status of qualified social workers (Lähteinen et al., 2017; Matthies, 2022). Additionally, structural social work has been proposed as part of social workers' job descriptions (Kallio et al., 2023). However, despite its formal position, structural social work is still unestablished and random in Finland: it is mainly conducted related to internal development of the service system, and it requires more common understanding, support and guidance (Matthies, 2022; Närhi, Kokkonen

et al., 2022; Närhi, Rantamäki et al., 2023). The responsibility for structural social work in Finland currently lies in the wellbeing services counties.

Correspondingly, the wellbeing services counties' obligation for structural social work applies to disability social work, which has been conducted mainly in disability services. In Finland, disability services are based on special Disability Services Act (2023) and providing services for persons with disabilities is one duty of the wellbeing services counties (Ministry of Social Affairs and Health, 2024). From the structural perspective, disability services can be seen as means of the Finnish welfare state to support the rights and the living conditions of persons with disabilities (Sjöblom & Nurmi-Koikkalainen, 2024, p. 139). However, necessary resources and enabling practices have been insufficient in implementing the positive goals of disability policy and legislation in social work practices and the everyday lives of persons with disabilities (Sjöblom & Nurmi-Koikkalainen, 2024, p. 154). Furthermore, services for persons with disabilities are arranged on the basis of the Disability Services Act (2023) only if the services referred to in the primary laws (e.g., Social Welfare Act, 2014) are not suitable and sufficient. Moreover, despite the obligation for structural social work, disability social work is primarily performed as case work and related, especially, to assessing individual persons' needs concerning disability services (Tarvainen & Kivistö, 2023).

The above-mentioned challenges create a need for critical examination of the available conditions for structural disability social work in Finland. Some studies have been conducted on case work in disability social work reflecting also the relationship between an individual and the structures (e.g., Kivistö & Tarvainen, 2025; Tarvainen & Kivistö, 2023), but very few studies have focused on structural disability social work. Recently, two studies have examined structural disability social work from the viewpoint of persons with disabilities (Lipponen & Tarvainen, 2025; Lipponen, 2026), and one study has analysed the disability social workers' potential positions as structural social workers in the future (Kivistö et al., 2026). However, since Finnish social workers are educated about structural social work, it is justified to explore their perceptions on the topic more. The aim of this study is to illustrate the current conditions of structural disability social work in newly formed wellbeing services counties.

Drawing from social workers' focus group interviews, the study answers the following question: What do social workers consider as needed conditions for conducting structural disability social work in the wellbeing services counties?

Call for multi-actor structural social work

In this study, the conditions of structural disability social work are investigated from a multi-actor approach (Närhi, Rantamäki et al., 2023), informed by relationality. In a relational approach, actors are seen as located in relations; hence, instead of being

independent, people act and produce effects through relational connections. Moreover, instead of emphasising structures per se, relational approach highlights interdependencies between actors in different contexts and conditions. (Burkitt, 2016, pp. 320, 330.)

In relational social work, positive change arises from relations, i.e. from «relational empowerment» when two or more actors are committed to achieve shared improvements (Folgheraiter & Raineri, 2017). As social work involves multilevel relationships, relational social work is realised in the interaction through the relationships, in which case the social work's ability to act in these relationships is emphasised (Edwards, 2010).

Correspondingly, structural social work can utilize the power of social relations that relational social work appreciates. In structural social work, working in relations enables changing injustices in the relationship between individual and structures (Murray & Hick, 2013). Hence, social work should stay in contact with and support clients, communities and, e.g., social change movements taking place outside social service offices (Moreau, 1979). However, in social work social relations are institutional and mediated by formal mandates, obligations, organisational hierarchies and professional norms, which shape how actors can relate and cooperate.

The multi-actor approach of structural social work illustrates relations, conditions and joint contribution of various actors (Närhi, Rantamäki et al., 2023; see also Pohjola, 2011). The extensive change pursued by multi-actor structural social work requires joint forums for dialogical discussions, shared expertise and information exchange, i.e. conducting structural social work in networks (Närhi, Kokkonen et al., 2022, p. 24; Närhi, Rantamäki et al., 2023, p. 301). Additionally, cooperative service system is needed to meet the real-life needs of local communities (Matthies, 2022). The multi-actor structural social work is based on the idea that all actors have their own field of tasks and strengths from which they become a part of the whole joint agency and activity in structural social work (Närhi, Rantamäki et al., 2023, p. 291).

For example, social work and medicine as professions have been called on to work together to tackle the structural inequalities of wellbeing (Downey et al., 2019). However, the structural change cannot be achieved only by the efforts of the social work profession or even by the social and health service system. Rather, the objectives require alliances and joint activities with various formal and informal actors (Folgheraiter & Raineri, 2017; Mullaly & Dupré, 2019; Närhi, Rantamäki et al., 2023). Conducting structural social work in networks (i.e. in social relations, authors' addition) should include not only professionals but also clients and their organisations (Närhi, Kokkonen et al., 2022, p. 24). Moreover, without quality leadership, structural social work is in danger of remaining the fragmented activities of individual actors (Närhi, Kokkonen et al., 2022, p. 28; Rajala et al., 2024, p. 218).

In addition to acting in relationships, relational approach promotes common knowledge, which needs a focus on conditions in order to share and build knowledge in collaborations (Edwards, 2017, pp. 8, 10, 12). Edwards (2017, p. 5) defines knowledge work as professionals or professionals and clients working together on the object of

activity to reshape it by using their knowledge and expertise. Also, enabling leadership and management are essential for knowledge work (Rønningstad, 2018, p. 84). According to Pohjola and Korhonen (2014, p. 28), social work as knowledge work should be a practice of dialogical co-production of knowledge instead of gathering information only for authorities or professionals.

In structural social work, producing and utilising knowledge is central as gathering information about people's situations, analysing their connections to the structural challenges and aiming to influence unequal structures on a larger level (Lundy, 2004). Especially for structural social work in Finland, knowledge work is one key area (Pohjola, 2011; Social Welfare Act, 2014). Additionally, the ongoing reform of wellbeing services counties has increased the need for social work knowledge production and for knowledge work (Rajala et al., 2024).

The multi-actor approach of structural social work can be used to supplement the knowledge production practices of social work. The idea is that if all relevant actors are involved in structural social work, the more necessary information moves between different actors, and the knowledge is processed to achieve change. (Närhi, Kokkonen et al., 2022; Närhi, Rantamäki et al., 2023.) As the prerequisites for multi-actor structural social work Närhi and colleagues (2023, p. 290) have summarised the following: 1) knowledge and operational structures that enable cooperation, 2) an operating culture that values and enables structural social work, 3) sufficient human and financial resources and 4) a strategy and action plan for structural social work.

Methods

Data

As structural disability social work in Finland does not have established structures yet, and it has not been investigated before in greater depth, focus groups were chosen as the data collection method. Focus group interviews highlight interaction as the data source (Morgan, 1996, p. 130; Traynor, 2015), enabling participants to construct knowledge in relationships.

The focus groups were conducted in five wellbeing services counties between May and November 2024, just before the new Disability Services Act (2023) entered into force in 2025. The recruitment was based on convenience. The contact persons of the wellbeing services counties forwarded the study invitation to all potential participants, who were defined as qualified (licensed) or substitute qualified social workers working in disability social work, or leading social worker if they work with clients in addition to administrative tasks. Due to the geographical extent of the wellbeing services counties, all but one of the focus groups were conducted remotely. In total, 18 social workers voluntarily participated

in the focus groups. In two focus groups, five social workers participated, and in two other focus groups, three social workers participated. One focus group was practically a pair interview, as it included two participants. Most of the participants were front line social workers, but some were leading social workers. Participants' experience in disability social work varied from three months to thirty years. Those with less experience in disability social work usually had previous experience from another area of social work.

The focus group interviews focused on structural social work in disability social work, reflecting also knowledge work, i.e., collecting, producing and processing information for purposes of structural social work (Pohjola, 2011). The thematic interview guide with supporting questions was applied. In this study, we focused on the following questions of the interview guide: «What strengths are there in structural disability social work in your wellbeing services county?» and «What kind of developmental needs are there in structural disability social work in your wellbeing services county?».

Analysis

The focus group interviews were audio recorded, transcribed verbatim and anonymised. The recordings lasted between 71 and 135 minutes. The transcribed data consisted of a total of 138 pages. As the method for understanding and organising the social workers' experiences and perceptions about conditions for structural social work, a thematic analysis was applied both descriptively and interpretively as well as reflexively (Braun & Clarke, 2006, 2023; Gareth et al., 2017). As the use of several coders was not considered obligatory (Gareth et al., 2017, p. 20), the first author worked on the first draft of the analysis. All of the authors then joined in the theme development and the writing of the manuscript.

The analysis proceeded as follows: First, the data were familiriased with, and after that, the data were condensed inductively by extracting those instances that were reflecting needed conditions for structural disability social work and knowledge work through their strengths and developmental needs in the wellbeing services counties. The condensed data were organised under initial themes formed from the identified patterns in the material. The initial themes related to different actors and their activities, as the social workers in the focus groups were asked, in addition to themselves, about the roles of, e.g., clients, managers, disability councils and disability organisations regarding structural disability social work and knowledge work. As the analysis continued, the sub themes and main themes were developed from the initial themes. After identifying and naming the themes, their correspondence was reviewed against the data, hence, some themes were combined, renamed or reorganised. Finally, the themes were mirrored to theoretical discussions (Thompson, 2022) about structural social work, especially in the Finnish context, highlighting the multi-actor approach informed by relationality (Närhi, Kokkonen et al., 2022; Närhi, Rantamäki et al., 2023).

Ethics

The study followed the instructions of the Finnish National Board on Research Integrity TENK (2023). The study received ethical approval in November 2023 from the ethics committee of University of Eastern Finland. For the data collection, research permits were applied for from the wellbeing services counties. Participating in the study was voluntary. Written consent based on provided information about the study was requested from the social workers prior to participating. The background information gathered was limited to the length of disability social work experience and work tasks in disability social work. The authors were committed to anonymising both the identity of the participants and the names of the wellbeing services counties from the study reports.

Findings: The needed conditions for structural disability social work from a multi-actor approach

Six sub themes and two main themes reflecting the needed conditions for structural disability social work were developed from the data for deeper analysis. The social workers discussed conditions related to various actors and their relationships. They considered utilisation of social workers' competence, implementation of client participation and reciprocal management as the main internal conditions for conducting structural disability social work. The participants also discussed the stakeholders' important roles, as well as their inclusion as external conditions for conducting structural disability social work. They highlighted cooperation between diverse sectors in public services and the role of disability councils and disability policy organisations. Additionally, social workers emphasised local knowledge regarding the given conditions that have not disappeared through the emergence of new wellbeing services counties (Table 1). As the developed themes related to each other, together they illustrated relational conditions for structural disability social work from a multi-actor approach.

TABLE 1

Needed conditions for structural disability social work in the wellbeing services counties

Main themes	– Internal conditions for main actors of disability social work	– External conditions with key stakeholders
Sub themes	– Utilisation of social workers' available competence – Implementation of client participation – Supportive management through reciprocal information flow	– Cooperation within public services – Representation of disability councils and disability organisations – Appreciation of local knowledge

The data accounts presented in the following sections are translated from Finnish to English by the authors. In the accounts we refer to the wellbeing services counties by the codes A-E and to the participants with given numbers (e.g., A1, B2 etc.).

Internal conditions for main actors of disability social work

Utilisation of social workers' available competence

According to the social workers, utilising their professional competence is a key condition for conducting structural disability social work successfully in the wellbeing services counties. The social workers highlighted that based on their education and experience, they have knowledge and skills in structural matters regarding, e.g., ethics, law and the rights of persons with disabilities. Still, many of the participants shared that they are not able to apply their competence adequately. They experienced that the knowledge, for example, of social workers with long careers was rather underutilised, especially during the ongoing changes and reforms:

> E1: [t]here are experienced workers in the wellbeing services county — somehow their hearing and expertise should be put to use in a structural sense, too. It would be really good — respect for older and experienced workers is needed here, so that their knowledge can be put into use for the entire wellbeing services county. In my opinion, or from what I have seen, it has been mostly passed until now.

On the other hand, the social workers stressed that diversity of the length of a career matters, too:

> B2: [I] find it very good that there are young workers, and then there are those who have a long career. Because then, those young workers may – and often do – come with the latest knowledge and, therefore, more open-minded ideas.

The social workers reflected that their possibility to influence, in terms of structural social work, was relatively narrow and has become even narrower during the wellbeing services counties reform. Participants experienced that they did not have much information about the contents of ongoing development: «[I] don't have information about these projects, what they are, whether we are somehow involved in them» (D3). They considered that there was a possible gap between everyday practices and project-based development, as usually leading social workers, managers or specific project workers were carrying out the development projects instead of front-line social workers participating.

> B2: [the leading social worker] has been there with this [project worker] thinking about this structural social work. — for us [front-line social workers], there is not much more information.

The social workers critically pondered their available conditions for effective structural disability social work: «[w]hat is the forum to use taking those [issues] forward» (D1). They argued that moments in which a group of social workers are collectively «sharing challenges that each of us have met or witnessed, and then we would discuss them and then drive them forward» (A3) were highly needed.

The social workers argued that adequate conditions for structural disability social work would require diminishing their heavy workload in casework. Related to knowledge work, they argued that the current conditions, such as being rushed, prevent their application of the existing knowledge as well as the flow of information. They emphasised that structural social work is an important part of their professional identity based on their education, but the available conditions and resources were not supportive for conducting structural social work successfully.

> E2: [p]robably, throughout my entire working career, and on the basis of the education, [structural social work] has always been a part of my own work, and I think that it is important to influence the clients' situations. Advocating for the clients. But — I feel that my work is taken up by practical client work.

Nevertheless, some of the participants thought that even the high number of clients is not the main challenge for conducting structural social work, but the ambiguity of conditions related to disability social work in general and to the reform of wellbeing services counties. Additionally, the social workers highlighted that the case work with individual clients informs structural disability social work, and vice versa, and thus the adequacy of time and human resources for casework may forward the structural aspects, too.

Implementation of client participation

As another central condition for conducting structural disability social work and knowledge work in the wellbeing services counties, the social workers considered the clients' opportunity to contribute through their participation: «[a]ll the knowledge regarding this structural social work comes from the client or the client's situation» (D1). Still, social workers said that client participation in the development of disability services was rather limited:

> D3: I was thinking, for example, about our development day, that there must have been over a hundred workers, but not a single client. We have sometimes wondered, shouldn't these clients be included as well; they could have something to say in these matters too.

The participants reported that clients' participation was carried out, e.g., with experts by experience or through integrating clients into some development projects. However, the social workers were aware of the challenges with recruiting clients.

> C1: [a]t the moment, we also have a project in the disability services — that's where the experts by experience and developer clients are, but — it's quite tight for having experts by experience, somehow a feeling that persons with disabilities would not very actively participate in those, even though it is the channel where they can make their voices heard.

As some of the social workers pondered, willingness to represent a group of the clients might be a challenge: «I don't know if it's scary to represent a large group there?» (C2) Additionally, protection of clients' personal data was mentioned as a challenge regarding contacting clients for participation. Low client participation was discussed also in relation to the available structures, as well as more general issues about societal inclusion among persons with disabilities and also related to their personal resources for such activities.

> B1: [w]hat are [clients'] resources for [e.g., experts by experience activity] — if, for example, even getting service for yourself is heavy work and it takes the help of a close one.

According to the social workers, challenges regarding the collection of feedback from clients was also unsystematic usage of the given means for collecting or their availability only online. However, fostering client opportunities for participation was highlighted: «information about [client participation] is needed to be aware whether it is realised» (A2).

Supportive management through reciprocal information-flow

Many of the social workers emphasised the importance of supportive management as a needed condition for conducting structural disability social work and knowledge work. However, many of them were critical towards the management of disability social work in the wellbeing services counties: «Structural social work knowledge production should be guided somehow — that kind of support for social work, and probably in its guidance, is actually lacking at the moment» (E4).

The social workers wished for more reciprocal interaction with managers instead of communication from the top to down, typically in a hurry and without space for getting detailed information: «more situations for joint discussions — I feel that the grassroots level is no one's interest at this point» (A1). According to the participants, hierarchical structures of the wellbeing services counties negatively affected information flows and thus knowledge work regarding disability social work. Social workers described the process in which they first communicate to the leading social worker, and then they wish that this person communicates to the manager of disability services who would take the matter, in some cases, to the manager of whole social services. The participants shared a view illustrating a multiple-stage process, from the frontline to the managing stage. Such processes were discussed as time-consuming, and waiting for responses usually took time.

Another matter was the managers' (un)connectedness to the frontline work, as well as their resources, such as time, to handle with several issues: «[i]f the manager is very passive — [the issues] don't go [further]... they get stuck there» (B2). The managers' (un) connectedness to the field was discussed also regarding clients' social relationships and their rights as well as social work ethics:

> E4: [m]aybe it reflects that the top management has not done this work. They may not have the experience of what it means to work with a client, and as it is, not only the client but the client's relatives and the entire community — the client's right to self-determination is sometimes interfered with because of these new regulations and policies of ours, somehow it is not widely considered how ethical and sustainable those solutions are when those regulations have been made.

The participants stated that there is a rather «huge gap» (D3) between clients' and social workers' everyday realities and the management stage regarding disability-related knowledge.

External conditions with the stakeholders

Cooperation within public services

In addition to internal conditions regarding the main actors of disability social work, the social workers discussed the external conditions for different stakeholders. According to the social workers, interactions between disability social workers and other public service workers would be beneficial from the perspective of structural disability social work and knowledge work. Still, the participants highlighted the joint knowledge production with, for example, social and health care sectors as one of the development needs: «The dividing line between social and health care services is still very strong» (A5).

The participants shared some positive examples regarding successful conversations between, for example, disability services and elderly services. Additionally, some participants illustrated positive experiences regarding cooperation between disability services and child welfare services: «[I] cooperate a lot with child protection, weekly if not daily, and we used to have joint development days» (C3). On the other hand, the participants discussed that due to high turnover rates of social workers, they have to re-discuss the service criteria and professional boundaries over and over again. The participants pointed out that every social worker should have at least some basic knowledge regarding all of the areas in social work.

Challenges for cooperation between disability social work and other public services in the wellbeing services counties were recognised also as access to other services among persons with disabilities. As the disability services are defined as special services in Finland, the participants discussed, e.g., access to basic services among persons with

disabilities, as well as access to mental health services and services for substance abusers among persons with intellectual disabilities. Participants discussed that accessibility of those services is hard for persons with disabilities. Thus, they called on professionals for mutual interaction and cooperation:

> A4: [t]he more we see and meet face to face [professionals from other services] — it somehow always lowers the threshold for network-based cooperation. I think that this would be a quite concrete way to increase it [cooperation] — having a forum for regularly meet each other — such operations may lower boundaries between professional groups and between different sectors and different tasks.

Moreover, the social workers highlighted that challenges for inclusive structures for persons with disabilities cannot be solved through only cooperation of social work and healthcare, but through wider cooperation within various sectors of public services.

> A3: [also with] other sectors, how do we develop cooperation — it's not just social and health care services that serve our clients, there's a lot of things like how to plan [walkways] and how to plan services, and how accessible they are. And digital services — there are so many issues in terms of cooperation that you should think about —. [For example] school — you cannot solve all of the issues with social and health services.

Despite the identification of the needed conditions, the participants considered current conditions for successful cooperation between different service sectors rather narrow.

Representation of disability councils and disability organisations

The social workers discussed both disability councils and disability-based organisations in a wider sense regarding the needed conditions for structural disability social work. In Finland, disability councils are official bodies that were established at the wellbeing services county level in addition the existing municipal level as part of the reform. For the participants, the position of disability councils in the new structures was a bit unclear:

> D2: [T]here are the disability councils and others, but somehow I don't see how they affect in practice, probably behind the scenes.

Not all of the participants had personal connections with the disability councils: «[w]e have not [had any contact to the disability council], maybe the manager has» (A1). Despite these challenges, social workers considered disability councils to be one of the key stakeholders regarding structural disability social work.

Additionally, the participants called for cooperation with disability organisations. They described how disability organisations currently had very little contact with them, although cooperation may have been irregular before the reform too: «[no] cooperation

with disability organisations during the time I've been working here — there is [no] planned or systematic cooperation» (C3). The social workers reported that their communications with disability organisations related mainly to case work, and the structural cooperation with disability organisations was conducted primarily by one particular person from the wellbeing services county, for example a supervisor or a manager: «Individual social workers no longer go there [organisations] to talk about things» (C2).

Additionally, the possibilities that disability organisations had for participating in structural development were discussed regarding the existing organisational structure in the wellbeing services counties:

> A3: It might be even harder to follow these [processes] if you are not a professional, I understand it well if, for example, a small organisation is not able to take a stand on these things, as things are happening so fast.

Nevertheless, the social workers considered that disability organisations have the potential in terms of structural changes: «[m]aybe they are listened to a little more. Maybe you can bring issues more to light with such mass power» (D3). Hence, disability organisations were considered as valuable partners regarding structural disability social work.

Appreciation of local knowledge

The reform of wellbeing services counties shifted social and health care services from the municipality base to the regional county base. The social workers reported that, due to the given geographical extent of the counties, conditions for conducting locally informed structural disability social work were somewhat challenging, at least in this phase of beginning with the new areas. The participants highlighted the meaning of local knowledge, but according to them, wellbeing services counties' general guidelines and criteria for disability services did not sufficiently consider the different circumstances of people in smaller communities, e.g., municipalities. The social workers especially worried about peripheral areas that may easily be out of the main focus in the new infrastructure due to the county-wide approach.

> B2: [t]here is a danger in disability services that they start from [the needs of the central city]. In a way, the individual needs and the needs of small municipalities are not considered.

However, it was not only the periphery, but even city centre workers who met the pressure to unify their actions. According to some participants, especially leading social workers as supervisors experienced pressure regarding being aware of every location of the county adequately.

> D1: [w]hen we [in the central city] bring some problems to light, they [supervisors] say that this issue is not the same in another municipality, that you cannot speak for everyone here, and you have to take into account that there are other social workers in other municipalities, and they have their own issues that must also be considered.

Additionally, conditions for working matter too, as the social workers highlighted that working alone and distanced from co-workers in a peripheral environment of the wellbeing services county did not support the work, including structural disability social work.

Discussion

This study investigated social workers' perspective regarding the needed conditions for conducting structural disability social work in Finland by applying a multi-actor approach. The context of the study was located in the reform of wellbeing services counties that transferred the responsibility for organising services and welfare from municipalities to larger county-based organisations. The findings illustrated both internal and external conditions for various actors. Internal conditions referred to available competences among social workers, client participation and management issues, while external conditions related to stakeholders were about multi-professional cooperation, representation of disability councils and disability organisations, as well as appreciation of local knowledge.

In relation to the existing body of knowledge, the multi-actor structural disability social work can be seen as a collaborative network of different actors developing practices, in which all of the actors play an active and important role (Pohjola & Korhonen, 2014, p. 41) and have their own tasks, strengths and competence from which they become a part of the joint activity (Närhi, Rantamäki et al., 2023, p. 291). The findings highlighted social workers' potential to conduct structural disability social work successfully. Finnish social workers have received an adequate basis of skills and knowledge regarding structural social work through their university-level studies, which they can implement if they have a mandate. Additionally, the findings emphasised the importance of clients' experiential knowledge in structural disability social work. Disability social work in the wellbeing services counties also requires management that is committed to the promotion of structural social work (Pohjola, 2011, p. 217). Other public services, disability councils and disability organisations are important stakeholders for co-conducting structural disability social work. Finally, the multi-actor structural disability social work is locally involved and informed (Närhi & Matthies, 2018), as the findings illustrated situated, localised and multi-faceted knowledge challenging the system-driven hierarchical, contextless and abstracted knowledge (Lundy, 2004).

From the perspective of relationality, the key prerequisite for multi-actor structural disability social work and knowledge work is collaboration in relations. As the participants discussed intersecting relationships of social workers, clients, managers and the structures of the wellbeing services counties as well as their relations (connectedness and

un-connectedness) to other formal and informal actors in the wellbeing services counties and the municipalities, the findings highlighted the need to acknowledge the *relational conditions* for conducting structural disability social work and knowledge work successfully.

However, the findings illustrated that the collaborative multi-actor structural disability social work is rather a desired state than a lived reality, which corresponds to structural social work in Finland more generally (Närhi, Rantamäki et al., 2023). Challenges related to the organisation and operating culture of the wellbeing services counties included, for example, their geographical extent, insufficient resources and hierarchy. Moreover, challenges were evident in the relationships between different actors and in their relations with available structures. The social workers experienced that structural disability social work has been developed often by managers or project workers, because front line social workers' resources were allocated for the case work with individual clients. Additionally, the social workers' interactions with the stakeholders were relatively rare. There were also shortcomings in client participation. Yet, structural social work cannot be conducted only in projects or by individual professionals regardless of their status, but in strong relation to the social work practice and the people's living conditions in their everyday lives (Närhi, Kokkonen et al., 2022, p. 28; Pohjola, 2011, p. 216; Rajala et al., 2024, p. 218).

Discussion about the contents and goals of structural disability social work as knowledge work is crucial from a multi-actor perspective. Structural disability social work requires sharing knowledge about societal, social and regional problems to adequately address them (Edwards, 2017, p. 10). If there is only little interaction between actors and the goals of different actors are too distant, neither a common knowledge base nor joint practices for structural disability social work will emerge. Hence, the needed conditions for multi-actor knowledge work relate to the collaborative actions including screening for relevant knowledge, sharing of information and co-creation of knowledge, as well as the joint planning and implementation of structural changes based on processed knowledge. In other words, structural disability social work needs conditions for constructing and maintaining co-constructed and shared knowledge (Edwards, 2010, p. 11, 2017, p. 9), which can be used as a resource for change and for tackling complex and difficult problems at all levels of societal and institutional structures (Mullaly, 2007). In terms of relational approach, effective structural disability social work and knowledge work emerge from social relations and from relatedness with others (Burkitt, 2016; Folgheraiter & Raineri, 2017).

The limitations of this study are the following: the relatively small number of participants from only five wellbeing services counties out of a total of twenty-one. The number of participants also differed in the focus groups and in one focus group there were only two participants. Additionally, the participants were asked about structural disability social work, which was not yet a fully realised part of their daily work tasks despite its legislative basis in Finland. However, the social workers from different wellbeing services counties shared remarkably similar notions about the needed conditions for structural disability social work and knowledge work. Hence, the study provided at least a begin-

ning for investigating this rather understudied area. Moreover, the findings aligned well with the existing body of knowledge, especially regarding the Finnish context (e.g., Närhi, Kokkonen et al., 2022; Närhi, Rantamäki et al., 2023). As this study only focused on social workers' perspective, further research is needed about conditions for structural disability social work based on other actors' experiences, such as clients and managers. Research is also needed about how different actors maintain and re-define their relationships and boundaries in these ongoing reforms, such as wellbeing services counties.

In sum, there is much to be developed in the emerging wellbeing services counties in Finland in terms of the relational conditions for conducting structural disability social work. On the one hand, it may be much to ask for large-scale implementation of multi-actor structural disability social work in the currently available conditions, where many challenges and uncertainties of disability social work and case work with clients are present. On the other hand, the reform is still in its early stage, and the ongoing structural change can also be an opportunity, where the collaborative development of both client work and structural social work together could support more effective practices and structures in the long run. Additionally, multi-actor structural disability social work could contribute to the goals of the wellbeing services counties reform, such as ensuring equal services and providing integrated services.

As implications for social work practice, we suggest constructing systematic and joint knowledge production practices for structural disability social work, i.e. spaces and mutual meetings between practitioners, persons with disabilities and stakeholders, where every actor's contribution as well as local knowledge is appreciated. The study concludes by highlighting the importance of relational bindings and co-acts for the promotion of structural disability social work.

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