Impression management in the market for residential care for children and youth in Sweden

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Abstract
In what has become quite a turbulent quasi-market for residential care for children and youth, providers now compete for public contracts. To create visibility and attract customers, many providers use marketing activities to project the desired impression of themselves to maintain or strengthen their market position. In this article, we analyse how companies that provide residential care for children manage the impressions they project on their websites and in advertisements. The results reveal that residential care providers use a range of impression management strategies to enhance their organizational image and to respond to potentially damaging or threatening images. The information providers choose to disclose leaves customers—in this case, the social workers responsible for choosing and purchasing care on behalf of clients—with rather limited opportunities to evaluate the quality of care. This is a significant problem considering other, more reliable, sources of information are difficult to access.

KEYWORDS
impression management, privatization, quasi-market, residential care for children, Sweden
INTRODUCTION

The field of residential care for children and youth in Sweden has changed considerably during recent decades. From being almost entirely dominated by the public sector in the early 1980s, the field has been transformed into a market with a large proportion of private providers. Compared with other care markets, such as for childcare or eldercare, the market for residential care has some distinctive features. For example, the mechanism of “consumer choice” used in childcare and eldercare markets is largely absent, resulting in a separation of customer and end-user in the residential care market, as local authorities both choose and purchase services on behalf of end-users. Also, service users are mainly children with a range of social problems and, although many are placed with consent, service is sometimes provided against the will of the child and their family. Purchasing decisions in this market are made within a system governed by a mix of professional, political, bureaucratic and market norms and procedures, including procurement requirements decided by national and local politicians and administered by local bureaucrats.

Previous research confirms the importance of social factors, such as trust and reputation, in shaping how purchasers of residential care choose among competing providers (Forkby & Höjer, 2011; Mannion & Smith, 1997). That providers also engage in various marketing and image-building activities to gain access to the market and to be noticed and chosen by service purchasers has also been documented (see, for example, Langer, Anderson, Furman, & Blue, 2006). Through these “self-presentation” or “impression management” activities, providers project a desired impression of themselves to gain rewards and approval, and thereby maintain and/or strengthen their market position (Tedeschi & Riess, 1981). In this article, we examine the strategies that treatment-oriented residential care organizations use as they manage impressions of themselves on websites and in advertisements. Through analyzing the content of providers’ advertisements and websites, we aim to show (a) how the organizations use impression management in their descriptions of themselves and their role in the society, and (b) how they use impression management in their descriptions of the care they intend to sell. This allows an insight into the complex and rather opaque market for residential care, for children and youth, that professionals must navigate in their search for appropriate treatment for their clients.

1.1 The Swedish market for residential care for children and youth

The Swedish market for residential care, for children and youth, has been described as turbulent, as major changes in recent years have reshaped the client groups and organizational composition of the field (Lundström, Sallnäs, & Shanks, 2020). The arrival of large numbers of unaccompanied refugee children and youth, especially during 2015 and 2016, prompted growth (now subsiding) of facilities catering to this group, alongside pre-existing therapeutic units targeting children placed for reasons such as maltreatment in the home environment or their own behavioural problems. Across both sub-fields, there has been an influx of for-profit providers into the market, although more so among the treatment-oriented units that are the focus of this article, three-quarters (76%) of which are privately owned. Furthermore, large companies have emerged, including care corporations, which are very large companies, listed on the stock exchange, or owned by investment or private equity firms, that offer a wide range of care services and operate multiple subsidiaries (Lundström et al., 2020).

These developments have not been uncontroversial. Profit-making in publicly financed social care services, including residential care for children and youth, has been much debated in Swedish politics in recent years (Hartman, 2011). In 2016, the report of an official investigation initiated by the Red-Green coalition government recommended that profit rates be restricted, to ensure that public resources were primarily devoted to service provision. However, the government held a minority in the parliament and the proposal was voted down. The investigation also examined regulating staffing levels as a means to secure the quality of care, but regarded such regulation as too difficult to implement (SOU, 2016, p. 78). Nevertheless, the high profits in residential care
The residential care market operates as a "quasi-market," that is, a previous state monopoly to which other actors have been granted access. The marketization of welfare services, more generally, was introduced to remedy alleged problems with inefficiency and lack of consumer choice within the public sector. Quasi-markets were to prevent the state from having the double role of purchaser and provider, and to introduce competition between providers. Quasi-markets differ from conventional markets in several ways. For example, the state acts as a surrogate purchaser on behalf of the end-user, not-for-profit organizations compete—in the case of residential care—with for-profit companies for public contracts and, as services are publicly financed, public budgets control the demand to some extent (Le Grand, 1991). Many scholars have argued that quasi-markets suffer from several imperfections and that, in practice, they are quite unlike the ideal markets they were meant to imitate. Problems identified in previous research include information imperfections, lack of real consumer choice and high transaction costs (Forder, Knapp, & Wistow, 1996; Kirkpatrick et al., 2001; Le Grand, 1991).

These problems have also been identified in quasi-markets for residential care for children. Starting with information imperfections, residential care is an "experience good," such that the specifics of the service cannot be known prior to purchase (Lindqvist, 2014). Providers have more information about services than purchasers, and the outcomes and quality of services are difficult to measure. These circumstances mean that there is an opportunity, and perhaps a financial incentive, for providers to misrepresent the characteristics of their services in marketing and other impression management activities (c.f. Forder et al., 1996).

In an ideal market, consumers who find that services do not live up to their expectations may choose another provider, eventually driving inferior actors out of business. However, in residential care for children, the question of choice and exit is difficult, because it is not the end-user who chooses/purchases the service but an intermediary, and the service is not always voluntary (i.e., provided in accordance with the Social Service act)—some children are placed in residential care against their will (i.e., in accordance with the Care of Young Persons Act). Furthermore, change of provider is complicated and may have adverse effects for the user (Sallnäs & Wiklund, 2018).

Lastly, various transaction costs in the quasi-market for residential care for children have been identified in Sweden and elsewhere, including those related to oversight and monitoring of the market, and to the purchasing of care. In addition to these functions are costs related to advertising and other forms of marketing (c.f. Le Grand, 1991).

1.2 | Purchasing care and managing impressions in the residential care market

In Sweden, local authorities are responsible for financing and purchasing residential care. As in many other countries, purchases are regulated by a Public Procurement Act (which is based on EU law and directives). To manage transaction costs, efforts have been made to organize the purchase of residential care through framework agreements between one or more municipalities and one or more suppliers. These agreements determine the terms for the award of contracts at a later date. Residential care units (RCUs) that are registered with the Health and Social Care Inspectorate (Pålsson, 2018) and meet the criteria set out in contract documents can be included in a framework agreement, which grants access to the limited market of the contracting municipality. However, framework agreements do not guarantee that a service will actually be purchased. Furthermore, these agreements may be sidestepped, and most municipalities have stipulated options to purchase outside them, if necessary, for example, to match a child's needs (Swedish Competition Authority [Konkurrensverket], 2015). Buying care outside framework agreements constitutes a non-negligible proportion of purchases of residential care for children, and sidestepping framework agreements is a familiar procedure for managers in child welfare (Höjer & Forkby, 2011). Thus, the way the residential care market operates provides a clear incentive for providers to actively engage in marketing.

Studies of purchasing decisions within the residential care market have found that social issues such as status, trust and reputation may be more important than price in choosing a provider (Mannion & Smith, 1997). Instead of
functioning as the main factor informing choices, price may function as a constraint that filters out some providers, for example, by excluding them from a framework agreement. In this context, trust is understood as the belief that the provider will honour agreements and go beyond explicit promises in order to assist the buyer. Since knowledge about quality in social care is elusive, it is often replaced by trust—which in many senses may be synonymous with the purchaser’s idea of the quality of a provider. Status refers to the perceived quality of the service of one provider in relation to that of its competitors, and reputation, in this context, is related to the formation of judgement of a provider on basis of former experiences (Mannion & Smith, 1997).

To evaluate the quality of services, purchasers may get information from a range of sources, including formal inspections, feedback from users, informal networks and/or provider marketing (Mannion & Smith, 1997). Formal inspections of RCUs are mandatory in Sweden, as in many other countries. The results may be publicly available, but accessible only on request (as in the case of Sweden). There is no large-scale systematic monitoring of user satisfaction/outcomes of residential care for children, indicating that the first two possible sources of information may be rather difficult for Swedish purchasers to use. Informal networks among colleagues have been shown to be highly salient for choices about providers in Sweden as elsewhere—researchers have, for example, discussed the importance of reputation, described as a collective memory of the collegial group of social workers and managers (Forkby & Höjer, 2011). Provider marketing is readily available and extensive but, as noted above, there may be incentives for providers to misrepresent their services. Also, as we shall see, much of the marketing appeals to emotions and stereotypes rather than to rational decision making. Therefore, from the clients’ and purchasers’ point of view, marketing is a rather questionable source of information about service quality.

As in research on purchasing care, the importance of reputation has also been highlighted in the broader marketing literature. Organizations are thought to engage in activities intended to form and/or alter the impressions others have of them, which in the long run may affect their reputation. Drawing on Goffman’s (1959) influential ideas about self-presentation and impression management, the latter concept has been used to understand how organizations present themselves in a variety of forums, such as websites (Winter, Saunders, & Hart, 2003), social media (Benthaus, Risius, & Beck, 2016; Carlstedt, 2019) and in annual reports (Ogden & Clarke, 2005). The motives for engaging in impression management may be manifold, including to seek approval and gain rewards, and to avoid social disapproval and blame (Schniederjans, Cao, & Schniederjans, 2013; Tedeschi & Riess, 1981). In research on impression management in organizations, two kinds of impression management tactics are often distinguished, such as assertive and defensive. Assertive tactics are used to enhance the organizations’ image, while defensive tactics are used to repair or respond to a damaging or threatening image (Bolino, Kacmar, Turnley, & Gilstrap, 2008; Mohamed, Gardner, & Paolillo, 1999; Schniederjans et al., 2013). Assertive tactics include actions such as exemplification, acting as a model for a certain virtuous value; and self-promotion, to convince the audience of competence. Defensive tactics include behaviours such as dissociation, by attempting to distance oneself from undesired/negative phenomena, and justification, by accepting responsibility for the consequences of a phenomena/event without accepting any negative implications (Bolino et al., 2008; Ogden & Clarke, 2005).

Marketing researchers make a further, useful distinction between corporate branding and product branding (Hatch & Schultz, 2003) in organizations’ efforts to manage and build their reputations. Corporate branding captures strategies that attempt to market the company itself as a brand through communicating—to a wide range of stakeholders—what the organization believes it is and strives to be, for example, by presenting strategic choices or values. When stakeholders believe the corporate brand promise has been kept, the organization’s reputation is strengthened. Product branding has a narrower customer focus, directing efforts at impression management towards a product rather than the organization as a whole (Abratt & Kleyn, 2012).

In a number of ways and through a number of channels, organizations use impression management to present their organizations and their products in a desired way. There is no reason to believe that providers of residential care for children are different to other organizations, including those providing other welfare services, in this respect (see, for example, Carlstedt, 2019; Carlstedt & Jönsson, 2019, for examples, from residential care for older people in Sweden). On the contrary, we know that many care providers devote themselves to activities presumably designed

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to manage the impression they leave on social workers, end-users and others; for example, by designing websites and placing advertisements. On the basis of research on purchasing care, we can conclude that providers of residential care need to gain trust, status and reputation among purchasers and others. Our study of providers’ use of websites and advertisements for this purpose explores the strategies they use to do so.

2 METHODS

In this study, we analysed the content of residential care organizations’ websites and advertisements published in a professional journal for social workers. Presenting themselves via these two channels is a subset of activities in which residential care organizations engage to increase their visibility. Other activities include seeking listing on online market places created by private intermediaries,2 direct marketing by sending out e-mails and brochures, arranging conferences and offering training, engaging in social media and face-to-face networking. Analyzing these activities falls outside the scope of this article. The content of websites and advertisements does, however, give a good indication of the (varying) impressions residential care organizations seek to give of themselves. The great majority have websites, which have the potential to reach a wide range of stakeholders and come with few restrictions on what information can be presented. Advertisements published in the professional journal for social workers are more directly aimed at potential customers (social workers, procurement delegates) and, while restricted by the given format of advertisements, the providers are otherwise free to disclose whatever information they see fit.

As noted above, the study is based on two datasets—websites and advertisements. These were collected separately, and cover different companies. First, we collected all the advertisements for treatment-oriented residential care for children and youth published in the main professional journal for social workers, Sociomen, in 2015 and 2016. Typically, the advertisements were quite small (covering less than a page) and contained basic information regarding aspects of the care and/or values of the organizations, often with supplementary pictures. Second, given the large number of providers (n = 450) and so websites, we selected a sample of providers stratified by organizational size and target group. The majority of providers of residential care in Sweden target youth (except for a small number of facilities for toddlers and their parents), but may exclusively target boys or girls. All treatment-oriented RCUs included in the national register in 2016 were allocated into one of seven groups; not-for-profit organizations, municipal companies, care-corporations, large companies, small companies targeting boys, small companies targeting girls and lastly small companies targeting boys and girls. As the larger organizations own several units with different target groups, this selection procedure ensured a varied sample. Small companies were defined as residential care companies operating fewer than three units, and large companies as those operating three or more, as their main line of business. The term care corporations was used to distinguish a subset of large companies with multiple subsidiaries that offer a range of care services, including eldercare and disability services as well as residential care for children.3 From each subgroup, between one and five organizations were randomly selected, aiming to roughly reflect the market share of each type of organization (e.g., a predominance of small companies, followed by somewhat smaller proportion of large companies, and a very small proportion of not-for-profit organizations; see Lundström et al., 2020 for information about the market shares of different organizations). In total, 23 companies were selected from the national register (see Table 1), and their website data were collected between February 8 and 15, 2019.

The amount and range of information available on different websites vary considerably. The care corporations had extensive, multilayered websites, whereas the sites of small organizations, in general, were simpler. In analysing the contents of the websites, we directed our attention mainly to the home page, the pages providing information about the company’s values, etc. (often under the heading “about us”) and the pages describing their offerings of residential care for children and youth. These pages were often divided into subcategories describing, for example, different units and methods/approaches. All websites had pictures.

The websites and advertisements were subject to a thematic content analysis focusing on the organizations’ self-presentations. In this analysis, we sought to capture the organizations’ descriptions of the role they play in
society, and of the care they intend to sell. The advertisements and websites were first analysed separately, allowing the content of the self-presentations in each of the media to appear clearly. Secondly, the self-presentations from both sources were compared and analysed together, allowing a broader picture to emerge.

To understand the motives behind, and the strategies for, impression management, concepts from marketing research were combined with concepts from research on how purchasing decisions are made in the residential care market. This approach allowed us to identify providers’ corporate branding and product branding strategies, and to gain insight into their tactics of impression management (e.g., defensive/affirmative) (Bolino et al., 2008), as well as a credible indication of what they sought to achieve (e.g., to engender trust, status and reputation among stakeholders) (Mannion & Smith, 1997).

3 | FINDINGS

Like other organizations operating in markets, residential care companies need to create visibility to attract customers and to project the desired impression of themselves and their services to customers and other stakeholders, such as the public, and potentially also users (Drew, 2013; Taneja & Toombs, 2014; Winter et al., 2003). The content and approach in the organizations’ presentations of themselves differed with the size of the organization and on the forum (websites/advertisements), but showed few differences by target group. Small companies, in general, appeared to direct their communication to professionals seeking appropriate residential care for their clients, rather than to the general public. Their impression management appears to be primarily product branding, focusing mostly on the nature of care offered, and aspects closely related to the care. Large residential care organizations appeared to use their websites for both corporate and product branding. Websites were directed to a wider group of stakeholders (the general public, investors, customers, etc.) and tended to describe the role that the company plays in society, their presumed societal obligations, their vision and values and so on, in addition to describing the services they provide.

Thus, the following presentation of the findings discusses corporate branding and product branding strategies in turn. Firstly, we describe how (mainly large) organizations undertake corporate branding, as they present their role in society. Secondly, we take a closer look into how organizations undertake product branding, as they present their care, including how they describe their treatment models, staffing and outcomes. Product branding is found on all organizations’ websites and is also the main theme in the advertisements from the professional journal. As we shall see, there are examples of different tactics of impression management, both assertive and defensive.

| Type of organization       | Websites | Advertisements |
|----------------------------|----------|----------------|
|                            | No. of organizations included (No. of RCUs included in each group) | No. of organizations advertised (No. of advertisements) |
| Small company              | 11 (15)  | 14 (131)       |
| Large company              | 4 (23)   | 0 (0)          |
| Care corporation           | 5 (97)   | 5 (22)         |
| Municipal company          | 1 (19)   | 3 (18)         |
| Not-for-profit organization| 2 (3)    | 1 (8)          |
| Total                      | 23 (157) | 23 (179)       |
3.1 Corporate branding: Asserting a positive social role and defending the private sector

On their websites, most corporations and some large organizations highlight their prominent position in the welfare market, often in a central position on the website. Such statements can be understood as examples of assertive impression management techniques (self-promotion), deployed to draw attention to the success of the company.

However, being a leading for-profit company on a welfare market is not entirely unproblematic. In Sweden and elsewhere, the privatization of residential care for children and youth has been debated, and criticism regarding high profits, unscrupulous actors and even the so-called “care scandals,” including maltreatment have been raised (Jones, 2015; Mulkeen, 2016; Sallnäs & Wiklund, 2011). In the wake of this criticism, it seems several organizations have felt the need to take a stand and justify the existence of private care companies. For example, one corporation’s website states that:

An increasing number of municipalities are choosing to cooperate with [Name of corporation] and other private care companies since such cooperation promotes freedom of choice and care quality improvements, and at the same time it increases the transparency of municipalities’ costs, with a more effective use of the tax payers’ money as a consequence (Corporation, website).

This statement can be understood as a defensive impression management tactic (justification). In the context of criticism of the private sector, some actors seek to legitimize their existence with claims about their importance for the common good, asserting the important role of for-profit actors in the welfare state (e.g., as drivers of quality, cost effectiveness and “value for money”).

In contrast to for-profit companies, municipally owned companies use wider social skepticism towards some effects of privatization as an opportunity to position themselves on the opposite side, that is, as offering what one calls in advertisements “a community alternative” to for-profit companies. The municipal companies emphasize that they—unlike others—are social actors that take responsibility. They are not-for-profit, owned by the public and, unlike the implied alternative of profit-taking, all their resources are devoted to providing and developing services. There are examples of such statements both on websites and in advertisements, where comparison to for-profit actors is sometimes explicit and sometimes implicit:

We stand for knowledge, experience and stability in an industry that increasingly is characterized by newly established private actors with profit interests (Municipal company, advertisement).

[Company name] is a recognized social actor contributing to sustainable social development. ... [Company name] is a publicly owned company that rests on a foundation of service to society (Municipal company, website)

Thus, as well as attempts at self-promotion and exemplification designed to evoke a feeling of trust and status, some statements are also overt attempts at dissociation, as municipal companies seek to distance themselves from what they position as fortune-hunters on the turbulent market.

Some organizations describe themselves as mission-driven and relate their societal engagement to, for instance, religious beliefs. One Christian not-for-profit organization that runs several residential care units in Sweden state that they are “a Christian church with a great social commitment.” However, it is not only not-for-profit organizations that claim to be idea-based. Some for-profit organizations also describe themselves in this way, in an attempt to project the impression that they are driven by motives other than profit-making; a form of dissociation from those that are “in it for the money.” The characteristics and ownership structure of these for-profit companies may differ, as in the examples given below. The first statement comes from a smaller, employee-owned company, whereas the latter
comes from a corporation with thousands of employees. While the messages they seek to convey are quite similar, it is notable that the corporation directly addresses the profit question, asserting that profit is essential for achieving their mission.

[Name of company]—mission-driven, innovative and employee-owned limited company. We want to contribute to societal benefit and innovative power within treatment, schooling and people-changing work (Small company, website).

[Name of corporation] is a value-driven company. This means that we work on the basis of a set of values that we strongly believe in and which we have decided to adhere to. /.../ Profitability is a prerequisite for being able to realize our mission, but it is our vision and our values that govern the way we do it (Corporation, website).

Companies’ statements about their leading position, their role in the welfare state and their value orientations are, despite some differences, all examples of descriptions that go beyond the immediate service they provide. Thus, the impressions that the organizations attempt to project through these statements can be understood as seeking to gain trust, status and reputation not only for the care that they provide, but for the entire organization. In addition, it appears as if several of these statements are directed to a range of stakeholders, not only potential customers. Accordingly, these strategies operate as a form of corporate branding, that is, attempts to market the company itself as a brand by communicating what the organization believes it is and strives to be.

3.2 | Product branding: Projecting the character and quality of care

Unlike the organizations’ presentations of their role in society, the organizations’ presentations of their services/products can be understood as product branding, directed to potential customers; that is, social workers and local authority procurers and, in a few cases, end-users and their parents. Despite the different intended audiences, the organizations’ presentations of their care offerings appear to be designed to project an impression of trustworthiness, status and reputation (Mannion & Smith, 1997), in line with their presentations of their broader social role. We found that product branding strategies address a variety of characteristics of care practice and the environments created in the residential facilities, drawing on a range of images and ideas.

3.2.1 | A pleasing physical environment in a small home

About the first thing that meets the eye in organizations’ care-related marketing materials are pictures of nature, animals, fruit, smiling people, nice houses and the like. Clearly, the allegedly healing power of the environment is an important aspect of the organizations’ impression management. Many highlight the physical environment using both text and pictures, and statements about the interior environment, as well as buildings, and nature are common. The location of an RCU appears to be an important asset to highlight, regardless of whether it is rural or urban.

In the surroundings there is beautiful nature with several lakes and streams. Every girl has her own room and we have several common areas where one can watch TV, play video games, play or just hang out and take it easy (Small company, website).
[Name of RCU] resides in an old large villa built in the beginning of 1900 and a modern villa both located in the same garden. Both underground and commuter trains are within walking distance (Small company, website).

Self-promoting descriptions about the environment (interior and exterior) can be found on all sorts of organizations’ websites and in many advertisements, either in written form or as pictures.

Small organizations often also highlight their smallness and may advertise themselves with statements like: “a small facility with a lot of competence” (Small company, advertisement). However, smallness appears to be viewed as a positive feature in general. Corporations grow to a large extent through acquisition and tend to buy small or middle-sized companies, the name and brand identity of which is often retained. Thus, corporations also describe their RCUs in this manner, for example, as “small facilities with great competence” (Corporation, website).

An emphasis on smallness is a strategy that distances organizations, regardless of their size, from the negative idea of children’s residential care facilities as large, cold institutions. However, for corporations, the relevance of size differs depending on whether the goal is corporate or product branding. In corporate branding, as discussed above, the image of an extensive business operation suggests success in the welfare market. In product branding, by focusing on the (small) size of individual RCUs rather than the (large) size of the organization as a whole, corporations may also be seeking to distance themselves from the image of an enterprise that may have goals other than care, and stakeholders—including shareholders—who may have priorities other than providing care to young people.

3.2.2 | Longevity and stability

In addition to pleasing physical environments, many organizations also emphasize having been around for a long time. This applies to small as well as large organizations—if the organization has a long history, it seems to be viewed as beneficial to mention it. Below is an example from a small company that targets clients with substance abuse problems:

[Name of company] is one of Sweden’s oldest treatment homes based on the 12-step program. The treatment has been going on since the early 1980s, and change and development are still the leading principles (Small company, website).

Note, however, that this organization also makes claims for innovation, stressing both its long history and its openness for change and renewal.

The attraction with such self-promotion statements is understandable against the background of a turbulent market that has seen many new and less serious actors come and go. Showing the organizations’ longstanding involvement in the field is a way of projecting an impression of trustworthiness through stability.

3.2.3 | Staffing

Most organizations include some description of staffing on their website, and some organizations also give information about staffing in their advertisements. Both on websites and in advertisements the level of detail varies. Some organizations provide very little information:

The facilities is staffed around the clock with experienced, dedicated and trained personnel (Small company, website).
Others list the professions represented on staff and the in-service training that the staff have participated in:

Our staff consists of social workers, behavioral scientists and treatment assistants. We have further training in milieu therapy, trauma, MI, CPU, HAP, A-CRA and Taping /.../ We have access to a psychiatric consultant (Municipal company, RCU website).

This self-promoting quote also represents an example of how access to psychiatrists and other specialists is often described. These professions—that typically enjoy significant public respect—are not widely available. When they are available, it is only as consultants rather than staff members, and the extent to which young residents are offered their services is unclear.

Those looking for a more detailed description regarding the number of staff with specific qualifications, or the number of staff per resident often look in vain. Since regulation of staffing is vague (there are no binding detailed requirements for the number of staff or their levels of education) and staffing is costly, it is perhaps not very surprising that few residential care companies offer any detailed information of this sort. However, there are a few exceptions that offer a more detailed description:

Daytime: 2–4 staff. Afternoon/evening: 3–4 staff. Night: 1 staff—on sleeping call, 1 staff—awake (Corporation, RCU website).

3.2.4 | Family-like or evidence-based?

Descriptions of the treatment offerings themselves on websites and in advertisements tend to fall into two broad categories: one emphasizing family-likeness and relational aspects, and another emphasizing evidence-based practice and standardized methods. It is not surprising that precisely these two approaches are emphasized. The idea of family-likeness has had a great importance historically for residential care, and the idea of evidence-based social work has become increasingly important during recent decades (Johansson, Denvall, & Vedung, 2015; Lundström et al., 2020). The two approaches are, however, not mutually exclusive, and many residential care organizations' descriptions of their treatment appear to belong somewhere on a continuum between an evidence-based orientation at one end and a family-like orientation at the other.

Organizations that frame their care within a more relational and family-like approach describe their care/unit in this fashion:

The home has a home-like atmosphere, in which we work individually with each young person based on their individual needs (Small company, website).

This particular unit is run by a small company, but larger companies also allude to family-likeness in describing their residential units. The large corporation below introduces their units for residential care with the following message:

Homelike - Big-family feeling - Central location (Corporation, website).

The same message is presented in the descriptions of some of the specific units owned by large corporations:

We are proud of the family-like character of [Name of RCU]. The RCU is more like an ordinary home than an institution, which is appreciated by many girls. At [Name of RCU] one feels "at home" (Corporation, RCU website).
[Name of RCU] is a small, family-oriented, treatment home, located in a pleasant residential area in central [City]. /.../ Our smallness gives us great opportunities to meet every girl's needs in a flexible and responsive manner (Corporation, RCU website).

At the other end of the continuum are those residential care organizations that either in general terms emphasize that they use the so-called evidence-based methods, and/or in specific terms enumerate a number of (more or less) standardized methods that have (more or less) scientific support:

We always work with established and evidence-based methods, e.g. with MI (Motivational Interviewing) and Low Arousal Approach (Corporation, website).

Our starting point is a milieu therapeutic approach into which CBT (Cognitive Behavioral Therapy) and MI (Motivational Interviewing) have been included. Further, we are competent in DBT (Dialectical Behavioral Therapy), networking, RP (Relapse Prevention) (Large company, website).

Somewhere in the middle of the continuum are residential care units that describe themselves as both family-like and oriented towards evidence-based methods.

Our RCUs must be family oriented, but at the same time we offer treatment that is both evidence-based and measurable (Large company, website).

In general, it is difficult to relate the orientation of care to organizational type (for-profit, not-for profit) or organizational size. Larger organizations often allude to evidence-based methods, but as demonstrated above, there are also examples of these organizations describing their units as family-like. In the same way, some small companies and not-for-profit organizations that might be expected to emphasize a family orientation also state that they use standardized methods.

As noted above, family-likeness and evidence-based orientations, both, have strong positions in the field of residential care. The former has relatively long-standing historical roots (Sallnäs, 2000), whereas the strength of the latter derives from the evidence-based practice movement that has influenced Swedish social work since the 1990s (Oscarsson, 2009). Together with the use of milieu therapy (that uses the environment and day-to-day interaction as therapeutic agents), which appears to be a form of treatment that can be combined with more or less everything, these orientations are the cornerstones of practice in residential care for children and youth, as represented by providers. By mentioning either (or both) family and evidence-based orientations in their self-promotion, organizations are presumably hoping to gain trust from potential customers. Evidence-based practice is likely perceived to give an impression of professionalism, whereas family-likeness is likely perceived to give an impression of a safe and sound "normal" upbringing (Lundström et al., 2020).

3.2.5 | Outcomes

Many organizations state that they monitor their residents' progress and the outcomes of care, and provide relatively detailed descriptions of how they do this, often mentioning standardized client assessment instruments. However, there are few accounts of the results of these measurements, that is, of actual outcomes. When it comes to how placed children have experienced their time in care, the reader is also mostly left uninformed. However, there are some exceptions. For example, one organization provides a brief description of some outcomes and a link to reports where certain treatment outcomes and user satisfaction measurements are disclosed.

After treatment, the youth fare better and experience an increased sense of coherence (Report 2), an increased satisfaction with life (Report 2 and Report 8), and a more positive self-image, in comparison...
with before treatment (Report 2). /.../ After treatment, the youth testify that they experience fewer difficulties that they, in addition, are less troubled by (Report 8), as well as reduced behavioral problems (Report 2). Also custodians estimate that the youth’s difficulties have decreased, and that they are less troubled by their difficulties, even though these differences are not statistically significant (Report 8) (Employee-owned small company, website).

When it comes to customer satisfaction (i.e., the satisfaction among the social workers responsible for the placement), the situation is slightly different. There are quite a few examples of organizations that, with the assistance of an intermediary company, measure the satisfaction of social workers. The results are sometimes made available on the providers’ websites, at least by organizations whose results are reasonably good. However, the reliability and validity of these privately provided measures is unknown, and the intermediary company also offers a range of other marketing and business support services to private welfare service providers, including residential care providers, for a fee (see above).

[Name of company] uses the Scandinavian Healthcare Information Quality Index. We have used this independent service since 2006 and have not scored below the national average in any report. In the latest quality index report 20170929, [Name of company] received the average value of 8.7 out of 10 possible (Small company, website).

4 | SUMMARY AND DISCUSSION

In this article, we have analysed how residential care providers manage impressions of themselves on websites and in advertisements. These marketing activities take place in a quasi-market where municipal social service departments act as surrogate purchasers on behalf of end-users. Providers of care appear to invest considerable resources to gain visibility through the internet and by advertisements in professional journals. We have focused on two aspects of providers’ impression management: (a) how it is used in their descriptions of themselves and their role in the society, and (b) how it is used in their descriptions of the care they intend to sell. We found both assertive and defensive impression management strategies in the organizations’ self-presentations, indisputably employed to gain status, trust and reputation in order to strengthen or maintain their market position (Bolino et al., 2008; Mannion & Smith, 1997; Taneja & Toombs, 2014).

When presenting their role in society, not-for-profit organizations combine assertive self-promotion with defensive dissociation tactics by portraying themselves as mission-driven and socially responsible actors, clearly distinguishable from their for-profit competitors. For-profit providers, on the other hand, often highlight that they contribute to cost effectiveness, freedom of choice and the general development of service quality. It is notable, however, that for-profit providers also portray themselves as values-based and socially committed. Copying the main argument of not-for-profit organizations, this strategy is intended to dissociate them from the public image of profit-hungry companies, whose primary driving force is making money. This impression management strategy addresses criticism of for-profit providers in public debate, and intends to create distance from a threatening image and/or to repair reputational damage (Bolino et al., 2008; Ogden & Clarke, 2005).

In presentations of the care offered, the main self-promotion themes include both prerequisites for delivering care, for example, environment and staffing, and the content of care itself, in terms of overall treatment orientation and care quality. Much emphasis is put on describing a unit’s location in a good and nurturing environment, a message often supplemented with pictures of beautiful settings. The location—often far away from big cities—is, in other words, highlighted as an asset in itself. The longevity of units is also underlined by companies. Attempting to gain trust by convincing the purchaser that units are stable is almost certainly related to the turbulence in a field with high turnover rates (Meagher, Lundström, Sallnäs, & Wiklund, 2016), and presumably explains why corporations typically retain RCU names and elements of unit branding after acquiring individual RCUs and smaller companies.

When it comes to staffing, the absence of detailed information is striking. The staff is the cornerstone of care, and it is the staff who delivers treatment to resident children in accordance with the various methods presented. Despite this,
substantial information on this theme is lacking in most self-presentations. This is notable, since staffing is one of the few aspects of experience goods that can be known in advance and which is also a fundamental quality indicator for any kind of treatment offered (see, for example, Meagher & Szebehely, 2013). The lack of specific information about staff can be related to the absence of detailed regulations in this area. The regulations mandate around-the-clock staffing and manager qualifications but do not specify the minimal qualifications of staff or staff–child ratios (Pålsson, 2018). This gives the providers considerable freedom for impression management in staff-related issues, which may explain the variety in how they present staffing.

When presenting care content and treatment orientation, one line of self-promotion is to highlight family-likeness and smallness. It should be noted, however, that not only small companies use concepts such as family-likeness and home-likeness when portraying their residential units—some large companies also present their offerings in this way. By highlighting these basic concepts, marketing materials allude to common perceptions of what children need or what is “natural” for them. This familial logic has, however, partly given way to more treatment-oriented care (Lundström et al., 2020), which is also clearly visible in references to a wide range of specific treatment modes in marketing materials. Accordingly, to attract contemporary social workers, family- and home-likeness are often combined with other logics and models of care. Thus, marketing materials often also allude to “professionalism,” “treatment” and the use of specific methods. These materials frequently include a long list of more or less standardized methods, which are claimed to be used by the units’ staff. This marketing strategy appeals to a professional logic, by connecting care offerings to the evidence-based practice movement (see Lundström et al., 2020). In an era of increased focus on evidence and treatment effects, claims to work with research-based methods and interventions are likely regarded as competitive and so are given a central role in self-promotion. In this respect, care providers are in line with imperatives from the Swedish central state (Oscarsson, 2009).

Although the advertisements and homepages allude to professionalism and being evidence-based, little information is revealed about actual outcomes or treatment effects. In other words, the reader is left unaware of the well-being of the children and of whether their problems have been addressed, from both short- and long-term perspectives. However, it should be noted that knowledge about the effects of residential treatment, in general, is limited, partly because of inherent difficulties in undertaking robust effect studies (Mezey et al., 2015). This means that providers are seldom able to refer to general research findings on treatment effects. Nevertheless, even taking this into consideration, there is an obvious lack of information about the results of monitoring of the children’s situation during and after care. The results of customer satisfaction are, however, more often reported. In this context, the customer is the municipal social worker, which goes a long way towards explaining the orientation of marketing activities to the professionals, not the end-users.

All in all, marketing activities appear to be primarily directed towards professionals/purchasers, sometimes towards a wider group of stakeholders, and rarely towards end-users. This said, we cannot rule out that children and youth use websites to find RCUs, or that social workers and children together look at advertisements and websites to discuss placements. However, the end-user is generally quite far away from the actual decision-making on the residential care market. The extent to which providers’ websites and advertisements can assist social workers as customers in placing children in appropriate and high-quality residential care units is questionable. It is safe to say that social workers have limited opportunities for assessing and comparing different RCUs based on what they read on websites and in advertisements. Selling experience goods on a quasi-market, where detailed regulation of the services is lacking, gives sellers considerable latitude (and financial incentives) to emphasize selected aspects of the care in their impression management. Providers are free to avoid displaying information about core quality aspects, such as unit staffing and long term impacts for the children. The more general difficulty in assessing outcomes may lead to a focus on things that are tangible, hence the emphasis on interior/exterior environment, the (alleged) use of “trustworthy” methods, and so on. For municipal social workers and purchasers, there are significant challenges in making informed choices on behalf of the clients, not least since other forms of information regarding residential care for children—such as the results of formal inspections and feedback from users—is rather difficult to come by or not systematically reported. For the children who risk being placed in units based on limited or faulty information, the consequences could be extensive, particularly due to the difficulties connected with changing provider.
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CONFLICT OF INTEREST
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ENDNOTES
1Research on impression management in residential care for older people makes findings consonant with ours. Carlstedt (2019) examined how providers of residential care for older people present their services on Instagram. She describes how Instagram pages depict life as the same as, if not better than life before entry into the nursing home, and concludes that “these idyllic presentations conceal the inherent problems of nursing home life” (Carlstedt, 2019, p. 2109). In a related interview study with nursing home managers, Carlstedt and Jönson (2019) found that online representations of the homes were directed at adult children of older people, rather than older people themselves. Representations were partly marketing directed at these relatives, whom managers constructed as the primary pre-admission customers for their services, and who also required reassurance that they “had made the right choice” (Carlstedt & Jönson, 2019, p. 9). The authors conclude by discussing the risks of providers use of online representations to “strategically orchestrate a reality that appears favourable to the public,” but which may have problematic outcomes for older people (2019, p. 14).

2In Sweden, the privatisation of residential care has given rise to a secondary market (i.e., a market that is dependent on the primary market of residential care) consisting of intermediation services that function much like estate agents. These commercial intermediaries offer, for example, online market places for residential care companies and search functions for purchasers. In addition to web intermediation, the intermediaries also arrange fairs, conferences, customer satisfaction measurements and seminars on which paying providers can exhibit their services.

3It should be noted that since our interest concerns actors in the field of treatment-oriented residential care, we define the size (small/large) in accordance with the companies’ number of homes within the residential care market only. There may be companies that have been defined as “small” (due to them owning less than three treatment oriented RCU’s), although they may be “large” in other fields and also in terms of, for example, economic turnover. Furthermore, the sample excluded municipally owned RCUs that were not run as companies; these organizations are not included in the national register, and tend not to have their own websites.

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