**Ways of ‘appealing to the institution’ in interprofessional rehabilitation team decision-making**

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**Abstract**

Making decisions in interprofessional team meetings about clients’ employability and entitlements to welfare benefits is a balancing act between institutional resources and constraints on the one hand and professional expertise and responsibility on the other. Despite a growing focus, only a handful of discourse and communication oriented studies engage focally on decision-making processes involving different professionals. We specifically address the following research question: how do professionals appeal to the existing institutional norms and frameworks in a contingent manner while processing client cases to arrive at decisions? Our study context is the rehabilitation team meetings in the Danish social work setting. Based on 18 recordings of rehabilitation team meetings we adopt the framework of activity analysis to identify the distributional patterns of appeals to the institution vis-à-vis professional expertise and role-responsibility. Our findings suggest that appeals to the institution can be differentiated at the level of five sub-types depending on what is at stake, e.g. (i) the legal/institutional framework; (ii) the institutional criteria for eligibility; (iii) the institutional categories; (iv) the institutional procedures for case-processing; and (v) anticipating future institutional scenarios. Despite this differentiation, these sub-types of appeal to the institution are interwoven in any stretch of decisional team talk and point to an inherent tension between the so-called institutional order and (inter)professional order.

**Keywords**

Team talk, decision-making, activity analysis, institutional/professional/client frames, institutional/professional orders, expertise, role-responsibility, appeals to institution

**1. Introduction: Emergent tensions between institutional, professional and client frames**

When clients come into contact with institutions and their representatives, according to Agar (1985), tensions arise between client frames and institutional frames. The imperative then is for institutional representatives – in some cases, professionals such as social workers – to fit clients’ problems into the existing institutional frames, determining which institutional actions are relevant in dealing with clients’ needs and expectations (Author 1996). This is what we broadly refer to as ‘appeal to the institution’. We borrow the term ‘appeal’ from the tradition of rhetoric and argumentation where it is considered both a reasoning process and a persuasive act. In many settings institutional representatives do not simply apply the institutional frames to the clients’ lived situations, but mediate between the two competing frames via their professional expertise/knowledge and their role-positioning (Author 1999). Appeals to the institution thus make the otherwise invisible institutional norms and guidelines visible in the decision-making process within a given organizational context.

The tensions between institutional, professional and client frames are further exacerbated when it involves an interprofessional team processing a case, as in the present study setting. Differences may emerge because of the different organizations that the professionals represent in the team and their individual levels of expertise vis-à-vis their role-responsibilities, as in the case of rehabilitation meetings. The distinction between institutional and professional frames is useful in addressing both interprofessional tensions as well as tensions between institutional and professional perspectives. While analytically distinguishable, the institutional and professional frames are closely linked in everyday practice in mutually legitimating and constitutive ways (Author 1999). As Mäkitalo (2009) argues, the institutional procedures may place limits on what can be achieved by professionals, yet at the same time institutional procedures are resources that professionals actively draw upon to make decisions in their respective practices.

In this paper we examine how professionals appeal to the institution during the decision-making process and, more specifically, how, when and by whom the institutional framework is invoked. The paper first reviews existing discourse analytic studies on decision-making in team meetings (section 2), before presenting the contextual background, methodological considerations and the analytical framework underpinning the study (section 3). This is followed by data analysis (section 4), which is divided into three sub-sections. Concerning the general patterns of appeals to the institution in the team meetings, we identify five sub-types of appeal to the institution as well as their intersection via two extended examples. Finally, we discuss our key finding concerning the interwoven nature of institutional and (inter)professional orders in team-based decision-making (section 5) and offer some concluding remarks, including implications for professional practice (section 6).

**2. Literature review: decision-making processes in team meetings**

An extensive and still growing body of studies has examined team meetings with a focus on the interactional dynamics (see Asmuss & Svennevig 2009, Housley 2003, Svennevig 2012 for overviews). Far fewer studies engage with the theme of decision-making in interprofessional teams within people-processing institutions. In a systematic review of discourse-oriented studies of team decision-making, Halvorsen (2010) identifies a number of settings ranging from business organizations and education to social work and healthcare. She points out that only a few studies explicitly discuss the concept of decision-making, with the result that decision-making remains implicit when attending to specific interactional phenomena.

A key question concerns what counts as a decision. Huisman’s (2001: 70) definition of decision as a ‘commitment to future action’ is a useful starting point. In the case of our rehabilitation teams, the future action is first and foremost to make a formal recommendation for a given entitlement, with other contingent actions along the way. It is worth noting that the commitment to future actions may be explicitly or implicitly formulated. Hitzler and Messmer (2010: 208), for example, attest the high degree of implicitness in group decision-making; for them, a decision is recognizable only insofar as it is interactively being treated as a decision. Moreover, a commitment to future actions, as we will illustrate with our data, will be framed variably with reference to the institutional, professional and client frames.

From among the studies which address the theme of decision-making, two distinct strands can be noticed. The first strand relates to the tensions between the institutional order and the professional order – to use the terminology suggested by [*Author*] (1999). In hospital-settings, Graham (2009) illustrates how competing hierarchies of institutional and expertise-based characteristics are manifest and managed at the interactional level, while Måseide (2006; 2016) demonstrates how doctors manage professional and institutional problems through discursive strategies that allow participants to move in and out of the institutional and professional orders. In team meetings concerning children with special needs, Mehan (1983) ties influential status in decision-making to one’s professional role (as psychologist) as well as one’s institutional role (as ‘case carrier’ speaking on behalf of the institution). Nielsen et al. (2012) have examined how the institution is interactionally invoked more generally – outside of team meetings and decision-making scenarios. This latter study illustrates how the procedure of invoking the institution brings about certain actions in talk, thus indexing the situated expertise embedded in professional roles and responsibilities.

The second strand relates to the tensions between institutional and professional orders on the one hand and the everyday lifeworld of the clients on the other. Studies such as [*Author*] (1996), Hjörne (2005), Hall and Slembrouck (2001), [*Author*] (2006) and Hitzler and Messmer (2010) have focused on the interactional tensions between institutional, professional and client perspectives in decision-making – what [*Author*] (1996) metaphorically capture as an exercise in fitting square pegs into round holes. In different ways these authors illustrate how accounts/arguments endorsing the institutional order are treated as having greater authority than the accounts/arguments pertaining to the lifeworld of the client.

Across these two strands of studies, different researchers identify different linguistic, interactional and rhetorical devices for special attention (Wasson 2000; Graham 2009; Angouri and Bargiela 2011; Angouri 2012; Halvorsen 2015). An important interactional device is category work which is integral to invoking the institutional order, as demonstrated in the works of Griffiths (2001), Hall and Slembrouck (2001), Nikander (2003), [*Author*] (2006), Mäkitalo (2009) and Messmer and Hitzler (2011). The key message is that professionals construct a client’s case in institutionally informed ways so as to align with decisional affordances. Following the tradition of membership categorization analysis, Housley (1999; 2003) illustrates how professionals in interprofessional teams use categorization devices to accomplish their own professional roles. We will explore the aspect of category work in more detail when outlining our analytical framework.

In considering the relevant studies, the following points emerge as significant. The institutional order is important for decision-making as it mediates the interprofessional team talk (e.g. role-positioning). Furthermore, the institutional order is indexed through a range of discursive devices which can be mapped on to a continuum of implicitness and explicitness. The linkage between the institutional and professional orders and decision-making is very nuanced, and this is what we see as our analytical focus when we engage with our empirical data.

**3. Contextual background, data and methodology**

*3.1 Contextual background*

In Denmark rehabilitation team meetings are obligatory in cases where the unemployed client is at risk of being excluded from the labour market due to social, physical and/or mental problems. By law, teams must consist of representatives from the municipal departments of social services, healthcare and employment services. Also included in the team are a representative from a regional clinic of social medicine and, in cases involving clients under 30 years of age, a representative of municipal educational counselling (Act on the Organization and Support of the Active Employment Intervention etc. §10). Based on a written presentation and a meeting with the client and his/her caseworker, the team members are mandated to make decisions in the shape of formal recommendations which will subsequently be assessed and ratified (or not) by a higher institutional body.

*3.2 Data*

The empirical context of the present paper is a larger study on decision-making in rehabilitation team meetings. Depending on the size of the municipality, rehabilitation teams meet 1-3 times a week, making decisions on 5-9 cases per day proportionate to the complexity of cases. Prior to the meeting, team members will have read a standardised case file of the individual client prepared by their caseworker. The full dataset consists of ethnographic observations and audio recordings of rehabilitation meetings in three Danish municipalities, interviews with team members, caseworkers and clients as well as documents from clients’ case files. Our primary dataset for the present paper consists of the transcripts of audio-recordings, but we also selectively make use of the interview data in the Discussion section to underpin the interwoven nature of the institutional and (inter)professional orders.

A total of 97 meetings across the three municipalities have been audio-recorded; 33 meetings from municipality A; 36 from municipality B; and 28 from municipality C. Routine consent procedure according to national and institutional guidelines has been followed. All names of persons and places have been anonymised to protect confidentiality. All the recorded meetings have been transcribed verbatim in Danish by research assistants, and selected meetings/examples have been translated into English by the first named author for fine-grained analysis. The extracts used in the data analysis section below have been checked for accuracy by a native Danish speaker, proficient in English and with insight into the Danish employment services (see Appendix for transcription conventions).

In processing the entire data corpus two meetings stood out as contrasting cases – who we refer to as John and Peter. John’s case is characterised by conflict and disagreement while Peter’s case is remarkably ‘easy’ and positive. After the identification of these two cases, we systematically looked for a middle-range typical case, which we refer to as Marianne. For the purposes of this paper, we have supplemented the above three cases with 15 other meeting transcripts (5 from each municipality chosen randomly). The detailed analysis that follows thus draws upon 18 rehabilitation meetings from three different municipalities. Our intention is not to compare the functioning and outcomes of meetings across the municipalities, but to approximate a sense of representativeness in this qualitative undertaking.

*3.3 Analytical framework*

In the present study we adopt the analytical framework of theme-oriented discourse analysis (Author 2005), supplemented by activity analysis (Author 2010). This choice is motivated by the fact that the rehabilitation team as our data site is an institutionally embedded activity type, comprising many professionals with specific role-responsibilities. The notion of ‘activity type’ (Levinson 1979) foregrounds the goal-oriented nature of communicative events, with certain constraints on participants, setting and so on. In many institutionally grounded activity types, communication will be mediated through the individual participants’ role/task performance vis-à-vis the participation structure of the event. This includes an adherence to or management of constraints on allowable contributions in the context of the given activity type. Structural, interactional and thematic mapping of encounters in their entirety marks the first stage of activity analysis. While structural mapping identifies the main phases of an activity or text, interactional mapping, as the label suggests, focuses on the level of interactional detail (e.g., turns in terms of distribution and volume). Thematic mapping identifies focal themes along the lines of grounded theory approach. Activity analysis enables the researcher to select critical moments within specific interactional trajectories for in-depth analysis of focal themes such as decision-making, professional expertise, role-responsibility etc.

Category work is integral to activity types and activity analysis. Previous studies have shown how professionals in social work settings arrive at decisions through the categorization of clients. Mäkitalo (2009) emphasises that professionals’ category work is constitutive of the institutional order. As Mäkitalo and Säljö (2002) argue, it is through the use of categories that the institutional order is made explicit and concretised. For Messmer and Hitzler (2011: 794), interaction serves ‘as a connecting and transforming element between the institutional context and the handling of singular ‘cases’’ in the categorization process. In our data analysis, we will focus on category work as it maps on to the institutional, professional client frames, with attention paid to how activity-specific and organisational roles of the professionals are manifest in terms of their expertise/knowledge in relation to available institutional norms and frameworks.

**4. Data analysis**

This section is constituted in 3 parts: (i) structural and interactional mapping; (ii) identification of focal themes; and (iii) illustration of the sub-types of one of the focal themes – appeal to the institution – and their interface via detailed analysis of two extended examples.

As a way of orienting to the data site, Table 1 lists the main participants in the meetings.

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| *Table 1. Activity roles, organizational roles and professional expertise/responsibility of participants in rehabilitation team meetings* | | |
| **Activity role** | **Organizational role** | **Professional expertise/responsibility** |
| Chair | Team member, manager and/or representative of employment services | administrative background,  social worker |
| Participant 1 | Team member, representative of municipal health services | occupational therapist, physiotherapist |
| Participant 2 | Team member, representative of regional clinic for social medicine | medical doctor specialised in social medicine, psychiatry, general practice |
| Participant 3 | Team member, representative employment services | social worker |
| Participant 4 | Team member, representative social services | occupational therapist,  social worker |
| Secretary | Secretary,  employment services | administrative background |
| Participant 5 | Caseworker,  employment services | *not included* |
| Participant 6 | Team member, youth and education counsellor | social worker |
| Client |  | *not included* |

As there is no rigid separation between the activity role and the professional expertise/responsibility of the participants, throughout the paper we refer to the participants in terms of their activity role (e.g. chair, participant), with additional notations added about their professional background (e.g. DOC for doctor; SW for social worker; OT for occupational therapist; PT for physiotherapist etc.).

With some variations across the three municipalities and the individual cases, the meetings average about 45 minutes in total, with approximately 20 minutes for discussing the case before and after meeting the client, and with approximately 25 minutes for meeting the client and for preparing the formal decision and having short breaks.

*4.1 Structural and interactional mapping*

The structural mapping based on the entire data corpus shows that the rehabilitation team meetings are structured in two main phases, with identifiable sub-phases.

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| *Table 2. Structural mapping of rehabilitation team meetings* | | | |
| **Phase** | **Participants** | **Main communicative purpose** | **Sub-phases** |
| **Phase 1** | Team members  (chair, participants 1-4)  Possibly caseworker (participant 5) | Assess case and agree on decision | * gathering and confirming of information/ evidence about client * discussion of possible decision options * preparation for meeting with client |
| **Phase 2** | Team members  (chair, participants 1-4)  Client and caseworker (participant 5) | Communicate decision to client | * elicitation of additional information from client * informing client about decision made * client’s response to decision |

Phase 1 consists of talk between team members. The beginning of phase 1 is marked by one team member directing talk to the next case on the agenda (e.g. *“So, Peter, 41 years old*”). Phase 1 is loosely structured around three sub-phases: (i) the gathering and confirmation of information relevant to the client’s case from the case files and/or the client’s caseworker, including availability of documentary evidence; (ii) discussion of possible decisions affordable within the institutional framework and possibly deciding on one; and (iii) preparation for the meeting with the client through allocation of questions and topics. Though these sub-phases are recurrent in the meetings, there seems to be no fixed pattern in terms of sequential order and level of detail. Phase 1 ends when the client is brought into the room.

Phase 2 consists of talk between the team members, the client and his/her caseworker. The beginning and the end of the phase are marked by the client entering and leaving the room, respectively. While phase 1 is similarly structured in the three selected cases, phase 2 reveals considerable differences across the meetings. On some occasions the team members opt for a time-out from the meeting phase 2 and proceed to an adjoining room to engage in the decision-making process without the client and the caseworker. In this sense phase 1 is constituted in phase 1A and phase 1B, interrupted by phase 2.

In this paper our analysis focuses on phase 1 only, as this constitutes the main part of the interprofessional decision-making process. While the same focal themes (introduced below) are present in both phases, we see considerable differences in how they are invoked depending on the presence of the client and pertaining to the different sub-phases. An in-depth examination of both phase 1 and phase 2 is thus warranted, but it goes beyond the scope of this paper.

Next, we present the interactional mapping of phase 1 of the three team meetings involving John, Marianne and Peter.

*Figure 1. Interactional mapping of John’s, Peter’s and Marianne’s meetings (Phase 1).*



As can be seen from Figure 1 there is enormous variation in terms of participation across the meetings depending on the nature of the case. Interactional mapping of other meetings will no doubt reveal different patterns of participation. Our purpose here is to show that in terms of speaking time and frequency, the chair is a dominant participant who consistently speaks more, followed by one or two key participants. Though the volume of speaking time varies across the meetings, the consistency of frequency of turns of the doctor (participant 2) underscores the fact that doctors play a key role in these rehabilitation meetings. The variations in participation of the caseworker (participant 5) and the health representative (participant 1) reflect both the local participant structure as well as the nature of the case.

*4.2 Identification of focal themes*

Through a thematic reading of phase 1 of the team meetings, three focal themes (Author 2005) have been identified, as can be seen below.

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| *Table 3. Focal themes of the rehabilitation team meetings.* | |
| **Focal Theme** | |
| **Appeal to institution** | **Includes:** Invoking of legal and institutional frameworks and procedures |
| **Examples**:   * *okay, next up is a section 17 case. Client-initiated disability pension (B07, phase 1)* * *he doesn’t meet the criteria for a disability pension because… (John, phase 1)* * *I’m thinking it’s a pretty clear case for flexible employment (A03, phase 1)* * *it is these arguments, that sometimes can be really good to have written up (Peter, phase 1)* |
| **Appeal to lifeworld** | **Includes:** Gathering, confirming and assessing information about client’s case |
| **Examples**:   * *he has been very set on getting into work (John, phase 1)* * *but if the man can’t do it, then he can’t do it (C02, phase 1)* * *she isolates herself from other people (B21, phase 1)* * *standing bent over doing precision work with his hands, that was clearly too strenuous for him (Peter, phase 1)* * *she has previously been an office clerk (Marianne, phase 1)* * *we all know about having bad habits (A03, phase 1)* |
| **Appeal to professional expertise and role-responsibility** | **Includes:** invoking of professional role/status and expertise/knowledge |
| **Examples**:   * *medically, you might say that she really has some limitations (Marianne, phase 1B)* * *there’s nothing health-wise that substantiates that his work ability is terminated (B07, phase 1B)* * *I’m not a doctor so I can’t make an assessment on what causes her being dizzy (C28, phase 1)* * *the role of the health coordinator is, first, to assess whether the medical [issues] is adequately [documented], I guess (C04/phase 1)* * *[doctors] don’t usually say that- we don’t usually say that actually […] that you can’t lift more than 20 kilos or whatever it was (B11, phase 1)* |

In the data corpus, the three focal themes are interwoven and are dealt with differentially depending on the nature of the client case under discussion and the bounds of professional expertise available in a given meeting. We primarily deal with the focal theme – ‘appeal to the institution’ – in alignment with our review of literature which foregrounds the significance of the institutional order in decision-making as it mediates the interprofessional team talk. Although ‘appeal to the institution’ is the focal theme we analyse in detail in the next section, it is important to bear in mind that the other two focal themes are in play and are alluded to strategically during meeting talk. ‘Appeal to the lifeworld’ is rather nuanced: it mainly concerns the medical, social and other arenas of the clients’ circumstances, but occasionally it also includes professionals’ lifeworld as well (e.g. *“we all know about having bad habits”*). With regard to the third focal theme, note that professional expertise includes both claim-making (e.g. *“medically, you may say that…”*) as well as disclaimers (e.g. *“I’m not a doctor so I can’t make assessment”*). Professional expertise also overlaps with role-responsibilities (e.g. “*as therapists we always recommend”)*, as we will see in our analysis below.

*4.3 Different ways of appealing to the institution*

Appeal to the institution in phase 1 of the rehabilitation meeting differs with regard to which specific aspects of the institutional order are contingently invoked. In the meeting, all the participants orient to the institutional order in one way or another, with the chair leading the invocation practice. In our systematic attempt at coding all instances of appeal to the institution across the 18 meetings we have identified the following five sub-types.

1. invoking the legal/institutional framework;
2. invoking the institutional criteria for eligibility;
3. invoking the institutional categories;
4. invoking the institutional procedures for case-processing; and
5. anticipating future institutional scenarios.

These different sub-types are not exclusive to one another; indeed, in any long stretch of the transcript these are interwoven as are allusions to the clients’ lifeworld and the (inter)professional order (see examples 11 and 12 below). We will first illustrate each sub-type with brief examples, followed by two extended examples with detailed analytical commentary. Each example is presented in English translation, followed by the original Danish version.

*4.3.1 Invoking the legal/institutional framework*

Appeal to the legal framework within which the institution operates is often made explicitly by referring to the law as a general entity or to specific regulations or sections. It is often the chair, in his/her activity-specific role as well as organisational role, who invokes the legal/institutional framework. The following is an example of a specific legal appeal.

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| Example 1 [phase 1, B07] | | |
| 1 | CHAIR | Okay, next up is a section 17 case. |
|  |  | Client-initiated disability pension. |
| 2 | ((Pause. Team members are sifting through papers)). | |
| 3 | CHAIR | Yes. From 68. That makes him 45, right? |

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| Example 1 [phase 1, B07] | | |
| 1 | CHAIR | Okay, den næste er en paragraf 17 sag. |
|  |  | Borger initieret førtidspension*.* |
| 2 | ((Pause. Team members are sifting through papers)). | |
| 3 | CHAIR | Ja. Fra 68. Det vil sige, at han er 45, ik? |

The example is from the very start of phase 1 of a meeting. The appeal is explicitly made in turn 1, where the chair initiates the discussion by labelling the client’s case as *“a section 17 case”*. Section 17 is a sub-section dealing with the specific criteria for assessing a case for disability pension (Act on Social Pension, section 3). The chair then elaborates his/her remark by invoking an institutional category – *“client-initiated disability pension”*. The appeal to the institution thus sets a specific frame of reference for the team members to engage with the case. After a short pause, the talk moves on to the client’s lifeworld, leaving intact the very explicit appeal to the legal framework.

In the next example, the legal framework is invoked to remind the team members of the framework of the upcoming decision.

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| Example 2 [phase 1, C09/John] | | |
| 1 | CHAIR | I can’t find it now,  but he has applied on a section 17, right? |
| 2 | P5/CW | Yes. |
| 3 | CHAIR | And he didn’t get it then either |
|  |  | and there is a reason for that as well. |

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| Example 2 [phase 1, C09/John] | | |
| 1 | CHAIR | Nu kan jeg ikke lige finde den,  men han har jo søgt på paragraf 17, ik’? |
| 2 | P5/CW | Ja. |
| 3 | CHAIR | Og der fik han det jo heller ikke |
|  |  | og det er der jo også en årsag til. |

The above example is taken from phase 1 of the meeting, which here includes the participation of the client’s caseworker (P5/CW). Earlier in the meeting, the chair has argued against disability pension, and here in turn 1 s/he reaffirms his/her argument by invoking a specific section of the law (§ 17). In turn 3, the chair revisits a previous decision denying the grant of disability pension under section 17 *(“he didn’t get it then either”*), with a justificatory stance underpinning professional expertise (*“there is a reason for that*”). As things stand, the client’s eligibility criteria have not changed, thus anticipating the current decision to be the same as the previous decision. As we can see, the legal framework of decision-making is foregrounded.

*4.3.2 Invoking the institutional criteria for eligibility*

Invocation of the institutional criteria for eligibility usually concerns the consideration of a given benefit or intervention. In this sense, this sub-type is closely linked to the invoking of the legal/institutional framework, but it refrains from explicitly referencing the law, as illustrated in the following example.

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| Example 3 [phase 1, B21] | | |
| 1 | CHAIR | What is your assessment of –is her work ability reduced  to fifty per cent in any and all occupations? |
| 2 | P5/CW | Big question.  Well she has an education as an industrial laboratory technician. |

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| Example 3 [phase 1, B21] | | |
| 1 | CHAIR | Hvad er din vurdering af –er hendes arbejdsevne nedsat |
|  |  | til halvtreds procent i ethvert erhverv? |
| 2 | P5/CW | Stort spørgsmål.  Altså hun er jo uddannet industrilaborant. |

In turn 01, the chair issues an explicit invitation to the client’s case worker (P5/CW) to assess professionally the client’s current work ability, while attending to the latter’s lifeworld. Then follows a longer turn from P5/CW presenting the client’s case (not shown). A potential reduction of work ability to *“fifty per cent in any and all occupations”* will have consequences for the client’s eligibility concerning the given entitlement. Formulations such as the above directly mirror the language around eligibility for flexible employment in the guidelines and legislation, though not explicitly mentioning either. Such formulations also clearly index professional awareness of such institutional categories and their functionality.

Let us consider a further example where the eligibility criteria are alluded to, while simultaneously displaying tokens of professional assessment.

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| Example 4 [phase 1B, B11] | | |
| 1 | CHAIR | I’m thinking, he is worn out, he has always had physical jobs,  and I also think the options for educational rehabilitation are  exhausted, you couldn’t find –well maybe you could find one  in terms of any and all occupations, find a more m’ gentle  ((job)) (.) but but it’s unrealistic that he could take such a job  due to his occupational skills, right, we need to keep that in  mind as well, because maybe he could work twenty hours if  he could be in an office, like,  or sit selling tickets or= |
| 2 | P1/PT | =and yet –he can’t sit for that long either. |

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| Example 4 [phase 1B, B11] | | |
| 1 | CHAIR | Jeg tænker jo, at han er slidt, han har altid haft fysiske job  og jeg tænker også at revalideringsmulighederne er  udtømte, man vil ikke kunne finde -man ku’ måske godt et,  i forhold til ethvert erhverv, finde et mere m’ skånsomt  ((job)) (.) men men det’ urealistisk, han ka’ ta’ det erhverv  på grund af hans faglige kundskaber ik’, det skal vi lige ha’  med os’, fordi han ville måske godt kunne arbejde 20 timer hvis  hvis han kunne sidde på kontor, altså,  eller sidde som billetsælger eller= |
| 2 | P1/PT | =og dog -han kan jo heller ikke sidde ned i så lang tid. |

Discussion of eligibility criteria is inherently coupled with the lifeworld of the client and attendant professional assessments *(“maybe he could work twenty hours if he could be in an office”*; *“and yet – he can’t sit for that long either”*). In turn 1, the chair lists a number of characteristics concerning the client in order to offer an assessment: it would be *“unrealistic*” to find a job for the client. The list includes arguments pertaining to the client’s work ability (*“worn out*”, *“occupational skills*”), conditions in the labour market (*“unrealistic”*, *“couldn’t find*”) and options for further intervention (*“educational rehabilitation*”), which together allude to the established criteria for flexible employment. It is worth noting that tokens such as *“I also think”*, *“but it’s unrealistic”*, *“we need to keep that in mind”* are indicative of professional assessment routines.

*4.3.3 Invoking the institutional categories*

Institutional categories underpinning decision-making such as *“disability pension”*, *“resource programme”* or *“social benefit”* are invoked routinely in the rehabilitation meeting. In invoking a given category, the specific criteria and interventions tied to that category become implicated. Consider the following example.

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| Example 5 [phase 1, A03] | | |
| 1 | P4/SW | Well, didn’t she apply for flexible employment? |
| 2 | CHAIR | Yeah sure (.) well I didn’t think  there was a whole lot to talk about. |
| 3 | P4/SW | I had no headaches over this case. |
| 4 | P1/OT | I’m thinking flex as well. |

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| Example 5 [phase 1, A03] | | |
| 1 | P4/SW | Men, har hun ikke søgt fleksjob? |
| 2 | CHAIR | Jo jo (.) men altså jeg tænkte ikke,  at der var så meget at snakke om. |
| 3 | P4/SW | Jeg har ikke haft hovedpine over den her sag. |
| 4 | P1/OT | Jeg tænker også fleks. |

The above extract occurs at the very beginning of a meeting. Immediately preceding the above extract, a short presentation of the client’s case has been given by the chair and the health representative (P1/OT). In turn 1, the representative from social services (P4/SW) invokes the category of *“flexible employment”*, which is then referred to diminutively as “*flex*” by P1/OT. This invoked institutional category receives immediate support from the chair and P1/OT, with neither referring explicitly to the criteria or legal framework. However, expressions like *“I had no headaches over this case”* and *“I’m thinking flex as well”* are evaluative in tone and thus constitute appeals to professional expertise.

A further example which illustrates the invocation of institutional categories follows.

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| Example 6 [phase 1, C09/John] | | |
| 1 | CHAIR | Don’t we agree that this is a new resource programme? |
| 2 | P4/SW | Yes. |
| 3 | CHAIR | Because he is not set for anything. And that he shows up  and and and caseworker has written too that treatment is  finished, but it isn’t though, because he shows up and tells  them he doesn’t want to participate and he brings in a  psychiatric specialist statement that states that  options for treatment have been exhausted. |

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| Example 6 [phase 1, C09/John] | | |
| 1 | CHAIR | Er vi ikke enige om at det her det er et nyt ressourceforløb? |
| 2 | P4/SW | Jo. |
| 3 | CHAIR | Fordi han er ikke indstillet på noget. Og det at han kommer  og og og sagsbehandler også har skrevet at behandling  er afsluttet, det er den jo ikke for han kommer op og fortæller  at han ikke ønsker at deltage og kommer med en  psykiatrisk speciallæge erklæring der skriver, at  behandlingsmulighederne er udtømte. |

In turn 1, the chair formulates a rhetorical question assuming the team’s agreement on the decision to recommend a *“resource programme*” – another established institutional category for enhancing the employability skill set of the client. From a professional perspective, the resource programme is considered beneficial for the client, while being seen as part of the criteria for eligibility for return to the labour market. In turn 3, the chair draws upon the client’s lifeworld, while rejecting the documentary evidence from a psychiatric specialist about the client’s condition. This clearly marks a professional stance about what evidence is admissible within a given institutional order.

*4.3.4 Invoking the institutional procedures for case-processing*

Invocation of the institutional procedures concerns references to the routine practices and procedures of the institution, related to case-processing. We have already noticed allusions to such institutional procedures in connection with other sub-types of invoking phenomena. In the examples below such procedures become explicit.

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| Example 7 [phase 1, A08] | | |
| 1 | CHAIR | But you might say, we could recommend this resource  programme and if it goes along (.) with the interventions  that are being put in place (.) and it doesn’t make sense.  Then you can recommend her for a disability pension. |
| 2 | P4/OT | But it has to be tried out? |
| 3 | CHAIR | Yes it has to be. ((…)) |

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| Example 7 [phase 1, A08] | | |
| 1 | CHAIR | Men man kan sige, vi kan indstille til det her ressource  ressource og hvis det forløber (.) med de indsatser  der bliver sat i gang (.) å’ det her giver ikke mening.  Så kan man indstille hende til førtidspension. |
| 2 | P4/OT | Men det skal være prøvet af? |
| 3 | CHAIR | Jamen det skal det. ((…))) |

The chair’s first turn outlines a case-processing sequence *(“we could recommend this resource programme”, “then you can recommend her for a disability pension”*). Apart from being an either/or suggestion, what is implied is that, procedurally, the category of *”resource programme”* must be considered first prior to a recommendation for *“disability pension”*. The Act on Social Pension explicitly states that a disability pension can be granted when the client has completed a resource programme and when all possibilities of enhancing the work ability of the client have been tried (sections 18 and 19). We notice here how professional expertise is invoked in the prioritisation of available options when processing the case. The representative from social services (P4) colludes with the chair’s assessment, emphasising that *“it has to be tried out”* (turn 4).

The next example is from the rehabilitation meeting which concerns Marianne.

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| Example 8 [phase 1, B04/Marianne] | | |
| 1 | P2/DOC | ((…)) So I don’t know, in terms of documentation  whether we can take the medical consultant’s word  at face value or what? |
| 2 | CHAIR | We can’t, really. |

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| Example 8 [phase 1, B04/Marianne] | | |
| 1 | P2/DOC | ((…)) så jeg ved ikke, sådan dokumentationsmæssigt  om vi kan tage lægekonsulentens ord  for givet eller hvad? |
| 2 | CHAIR | Det kan vi ikke, altså. |

Rule-following in the institutional setting relies heavily on adequate documentation of the case under consideration (see example 6 for a similar instance). Prior to the extract above, the team members have been discussing the lack of adequate documentation in the case file. This leads the doctor (P2/DOC), in turn 1, to ask whether a statement from the municipal medical consultant can be regarded as admissible *“documentation*”. The chair, in turn 2, denies the credible status of the medical statement. Here the institutional procedure underlying what counts as formal documentation is invoked and to an extent made explicit to the team members who come from outside the employment services. In a sense, different professionals attending the rehabilitation team have differential access to and understanding of the institutional order. Under the circumstances, it is the chair, because of his/her organisational role-responsibilities, who can steer the decision-making process in a given direction.

*4.3.5 Anticipating future institutional scenarios*

Anticipation of future institutional scenarios is an extension of the previous sub-type, invocation of the institutional procedures for case-processing*.* However, unlike the latter, the former involves an assessment of the credibility of the decision recommendation from the perspective of the higher ‘granting’ authority, often based on the team members’ previous experiences with similar cases. Consider the following example.

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| Example 9 [phase 1, A04/Peter] | | |
| 1 | CHAIR | And I’m also thinking about that thing with, because  I’m just asking because I know, I want to be able  to use the arguments ((laughs)) because I know that is  something they could pick on and say, well he  hasn’t been properly tried, right.  But I’m kind of thinking, that Anne, who did  the work trial, also writes that he has general  pain and it is assessed, that a work trial  somewhere else will not be able to change that. |
| 2 | P1/OT | You have to think about, that when he was in that  bike repair shop, that thing about standing bent over doing  precision work with his hands, that was clearly  too strenuous for him, he couldn’t do that.  If you send him to the office or  to do admin, where he has to be seated,  that can be really strenuous for the neck, right. |
| 3 | CHAIR | Oh that’s good! |

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| Example 9 [phase 1, A04/Peter] | | |
| 1 | CHAIR | Og jeg tænker også det der med, fordi nu  spørger jeg bare fordi jeg ved, at jeg vil gerne kunne  bruge argumenterne ((griner)) fordi jeg ved det er  sådan noget de kunne slå ned på og sige, ej men han  har ikke været optimalt afprøvet, ikke.  Men jeg tænker sådan lidt, at Anne som har lavet  arbejdsprøvningen skriver også, han har generelle  smerter og det vurderes ikke, at en arbejdsprøvning  andetsteds vil kunne ændre på det. |
| 2 | P1/OT | Du skal jo tænke på, der da han var i det der  cykelværksted, det der med at stå foroverbøjet og lave  noget præcisions arbejde med hænderne, det var hel  klart for belastende for ham, det kunne han ikke.  Hvis du sender ham ind på kontoret eller  laver noget administration, hvor han skal sidde ned,  så ka’ det os’ være rigtig belastende for nakken ikke. |
| 3 | CHAIR | Åh det er godt! |

In turn 1, with the remark *“something they can pick on”*, the chair anticipates a future institutional scenario in the form of ‘event work’ (Author 2006). The reference to ‘they’ stands for the board of flexible employment, which will subsequently assess the case if the rehabilitation team recommends flexible employment for the client. The chair, in collaboration with the team, must present a robust account of why a flexible employment is justified to prevent the board from ‘picking on’ the recommendation. During the event work, the client’s lifeworld is being transformed into evidence to warrant the decision recommendation. P1/OT’s assessment in turn 2 meets this requirement, which is endorsed by the chair in turn 3: *“Oh that’s good!”*. It is worth noting that the many markers of uncertainty and tentativeness – *“I’m also thinking”*, *“I’m just thinking”*, *“I’m kind of thinking”* – are a key component of professional expertise when offering assessments.

The following example further illustrates the anticipation of future institutional scenarios.

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| Example 10 [phase 1B, B04/Marianne] | | |
| 1 | P3/SW | I’m also thinking, there’s a medical assessment from  ((medical consultant)), they place emphasis on that too,  I know, the ones at the office for pensions. |
| 2 | P2/DOC | Yes, that’s what I had doubts about. |

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| Example 10 [phase 1B, B04/Marianne] | | |
| 1 | P3/SW | Så tænker jeg også, der ligger også et lægeskøn fra  ((lægekonsulent)), det lægger de også meget vægt på,  ved jeg, dem ovre på pensionskontoret. |
| 2 | P2/DOC | Ja, det var nemlig det, jeg var lidt i tvivl om. |

In the above example, it is the *“office for pensions*” that is invoked as a possible future scenario. The office for pensions is the one, in this municipality, that will assess whether or not to follow a recommendation of the rehabilitation team. In turn 1, the representative from the employment services (P3/SW) draws attention to a specific statement from the case file (“*medical assessment*”) that in his/her professional experience is given emphasis within the office for pensions. In turn 2, the doctor (P2/DOC) confirms that s/he has had similar concerns about the future assessment of this client’s case. As in previous examples, we also have markers of uncertainty underpinning professional assessment: *“I’m also thinking”*; *“I had doubts about”*.

*4.4 Analysis of two extended examples*

As evidenced through our above analyses of brief extracts from the data corpus, the different ways of appealing to the institution are analytically separable, but in a given stretch of talk they are sequentially connected and interwoven. In what follows we offer detailed analysis of two extended examples.

The first example is from phase 1 of the meeting which concerns Christian. Christian is 22 years old and has cerebral palsy. He has limited work experience and lacks further education. His desire is to get disability pension, while simultaneously dreaming of a career as a sound engineer. The extract opens with the chair initiating the discussion of Christian’s case by offering his/her own professional assessment and then asking P6/SW and P4/SW in succession for their expert input.

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| Example 11 [Phase 1, A11/Christian] | | |
| 1 | CHAIR | Yes, Christian, he has cerebral palsy and then he has some cognitive challenges and has been in a little bit of work training and has had some courses since the eighteenth year (.) about six years have gone by on cash benefit and then he mentions that he would like a disability pension, so he can live his dream of becoming an independent contractor and self-supporting and that is naturally contradictory. You can’t get a disability pension to become self-supporting that is sort of the point of a disability pension that you can’t do that.  But never mind about that, he is young so I don’t think we should get all legal-technical about it. Yes and I (.) I have a lot of doubt, because offhand I would say that  a young guy like this, we should work with educational rehabilitation with him and do we actually know whether he wants to get an education? On the other hand I’m thinking well maybe he is eligible for flexible employment -due to the cognitive challenges I’m thinking especially. That is kind of where I’m at and then with a question of -what do you think, ((P6/SW)), of his chances of actually getting an education? |
| 2 | P6/SW | Well I have as many doubts as you have, because on the one hand it’s worth supporting him as long as –and all the effort he has put into moving ahead and at the same time it seems that there are some cognitive limitations that mean that the likelihood isn’t very big (.) and then you might say that at one point where there could be something done with an after-school programme and music and kids and that might look like a plan and then if he isn’t into kids, then we have a problem, right. So he’s tough like that and then I’m thinking if there are some other music-places where you possibly –but whether he can start at some place where it’s not that hard and he could then get it on paper, that he can do this. Because you can picture, if he is capable of some of the sound technical -like something around camera radio or something, where you can contribute to something, then that would be good. |
| 3 | CHAIR | And got a personal assistant in the future, helping him keeping track of things and such, then you could perhaps talk about ordinary employment. |
| 4 | P6/SW | Yes well apparently he does need that, because both his family and girlfriend need to be part of managing this and that. |
| 5 | CHAIR | Yes. ((P4/SW)). |
| 6 | P4/SW | I think he is a very sensitive guy. In 2012 the Job Centre said, he could get a disability pension (.) he didn’t want that because he was afraid of being labelled. On February 1st 2013 he quit his home support arrangement, section 85 after Act on Social Service, because he didn’t want it, so perhaps he sees himself in another place. He got a disability car in 2013 (.) a service car it’s called and in 2012 he got remunerated physiotherapy which wasn’t enough and how that matter turned out I can’t read from the case file. So we know him a little, but not a lot because he stopped. |
| 7 | P6/SW | But verbally he seems to be on top, right? |
| 8 | P4/SW | Yes. |
| 9 | P6/SW | In that he can make an impression and explain what it is he wants but perhaps then doesn’t live up to his own expectations. |
| 10 | P4/SW | And there have been a lot of problems around economy (.) him and mom because they don’t have, they write that they can’t afford everything. |
| 11 | CHAIR | You can grant a flexible employment and then say that the person is subsequently being rehabilitated for a flex job, refer him so to speak, but I’m still thinking ((pause)) I just think it’s really hard to assess from what we writes, but of course when you look at the psychologist’s test then there are some rather -you know there are a lot of things obviously like keeping perspective, slowness in task solution. |

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| Example 11 [Phase 1, A11/Christian] | | |
| 1 | CHAIR | Ja, Christian, han er spastisk lammet, så har han nogle kognitive vanskeligheder og har været i en lille smule virksomhedspraktik og har fået nogle kurser siden det attende år (.) der er også gået en seks år på kontant-  hjælp og han nævner så selv, at han vil have  førtidspension, så han kan udlede sin drøm om at blive  selvstændig erhvervsdrivende og selvforsørgende og det er så i sagens natur modsætningsfyldt. Man kan jo ikke få  førtidspension for at blive selvforsørgende, det er ligesom  pointen med førtidspension, at man ikke kan det ikke.  Men pyt nu med det, han er ung, så det tror jeg ikke vi  vi skal køre så meget lovteknisk rundt i. Ja og jeg (.) jeg er meget i tvivl, fordi jeg kunne umiddelbart godt sige, at sådan en ung fyr, ham skal vi arbejde med revaliderings-mæssigt og ved vi egentlig om.  Han ønsker at uddanne sig et eller andet sted? Omvendt  tænker jeg, jamen han er måske berettiget til et fleksjob  -på grund af de kognitive vanskeligheder tænker jeg især.  Det er sådan der jeg er og så med spørgsmål til om –  hvad du tænker, ((P6/SW)), om hans mulighed for en’tlig  at tage uddannelse? |
| 2 | P6/SW | Jamen jeg er ligeså meget i tvivl som du er, fordi på den  ene side, så er det jo værd at støtte så længe -og al den  flid han har lagt for at komme videre og samtidig så  virker det som om, der er nogle kognitive begrænsninger som gør, at sandsynligheden ikke er stor (.) og så kunne man sige at på et tidspunkt hvor der måske var  noget med et fritidshjem og musik og børn og  det kunne ligne en plan og hvis han så  ikke er til børn så har vi jo ligesom et problem ikke. Så på  den led er han svær og så tænker jeg, om der var nogle  andre musik steder hvor man eventuelt -men om han  kunne starte et sted, hvor det ikke var så svært og han  så kunne få papir på, at det kunne han. Fordi  man kunne jo forestille sig, at hvis han kan noget af det der lydtekniske -altså et eller andet med kamera radio eller et el’ andet, hvor man kan komme ind og gøre noget gavn, det ville jo være fint. |
| 3 | CHAIR | Og fik en personlig assistent i fremtiden, til at hjælpe ham  med overblik og sådan noget, så kunne man måske godt  tale om det ordinære arbejde. |
| 4 | P6/SW | Jamen det har han jo tilsyneladende behov for, for både  familien og kæreste og sådan noget skal jo være med til at styre ting og sager. |
| 5 | CHAIR | Ja. ((P4/SW)). |
| 6 | P4/SW | Jeg tror at han er en meget følsom fyr. I 2012 sagde man i jobcentret han kunne få førtidspension (.) det ønskede  han ik’ fordi han var bange for at blive stemplet. Første februar 2013 ophørte han med sin støttekontaktpersons-ordning, paragraf 85 efter serviceloven, fordi han ikke ville have den, så  han ser måske sig selv et andet sted. Han fik en handicap bil 2013 (.) servicebil hedder det og i  2012 fik han vederlagsfri fys((ioterapi)) hvilket ikke var  nok og hvordan den sag er havnet, kan jeg ikke læse ud  fra journalen. Så han er lidt kendt hos os, men ikke meget fordi han er stoppet. |
| 7 | P6/SW | Men verbalt har han tilsyneladende et overskud, ikke? |
| 8 | P4/SW | Ja. |
| 9 | P6/SW | Sådan så han kan gøre indtryk og forklare hvad det er, han gerne vil men måske ikke helt lever op til sin egne forventninger. |
| 10 | P4/SW | Og der har været mange problemer med økonomien (.) mor og ham fordi de har ikke, de skriver at de ikke har råd til det hele. |
| 11 | CHAIR | Man kan jo godt bevillige et fleksjob og så sige at personen efterfølgende skal revalideres til et fleksjob  så og sige visitere ham, men stadig tænker jeg ((pause))  Jeg syntes simpelthen det er utrolig svært at vurdere ud fra det han skriver, men man kan selvfølgelig sige, at når man går ind og kigger på psykolog testen,  så er det nogle ret -altså så kommer der selvfølgelig ret mange ting altså overblik, langsomhed i opgaveløsningen. |

The excerpt opens with a longer turn from the chair providing a gist of the case before assessing Christian’s entitlement to disability pension. The institutional category of *“disability pension”* is invoked, although the eligibility criteria are hinted at through a negative framing (*“you can’t get a disability pension to become self-supporting*”). The chair seems to be in doubt about what to recommend under the circumstances as evidenced through the interplay of several possible categories of benefits to be considered. In rejecting the category of *“disability pension”* as a viable option, the chair entertains the alternative institutional categories at the team’s disposal – first *“educational rehabilitation*” and then *“flexible employment*” – as realistic decisional outcomes. Both these categories are invoked with reference to selected aspects of Christian’s predicament (*“a young guy*”, *“he has some cognitive challenges*”), indexing the lifeworld of the client. The chair ends his/her turn with a direct invitation to P6/SW to provide his/her assessment. By asking the education counsellor (P6/SW) about the *“chances of actually getting an education”*, the chair appeals to the professional status of P6/SW. P6/SW’s response echoes the chair’s doubts surrounding Christian’s occupational future, this time drawing upon the professional field of educational counselling (*“after-school programme”*, *“get it on paper”*). In turn 3, the chair invokes yet another institutional category, *“ordinary employment*”. As can be seen, the chair has now displayed before the team all the available categories to inform the upcoming decision.

In turn 6, P4/SW, the representative from the adult services, outlines the measures that have already been taken for Christian in the previous years. Such measures have included the categories of *“disability pension*”, *“home support*” and *“remunerated physiotherapy”*, each of which will have been granted on the basis of fulfilment of certain legal criteria. The entire legal framework has not been appealed to explicitly, with the exception of the legal section for home support (*“section 85 after Act on Social Service*”). The extract concludes with a note to consider the institutional procedures as part of whatever decision precipitates. In taking into account the exceptional circumstances of this case, in turn 11, the chair suggests a way of combining the categories of *“flexible employment”* and *“educational rehabilitation”* (*“you can grant a flexible employment and then…*”).

The analysis above illustrates how different ways of appealing to the institution are intricately interwoven in a given stretch of team talk. Both the appeal to institutional categories and the weighing up of the available options are particularly salient for the rehabilitation team in arriving at a recommendation decision. We also see how the institutional appeals are mapped on to professional expertise and role-responsibilities (e.g. through the chair inviting a specific professional assessment in turn 1), while constantly keeping the lifeworld of the client latent in the discussions (e.g. his cognitive challenges in turn 1, his need for help from his family in turn 4, and having economic challenges in turn 10).

In what follows we consider another extended example, focusing primarily on how documentary evidence – and, by extension, the institutional order – remains integral to case processing and decision-making. The extract is taken from phase 1B of the meeting which concerns Marianne. Marianne is 51 years old and has had in excess of 50 operations on her knees and shoulders due to dislocations and osteoarthritis. Marianne now wishes to apply for a disability pension, and her caseworker has accordingly prepared the case for consideration by the rehabilitation team. Prior to the opening of the extract below, the case has been discussed by the team, with input from Marianne and her caseworker, and the team members then move to a separate room to discuss and agree on a recommendation decision (phase 1B). The extract opens with one team member (P2/DOC) suggesting *“disability pension”* as a possible recommendation, albeit simultaneously problematizing such a decision.

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| Example 12 [phase 1B, B04/Marianne] | | |
| 1 | P2/DOC | But if we were to say pension, but well then  we’re missing a lot of documentation  [–I was about to say], in this case. |
| 2 | CHAIR | [It’s probably digital ]  But the GP has it written up, you know,  we can use that LÆ265.[[1]](#footnote-1) |
| 3 | P2/DOC | Okay. |
| 4 | CHAIR | That is actually enough documentation on its own, that is  the power it has got after this, the reform,  is the basis, right? |
| 5 | P2/DOC | Yes, yes, then it’s on that? |
| 6 | CHAIR | Then it’s on that. |
| 7 | P3/SW | I’m also thinking, there’s a medical assessment from  ((medical consultant)), they place emphasis on that too,  I know, the ones at the office for pensions. |
| 8 | P2/DOC | Yes, that’s what I had doubts about. |
| 9 | P3/SW | And that on its own – previously that alone would give,  you might say, because it’s so close to insignificant. |
| 10 | P2/DOC | But it was more about, that thing where they’re very, now in the  rehabilitation team, that it has to be documented  and such. But it’s not that it’s undocumented,  but I’m thinking we don’t really have that hard core  orthopaedic surgical statement that says –it may be that  ((medical consultant)) has seen it= |
| 11 | CHAIR | =But the GP wrote it too. |
| 12 | P2/DOC | Yes. |
| 13 | P3/SW | And it may exist, it’s also included. |
| 14 | P1/PT | But it would have been really nice to have that  description of how the bones are probably  disintegrated to some degree at least, then it eats away. |
| 15 | P3/SW | Yes, but that should be attached, that’s obvious, you will have  to go find that. It is a bit of a pity that the casework that has  been produced isn’t optimal, we can agree on that right up front. |

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| Example 12 [phase 1B, B04/Marianne] | | |
| 1 | P2/DOC | Men hvis vi nu sagde så pension, men altså så  mangler vi jo en masse dokumentation  [-var jeg lige ved at sige ] i den her sag. |
| 2 | CHAIR | [Det forme’ntlig elektronisk]  Jamen lægen har jo skrevet det, altså,  vi kan jo bruge den der LÆ265. |
| 3 | P2/DOC | Okay. |
| 4 | CHAIR | Den er jo sådan set nok dokumentation i sig selv, det er jo  den magt den har fået efter det her, reformen,  er grundlaget, ikke? |
| 5 | P2/DOC | Ja, jo, så skulle det være på den? |
| 6 | CHAIR | Så er det på den. |
| 7 | P3/SW | Så tænker jeg også, der ligger også et lægeskøn fra  ((lægekonsulent)) det ligger de også meget vægt på  ved jeg, dem ovre på pensionskontoret. |
| 8 | P2/DOC | Ja, det var nemlig det, jeg var lidt i tvivl om. |
| 9 | P3/SW | Og det i sig selv – altså førhen ville det jo give alene,  kan man sige, fordi det jo er så tæt på det ubetydelige. |
| 10 | P2/DOC | Men det var mere det der med, at de er meget nu i  rehabiliteringsteams, at det ligesom skal være dokumenteret  og sådan. Men det er jo ikke fordi det er udokumenteret,  men jeg tænker at vi har ligesom ikke den der helt hardcore  ortopædkirurgisk udtalelse der siger –det kan godt være  ((lægekonsulent)) så har set den= |
| 11 | CHAIR | = Men lægen har jo også skrevet det. |
| 12 | P2/DOC | Ja. |
| 13 | P3/SW | Og den findes jo muligvis, den ligger jo også. |
| 14 | P1/PT | Men det kunne have været super fint, at have den  beskrivelse af at knoglerne formegentlig  er smuldret noget i hvert fald, så æder det jo. |
| 15 | P3/SW | Jamen den skal vedlægges, det er klart, den skal man ind  og finde. Det er da lidt ærgerligt, at det sagsarbejde der er  fremstillet ikke er optimalt, det kan vi da hurtigt blive enig om. |

In turn 1, P2/DOC suggests one possible decisional option, i.e. *“disability pension”*, which is formulated hypothetically (*“if we were to say pension”*). S/he then quickly alerts the team that this specific category of welfare benefit warrants stringent criteria especially in relation to documentary evidence (*“then we’re missing a lot of information”*). As we can see, P2/DOC thus makes both an appeal to the category of *“disability pension”* as well as a more implicit appeal to the eligibility criteria related to this category. The chair responds to this hypothetical suggestion by countering the assessment of the current documentation (turns 2 and 4), informing the doctor (and the other participants) that *“we can use that LÆ265”* (turn 2) and it is *“enough documentation on its own”* (turn 4). In turn 4, we notice a shift from the specifics of Marianne’s case to the general legal framework for decision-making (*“the reform”*), thus invoking the legal framework. P2/DOC, who may not be familiar with the employment services, accepts this correction in turn 5 by referring back to his/her previous turn which introduced the category of *“disability pension”* (*“then it’s on that”*).

In the following turns we see not only how there are shifts between different sub-types of appeal to the institution, but also how these different sub-types are interwoven. In turn 7, P3/SW, a representative from the employment services, continues the assessment of the documentation pertaining to Marianne’s case, drawing on his/her insights into the practices of the granting authority (*“they place emphasis on that”*). This remark is premised on professional judgement and both anticipates as well as assesses future institutional scenario, i.e. whether the *“office of pensions”* would uphold the team’s recommendation of disability pension. The consideration here is not about the specific procedures or legal frameworks themselves, but about the practices of the higher authorities. In turns 8 and 10, using meta-pragmatic statements P2/DOC confirms that his/her earlier concern about missing documentation (turn 1) is less about his/her own doubts than about anticipating the assessment of the granting authority (*“that’s what I had doubts about’; ‘it was more about…”*).

In turn 9, P3/SW offers another argument in favour of the current statement as acceptable documentation. He/she does so by relating the statement from the medical consultant (turn 7) simultaneously to the client’s lifeworld and to the existing criteria for *“disability pension”*. Thus, the remark *“close to insignificant”* echoes the typical criterion of a decision to recommend and/or grant a disability pension. At the same time, this remark refers to the lifeworld of Marianne, i.e. her work ability. In turns 10 and 14 P2/DOC and P1/PT foreground their respective professional role-responsibilities as doctor and physiotherapist by specifying what documentation would be necessary: *“orthopaedic surgical statement*” and *“description of how the bones are disintegrated*”. In the first part of turn 15, P3/SW then outlines what ought to be done by the caseworker (*“should be attached… have to go find that”*), while assessing negatively the casework preparation from a professional perspective (*“the casework … isn’t optimal”*).

Throughout this extended example, different ways of appealing to the institution are driven by the category of *“disability pension”* as invoked by P2/DOC in turn 1. There is evidence of the interface of different sub-types of appeal to the institution as well as several instances in which team members refer back to previous processes and outcomes in implicit and explicit ways. In both the extended examples, we also see the interface between appeals to the institution, appeals to the client’s lifeworld and appeals to (inter)professional expertise and role-responsibilities.

**5. Discussion**

In our analysis, we have consistently paid attention to the nuances of the focal theme of appeals to the institution, and it is this interest that has guided our choice of data examples for detailed analysis. Nevertheless, the focal themes of appeals to lifeworld and appeals to professional expertise and role-responsibility are present throughout, which illustrates the interconnected character of the three focal themes in decision-making.

We have demonstrated how invoking of institutional categories is often linked to selected aspects of the client’s case vis-à-vis institutional affordances. This corresponds with the findings reported in previous studies of decision-making in social work (e.g. Mäkitalo & Säljö 2002; [*Author*] 2006; Messmer & Hitzler 2011). Our analytic findings supplement these studies by illustrating how category work is only one aspect of the contingent ways in which the institutional framework is made relevant in team decision-making. The multiplicity of demands on decision-makers in the specific organizational context of rehabilitation team meetings is part of what allows the institutional order to assume salience (cf. Nielsen et al. 2012), especially with regard to the constant search of documentary evidence to meet the institutional criteria of eligibility.

At the same time, we also see how the participation framework of professionals is tied to the institutional order of the meeting, in this case the employment services. Housley (1999; 2003) illustrates how various professionals in interprofessional teams use categorization devices to accomplish their own professional roles. In our study setting, while the professionals from departments other than the employment services may not be familiar with the institutional framework of the employment services, this framework nevertheless provides the constraints and resources (Mäkitalo 2009) that predicate which actions can be interprofessionally committed to in this setting. This underscores our observation that all team members appeal to the institution at different stages of the decision-making process, yet it is the chair who does so more prominently. Because the chairs are also representatives of the employment services, they possess both the activity-specific right to direct talk and the institution-specific professional expertise to steer the decisional outcome. We see the latter point highlighted in our interview data.

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| Excerpt 13 [Interview, municipality A] | |
| P1/PT | I feel it’s often the team chair who opens the discussion and that’s really really fitting to me. |
| Interviewer | Why? |
| P1/PT | Because they have that general background knowledge of the whole casework, they need to know where you belong and which sections and what the legislation says, that is their department, it’s not mine or the doctor’s department for instance.  So I also think they’re there because they can actually overrule, because they know something that the rest of us don’t know and shouldn’t know as such. |

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| --- | --- |
| Excerpt 13 [Interview, municipality A] | |
| P1/PT | Jeg synes tit, det er teamlederen, der åbner ballet og det synes jeg også passer rigtig, rigtig godt. |
| Interviewer | Hvorfor? |
| P1/PT | Fordi de sidder med den generelle baggrundsviden for hele sagsbehandlingen, de skal kunne vide, hvad du hører til og hvilke paragraffer og hvad loven siger, det er deres afdeling, det er ikke min eller lægens afdeling for eksempel.  Så synes jeg også, at de sidder der, fordi de kan faktisk gå ind og overrule, fordi de ved noget, som vi andre ikke ved noget om, og ikke skal vide noget om som sådan. |

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| --- | --- |
| Excerpt 14 [Interview, municipality B] | |
| CHAIR | You know everything that is done, what we kind of suggest in terms of interventions, that comes from different places, and we, well OUR dialogue it seems is very shared in the way that we think together, where do we think this is going. Of course I may be the one that takes like a final decision. Sometimes I feel they lean on me a lot because it’s the employment system that’s the most, you know, it’s flexible employment, resource programme or recommendation for disability pension, so you can say, the others probably lean a bit on that, that it’s under our remit those decisions are to be made, right? |

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| --- | --- |
| Excerpt 14 [Interview, municipality B] | |
| CHAIR | Altså alt det der laves, hvad vi ligesom peger på af indsatser det kommer jo fra forskellige steder fra, og vi, altså VORES dialog den forekommer meget fælles på den måde, at vi tænker jo sammen, hvordan synes vi det her det peger hen imod. Selvfølgelig kan det godt være mig der tager sådan en endelig beslutning. Indimellem tror jeg meget de læner sig op af mig, fordi det er beskæftigelsessystemet der mest, altså det er jo fleksjob eller ressourceforløb eller indstilling til førtidspension, så man kan sige, de andre læner sig nok lidt op af, at det ligger i vores regi de der beslutninger skal tages, ikke? |

Both the physiotherapist and the chair draw attention to the role of chairs in steering the interprofessional talk towards certain institutionally affordable decisions. We have seen several instances of how this has been done in the meeting excerpts (e.g. excerpts 3, 6, 7). These follow-up reflections and the meeting excerpts illustrate how appeals to the institution are closely related to the professional role-responsibilities of who are expected to know what and who have the rights to ask/answer questions pertaining to the institutional framework.

The linkage between the institutional/professional orders and decision-making is very nuanced, and in the interprofessional setting of the team studied here, the institutional/professional interface is complicated further. Thus, there is no one professional order being invoked collectively by the professionals, but, rather, a complex (inter)professional order pertaining to a number of professional backgrounds of the present team members. Our findings from the meeting data suggest that institutional appeals are used strategically when there are differences across professional perspectives. In such scenarios, rather than accomplishing a given professional stance, the appeals to institution assume salience in decision-making. Thus the institutional order becomes a way of surfacing (or silencing) the different professional orders at play in the team meeting.

**6. Conclusion**

The aim of the paper has been to examine the ways in which different professionals in rehabilitation team meetings appeal to institutional norms and frameworks while processing client cases to arrive at decisions. Through systematic mapping and analysis of 18 team meetings we have reported how professionals representing different levels of expertise and role-responsibilities appeal to specific institutional norms and frameworks while making decisions involving complex client cases.

Five different ways of appealing to the institution have been identified in the data: invoking the legal/institutional framework; invoking institutional criteria for eligibility; invoking institutional categories; invoking institutional procedures for case-processing; and anticipating future institutional scenarios. These different sub-types of appeal are deployed in team talk in contingent ways and our analysis demonstrates how professionals actively rely on the institutional framework as a resource in decision-making. After illustrating different sub-types of appeal to the institution, we have considered two extended examples which demonstrate not only how different sub-types of appeal to the institution are made but also how the institutional order and the (inter)professional order, while being analytically discrete, are closely interwoven in their simultaneity in keeping with the client’s lifeworld.

Our study findings have implications for professional practice both in relation to rehabilitation meetings in particular and interprofessional team meetings in other settings more generally. In the present study, our intention has not been to compare the functioning and outcomes of the meetings across the municipalities or teams, yet the analysis does point to some relevant considerations for professionals who routinely participate in team meetings. For instance, it is worth pointing out that decision-making in interprofessional teams can benefit from professionals’ awareness of how institutional and (inter)professional orders co-exist in a given setting. This includes a critical appraisal of the dynamics of participation frameworks with regard to the specific functions of appeals to the institution at the expense of interprofessional and lifeworld perspectives.

The paper contributes to the relatively scarce discourse-oriented research on team decision-making *in situ*. Across various types of organizations decision-making is increasingly being organized in teams (Cook et al. 2001; Hitzler & Messmer 2010), so the necessarily interactional character of distributed expertise calls for further research into the contingent ways in which decisions are accomplished. Future research may attend to the interplay of institutional and professional orders vis-à-vis the clients’ lifeworld. A topic we wish to pursue in our future work will address specifically the ways in which appeals to the institution are made in professional-client encounters, including how clients themselves may appeal to the institution in strategic ways. This will entail looking closer at phase 2 of the meetings, which has not been our focus in this paper. Another emerging focus that merits further examination is the (inter)professional order and the attendant nuances and complexities in any team-based meetings.

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**Appendix: Transcription conventions**

|  |  |
| --- | --- |
| [word] | : overlapping talk |
| =word | : latching to previous utterance without pause |
| (.) | : micro pause |
| WORD | : increased emphasis |
| Word- | : cut-off of prior word or sound |
| ((word)) | : description or anonymised information |
| ? | : questioning intonation |
|  |  |

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1. Medical statement filled out by general practitioner. [↑](#footnote-ref-1)