**Social Work Professionals’ management of Institutional and Professional Responsibilities at the Micro-Level of Welfare-to-Work**

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**Abstract**

Tensions between professional knowledge and values, and institutional rules and regulations in welfare-to-work practices targeting vulnerable clients have been well established. How these tensions are managed at the frontlines of welfare services is crucial for the effects on both clients’ and frontline workers’ own professional roles. However, we have little insight into the ways this is actually done in routine practice. Based on a micro-discursive analysis of 97 team meetings in three Danish municipalities, I will examine how social work professionals manage their professional responsibilities within the institutional context of welfare-to-work. Findings suggest that team members enact a dual orientation to professional and institutional responsibilities, characterised by the shifting between professional and institutional discourses. Second, when a dual orientation cannot be managed, the institutional obligations overrule the professional ones. This is characterised by contrasting discourses and giving primacy to ‘documenting’ the case. The findings suggest that the question of how frontline workers manage institutional/professional tensions is less about an inherent opposition between institutional and professional rationales, as it is a matter of the structured enactment of these rationales in interactions between professionals within the institutional complex.

**Keywords:** Welfare-to-work; social work profession; professional discourse; institutional discourse

**Introduction**

A welfare-to-work orientation to unemployment and social welfare has been introduced across Europe in recent decades (Van Berkel, Caswell, Kupka, & Larsen, 2017). Welfare-to-work policies emphasise labour-market inclusion as the central aspect of social welfare, and combines disciplining and enabling measures in the effort to achieve this. Measures such as activation, sanctioning, and low social benefits are thus utilised in bringing unemployed individuals into work, and are gradually extended to include adults with disabilities and/or social problems in addition to being unemployed (Lindsay & Houston, 2013; Møller & Stone, 2013). These developments simultaneously underline the need for social work expertise in welfare-to-work policies (Malmberg-Heimonen, 2015; Solvang, 2017), and create new conditions for social work. Professionals are thus required to facilitate labour market inclusion through highly disciplining measures and within highly institutionalised settings (Borghi & Van Berkel, 2007).

At the frontlines of welfare-to-work this has created considerable tension between social work professional values and institutional norms (Hasenfeld, 2010; McDonald & Chenoweth, 2009; Raeymaeckers & Dierckx, 2013). Frontline workers still have considerable room for professional discretion (Austin, Johnson, Chow, De Marco, & Ketch, 2009; Sainsbury, 2008; Van Berkel et al., 2010), but also face ethical and professional dilemmas when determining appropriate actions (Jessen & Tufte, 2014; Lindqvist & Lundgren, 2017; Røysum, 2013).

It is in these everyday practices that policies as well as professional work are mediated and given shape (cf. Brodkin & Marston, 2013; Lipsky, 2010). How frontline workers manage the tensions between institutional policies and professional values is crucial for the effects of policy on both the welfare of vulnerable clients and the frontline workers’ own professional role (Solvang, 2017; Van Berkel & Van der Aa, 2012), and thus merits attention. Several studies have examined how frontline workers perceive their professional role and how they adapt to professional and/or institutional standards (e.g. Austin et al., 2009; Dunn, 2013; Lijlegreen, 2012). However, very few have examined how institutional and professional orders are actually enacted in the everyday practices at the frontline (Hjörne, Juhila, & Van Nijnatten, 2010; Toerien, Sainsbury, Drew, & Irvine, 2013). In this article I examine how social work professionals manage their professional and institutional responsibilities when making decisions in complex client cases in the institutional setting of welfare-to-work. I apply a micro-discursive approach to observational data from team meetings in Danish employment services.

In the following section I will contextualise welfare-to-work targeted at vulnerable unemployed individuals in Denmark, where the empirical data was collected. I will then elaborate on the methodological and analytical approach, before illustrating the findings through three empirical excerpts. In the final section I discuss how the findings contribute to our understanding of how social work professionals manage their professional responsibilities within the institutional context of welfare-to-work.

**Changing Context for Social Work in the Danish Welfare-to-Work Setting**

The current study is set in the public employment services in Denmark. The target group for the study includes vulnerable individuals with complex health, mental, and/or social problems. The clients have issues that limit their abilities to work to the extent that their future in the labour market is in question. Though some leniency is given to this client group, institutionally their unemployment is still targeted as the primary issue.

Historically, the Danish welfare approach to unemployment has been known to reflect a traditional social work orientation (Caswell & Larsen, 2017), focusing on quality of life and aiming to improve employability by: offering training; enhancing skills; and offering work experience alongside a generous benefit system for economic security. However, from the 1990s Denmark moved from being among the least restrictive (in terms of both access to benefits and activation demands while receiving benefits), to being among the most restrictive among the Nordic countries, in line with the UK and Germany (Larsen, 2005, p. 140). Policy reforms have been accompanied by new managerial strategies that seek to limit professional discretion (Larsen & Wright, 2014), and have introduced a large administrative workload (Caswell & Larsen, 2017). This has caused documentation of both the clients’ situation and of the professionals’ own work to become a core part of frontline workers’ institutional responsibilities. Thus, both the conditions of work and the demands frontline workers place on clients increasingly deviate from the norms and values of the social work profession (Larsen, 2013). Yet professional social workers still make up the majority of frontline workers in Danish employment services and Caswell and Larsen (2017) argue that the professional socialisation is still strong in the Danish setting despite being under severe pressure from institutional and policy changes.

Within this context, we find the rehabilitation teams studied in this article. The teams have been introduced with the task of making inter-professional assessments and recommendations in complex client cases. Similar movements have been seen in other Scandinavian countries (e.g. Røysum, 2013), and reflect a broader organisational trend, where inter-organisational and collaborative work is thought to be both more flexible, effective, and leads to more qualified decisions (Cook, Gerrish, & Clarke, 2001; Reeves, Lewin, Espin, & Zwarenstein, 2010).

The rehabilitation teams are in many ways at the crux of the outlined policy trends. The teams thus have the task to make holistic assessments of clients with complex health and social problems, by drawing on their professional knowledge. They are also part of reforms to reduce both the number of people on disability benefits and expenses of the public welfare system, performing a more institutional task of enacting legislation on eligibility. Within this context the teams are to make decisions on account of ‘the whole situation of the client’ while recommending interventions targeted at developing workability and obtaining employment (§9 stk. 3, Act on Organisation and support of the active employment intervention etc.).

The team comprises representatives from municipal employment, health and social services, (social workers, occupational and/or physiotherapists), and regional health services (doctor). The team will typically meet 1-3 times a week and clients are obligated to attend part of the meeting. When working inter-professionally, team members are not only tasked with balancing the institutional framework and their own professional autonomy, but also with negotiating between different professional perspectives (Dall & Caswell, 2017). Thus, it is perhaps no surprise that institutional and professional themes are abundant in the observed meetings as will be demonstrated later.

**Managing Professional Responsibility in Institutional Interaction**

From a discourse perspective, responsibility is perceived to be constructed through interaction in dynamic ways. Responsibility and what it means to be responsible are not stable qualities of organizations or individuals, but is negotiated in text and interaction (Solin & Östman, 2015:289). Few authors have discussed conceptualizations of responsibility-in-discourse (e.g. French 1991; Lakoff 2016), as well as empirically examined the enactment of responsibility in social welfare settings. Of the latter, recent studies on *responsibilization* have examined the construction of clients as responsible selves in social welfare settings (e.g. Juhila et al. 2017, Matarese 2012). Other studies have examined how responsibility is assigned, accounted for and/or resisted in professional settings (e.g. Mäkitalo 2006; Hammerstad et al. 2016), however little analysis have been done on professionals’ enactment of their own responsibilities. Furthermore, the focus of this article is on the tensions between groups of responsibilities rather than the responsibilities (or responsible identities) themselves. This brings me to a second, separate, group of studies that have foregrounded tensions between professional and institutional obligations.

As outlined earlier, such tensions have been well established in welfare-to-work institutions in previous literature (see Van Berkel, 2017 for an overview). Among these, discourse studies have demonstrated how welfare-to-work policies are present and acted out through the micro-level interactions between clients and professionals (e.g. Caswell et al., 2013 Drew, Toerien, Irvine, & Sainsbury, 2010; Toerien et al., 2013), but the question of how professionals manage their professional/institutional tensions in interaction with other professionals remains largely unexamined in this context.

In other social welfare settings, a few studies have demonstrated how professionals are actively managing dual responsibilities in interaction with clients (Hitzler, 2011; Van Nijnatten, Hoogsteder, & Suurmond, 2001), and other professionals (Saario & Raitakaro, 2010). Saario and Raitakari (2010) find that professionals represent themselves as accountable to both institutional and professional concerns and suggest that in the current environment of performance management, professional identity is concerned with accountability for economy and effectiveness and of clients’ rehabilitation. In activation work with clients, Hansen & Natland (2017) find professionals pragmatically shifting between bureaucratic and client-centred approaches, suggesting that professional not only enact dual responsibilities, but that they may do so actively and strategically.

These studies suggest that we can expect discourse that reflects on institutional/professional responsibilities to be closely related yet distinctly different. Roberts and Sarangi (1999) offer an analytical conceptualisation of institutional and professional orders, which underlines the distinction between and interplay of the institutional/professional. Institutional and professional orders are constitutive of and constituted by institutional and professional discourse respectively. Institutional discourse comprises talk attributed to institutional practice, rules, and regulations, while professional discourse is centred on understandings of problems, treatments, and values pertaining to a given profession. While analytically separable, the institutional and professional orders are intricately and dynamically linked, and the institutional order will often define the field within which professional concerns have to be cast (Roberts and Sarangi, 1999). Drawing on this conceptualisation, I propose that empirical identification of the professional and institutional orders, and examination of how these are managed in relation to each other, provides insight into how social work professionals manage their institutional and professional obligations in practice.

**Methodology**

***Data and Methods***

This study is based on ethnographic observation and audio recordings of 97 team meetings in three Danish municipalities. I have named the municipalities A, B, and C. The three municipalities were chosen using a strategy of maximum case variation in terms of organisation of meeting structure and participants. However, actual municipal organisation did not always reflect the organisation presented during initial inquiries.

Case workers in the three municipalities were required to ask all clients going before the rehabilitation teams for consent to participate in the study. This resulted in 33 meetings from municipality A, 36 from B, and 28 from C. This represents a wide variety of cases in terms of client characteristics, nature of problems, and decisions made by the team. The study has been approved and conducted according to national and institutional guidelines on data management and research ethics.

Recordings of team meetings were transcribed ad verbatim by student workers and I conducted initial analysis on this material. More detailed analysis was conducted on a selection of excerpts that I transcribed more finely according to discourse on analytical conventions (Roberts, n.d.).

***Analytical Strategy***

Analysis has followed the general approach of theme-oriented discourse analysis (Roberts & Sarangi, 2005), though focused on the content of talk. This approach is concerned with how encounters are organised – thematically and interactionally – and allows for an ethnographically grounded analysis moving between detailed excerpts and whole meetings, as well as larger sociological themes.

Following this approach, I inductively identified the focal theme of the management of professional/institutional responsibilities, through my ethnographic fieldwork and repeated re-readings of the transcribed material. I then determined this theme to be most prominent in the phases of meetings where clients were not participating, through a more directed and systematic reading of transcriptions informed by the concepts of professional and institutional discourse. Analysis was then focused on these phases of meetings.

Through this initial explorative data analysis, I operationalised Roberts and Sarangi’s (1999) conceptualisation to this specific setting and interaction, as outlined in table 1. Both institutional and professional discourses were present in all 97 meetings, raising the question of how team members manage their respective responsibilities, that is, the interplay of institutional/professional discourse in and through interaction.

[Table 1 near here]

In order to get close to the interactional organisation of professional/institutional responsibilities five cases from each municipality (15 in total) were chosen for more detailed analysis. I selected the cases on the basis of their ‘typical’ character in terms of the contents of institutional/professional discourse and formats of expressions of responsibility, as assessed on a basis of the extensive empirical work before then. Preliminary findings have been checked against the total 97 meetings, looking for similarities and differences to substantiate and nuance findings. My intention was not to compare meetings, but to achieve a sense of saturation and to represent the full data-corpus (cf. Miles, Huberman, & Saldaña, 2014). This process resulted in the two findings presented below. I have selected the excerpts used in the following section on the basis of their exemplary capabilities, while seeking to uphold some of the complexity characterising team decision making at the interactional level.

**Findings**

Below I present two aspects of how team members manage their professional responsibilities. First, participants are seen to be enacting a dual orientation to institutional and professional responsibilities respectively. In many cases these shifts happens fluidly in negotiations of a shared decision. Second, in cases where this dual orientation is not possible, the institutional responsibilities are managed as overruling the professional responsibilities.

***Shifting between Professional and Institutional Responsibilities***

When analysing the interplay of institutional and professional discourse in the data, the shift between discourses becomes prominent. The following excerpt illustrates how team members shift between a professional assessment of the client’s condition, possible measures of support, and an orientation to institutional intervention options.

The case concern a 51-year-old man suffering from rheumatism, which causes severe pain and limited functional ability. The pain and medication limits his cognitive abilities (memory, concentration, etc.), and the client also suffers from depression. Participating in the meeting is a social worker (chair/SW) chairing the meeting and representing the employment services, an occupational therapist (participant 1/OT) representing the municipal health services, a medical doctor (participant 2/DOC), and a social worker (participant 4/SW) representing social services. The excerpt begins as the chair/social worker introduces the idea of a resource programme (turn 1) *[[1]](#footnote-1)*. A resource programme consists of an individually tailored programme of measures that can develop the client’s work ability and according to legislation, it must be considered before a disability pension can be recommended.

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| *Excerpt 1, rehabilitation team meeting A07* | | |
| 1 | Chair/SW | But if we were to think a resource programme, then (.) what the hell would one put into that. What could be: |
| 2 | P2/DOC | Then it should be a very very very slow, careful work placement or work training |
| 3 | Chair/SW | Yeah, and he has already done that, you know |
| 4 | P2/DOC | And he couldn’t manage that so |
| 5 | Chair/SW | No, they say he can stand -sit and stand 10 to 15 minutes at a time. |
| 6 | P2/DOC | Yes, exactly, it’s very brief |
| 7 | P1/OT | At the max |
| 8 | Chair/SW | And he’s unskilled, well, then you should go in and think about a higher education of some sort. He has trouble concentrating due to the pains |
| 9 | P4/SW | But it has been, at some point it has been brought up, but then he should, it would take a long time if he were to get a better education |
| 10 | Chair/SW | Yes, because he left primary school |
| 11 | P4/SW | Ninth ((grade)) |
| 12 | Chair/SW | Ninth yes |
| 13 | P4/SW | But it is written here, that they have considered some single upper secondary courses, but if he can only do one a year, then it’s –what was, he was 62? |
| 14 | Chair/SW | Yes well it will be around the retirement age, right (.) so |
| 15 | P2/DOC | He is 51. What they write – the rheumatologists – is that his condition is currently stable but poor in terms of pain level and functioning, and future treatment will be around pain management and NSAD and then it will be exercise on his own (.) and then perhaps a bit of hot water exercise and such, but that’s not something - from the papers, that I construe to be something that will increase his functional ability in terms of work. |
| 16 | chair/SW | It’s quality of life. |
| 17 | P2/DOC | It’s quality of life, yes |
| 18 | chair/SW | But are you thinking disability pension? |

The excerpt is initiated by the chair/SW asking the team members to consider the intervention of a resource programme (turn 1). S/he frames the question as a hypothetical (‘if we were’) and signals some hesitation as to the relevance of the intervention (‘what the hell’, ‘what could be’). According to law, a resource programme must be attempted before recommending clients for any permanent benefits, and this condition, alongside the expressed hesitation suggests the turn be seen as an orientation to the institutional responsibilities of the team. The resource programme is seemingly not an obvious choice from a professional point of view, as signalled by the chair/SW’s hesitation in turn 1. In response team members consider possible measures before quickly rejecting them as viable options. In turn 2 a work placement is suggested, before being rejected in turns 3-7. In turn 8 an educational rehabilitation is suggested and rejected, which is supported in turns 9-14. In turn 15 the doctor suggests some possible measures within the medical system, before rejecting them as unable to increase the work ability. As these pertain to potential interventions to develop the abilities of the client, we can understand them to be expressions of a professional discourse. In turn 18 the chair opens up talk about an alternative institutional option; disability pension. In the following turns (omitted here) the team members discuss aspects of the client’s situation that support such an option. What we see from the excerpt is the shifting between institutional considerations and professional assessments of the feasibility of these options. We also see how, on the one hand, the institutional order structures the professional order, as professional assessment is stated in response to the institutional options. On the other hand, the institutional options are made irrelevant in relation to professional assessments of the client and potential for development, suggesting a mutually informing enactment of the two.

In the following excerpt the assessing of casework as part of a dual orientation is illustrated. The excerpt shows how the shifting between institutional and professional responsibilities in some instances is done so closely as to be almost simultaneous. The case concerns a woman who suffers from severe back pains, osteoarthritis in her knees and shoulders, and Type 2 Diabetes connected to being overweight. Present is a social worker (chair/SW) representing the employment services, an occupational therapist (participant 1/OT) representing the municipal health services, a doctor (participant 2/DOC) representing the regional clinic for social medicine, and a social worker (participant 4/SW) representing social services. At the beginning of the discussion the medical representative gives a short introduction to the case (turn 1).

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| *Excerpt 2, rehabilitation team meeting A12* | | |
| 1 | P2/DOC | Yes, well on paper she does have some challenges and when I read the case I’m thinking that what challenges her the most, is her musculature and her new knees for sure, and then her pains from back, shoulders and so on. Then she has type 2 diabetes, but what I’m missing (.) is, like, that work training and such, the description, because I think that is really poorly described (.) so her functional ability in terms of what goes wrong for her. And then she does some back training in the home and that’s also not very well described (.) whether -how much that has given her. So (.) when you listen to her at least, then she’s not able to do anything at all, you know, she is thinking disability pension, right? |
| 2 | P1/OT | Yes. |
| 3 | Chair/SW | But it is described, at some point it was described that she benefitted from the back programme. |
| 4 | P2/DOC | Yes (.) less pain, can walk longer and can walk faster and have reduced use of medicine |
| 5 | Chair/SW | It’s finished, right, the back programme? |
| 6 | P1/OT | Yes, it’s finished. |
| 7 | P4/SW | And then it also says, that she has trouble sustaining the training activities for the back. |
| 8 | Chair/SW | At home (.) which would otherwise maintain |
| 9 | P1/OT | Yes. |
| 10 | Chair/SW | And that is then what they assess it on, you can say, that they assess that these are the challenges, right, her lack of belief in herself, that she can work (.) and then her challenges in terms of maintaining her training you can say. That is the two things they point to as the main barriers for moving on, you can say. |

In turn 1 we see P2/DOC present the client’s situation through the lens of the doctor’s own assessment (‘I’m thinking’ of ‘what challenges her the most’). P2/DOC shifts between assessing the client’s challenges (e.g. ‘musculature and her new knees’, ‘pains from back shoulders and so on’), and the casework (‘really poorly described’, ‘not very well described’), and thus between professional and institutional orders. In the following turns we see further talk based on what is written in the case (‘is described’ turn 3; ‘it also says’, turn 7; ‘they assess’, turn 10), alongside selected aspects of the client’s situation (‘less pain…’ turn 4; ‘lack of belief’ turn 10), and possible measures to develop this (‘training activities’ turn 7; ‘maintaining treatment’ turn 10). In terms of enacting responsibility, the excerpt illustrates a preoccupation with both assessing the written casework as well as the clients’ abilities on the basis of this casework. Following Atkinson (1999) we might understand the repeated references to the casework as a distancing mechanism, as responsibility for producing the knowledge base of the assessment is established as lying outside of the specific professionals’ own remits. At this point in the meeting (before meeting the client), the written casework form the basis of the professional work and the assessment hereof is thus not just about assessing casework as institutional work, but also about conditioning the professional assessment on this casework.

Excerpts 1 and 2 illustrate how team members enact a dual orientation to institutional and professional orders, managing the two by shifting between institutional and professional discourse in mutually informing ways. The following section examines instances where a dual orientation is not possible.

***Contrasting Institutional and Professional Responsibilities***

In situations where professional and institutional responsibilities cannot be managed alongside one another, there is a clear pattern that arguments pertaining to the institutional order outweigh arguments about the professional order. In the following section I illustrate this pattern with an excerpt from a meeting where team members disagree on how to manage their responsibilities, as the disagreement most clearly highlights the different responsibilities. However, the same pattern occurs in situations where team members agree that the institutional order must be prioritised.

The third excerpt comprise talk between a social worker (chair/SW) representing the employment services, a medical doctor (P2/DOC) from the regional clinic, an occupational therapist (P1/OT) from municipal health services, and the client’s caseworker (P5/CW). The case concerns a 55-year-old man suffering from a lung disease, which reduces his functional ability. Additionally, the client has a heart disease, has had several blood clots in the brain, and has chronic pains due to whiplash and osteoarthritis.

The excerpt begins with the chair/SW arguing that the case should not be recommended for a disability pension since there are still measures for physical rehabilitation and the existing work training has not been adequate.

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| *Excerpt 3: rehabilitation team meeting C02* | | |
| 1 | Chair/SW | And, you know, the general practitioner. Recommends physical rehabilitation and we have the option to offer that, under our auspices, you know, and work with smoking cessation. He can be referred to that with you guys |
| 2 | P1/OT | Yes, we do actually have- |
| 3 | P2/DOC | You could do that. On a disability pension. |
| 4 | Chair/SW | Yes. But but then it has been tried here,  and also we can then document it to the pensions board, if it’s going to go in that direction. That we have tried.  To help him back onto the labour market. Whether that’s enough to bring him into flexible employment, that i:s ((pause)) Time will have [to tell] |
| 5 | P2/DOC | [I’m pretty] sure that it will go, he will go out, he will do what he can in job training, or (.) but. ((pause)) You will get the same attendance. |
| 6 | Chair/SW | Y:es. But but, and then that isn’t even enough, because he has to get out and, he has to be seen. When he is feeling really bad= |
| 7 | P2/DOC | =But if the man can’t do it, then he can’t do it. |
| 8 | Chair/SW | Nono, that’s true, but- |
| 9 | P5/CW | But he will show up. No doubt about it. ((Client)) will show up. What I’m just saying is (.) that he should. Be told that he can then be picked up and brought from A to B, so he doesn’t use his energy on. Getting out the door. Because he uses plenty of energy on just getting up. And get going in the morning, right. ((pause)) |
| 10 | Chair/SW | But when you say, that ‘when the man can’t do it, then he can’t’, but he has to, THEY have to send him back home. They are the ones that have to say ‘now we’ve seen him’ and described how bad he is that day, and then they can send him home, he has to get there. Because the fact that he has 42 days, where he hasn’t shown up out of 52, that is not enough. To say that then, that is because the man can’t do it. He simply has to be seen, when he can’t. |

In turn 1 the chair/SW outlines how suggested interventions (‘physical rehabilitation’, ‘smoking cessation’), can be taken within the remit of the employment services (‘under our auspices’), and the health services (‘you guys’). In turn 4 the chair/SW further refers to the responsibilities of the team as an institutional entity. Chair/SW stresses the need to try (‘has been tried’, ‘have tried’), as well as the need to ‘document’ and does so in relation to ‘help’ the client. The responsibility is placed with the team (‘tried here’, ‘we have tried’), in relation to the ‘pensions board’ to which the responsibility must be demonstrated (‘we can then document it’). The pensions board is a ‘higher’ institutional division that has the formal authority to grant or reject a recommendation on disability pension, and the reference thus signals an institutional accountability.

The institutional responsibility of ‘trying’ and documenting is separated from the assessment of whether this can actually develop the client’s work ability, as the outcomes of the interventions are left open (‘time will have to tell’). We see this again in turn 6, where the chair/SW establishes that this is not so much a question of professionally assessing how change will be brought about for the client (‘isn’t even enough’, responding to turn 5), but rather about an institutional responsibility to document the situation (‘he has to be seen’). The use of repeated deontic directives (‘he has to’; ‘he has to’) stress the obligation to impose more measures regardless of whether the client is ‘feeling really bad’.

P2/DOC’s utterances on the other hand align with a professional assessment of (non-existing) potentials for development (‘you will get the same attendance’, turn 5; ‘but if the man can’t do it’, turn 7). The tautological formulation of turn 7 effectively brings out the perceived futility of the chair/SW’s suggestion of repeated interventions. The repeated use of ‘but’ and ‘yes, but’ from both speakers throughout the excerpt contrasts with the utterance of the given speaker and those of the other speaker. On the content-level this means a contrast between institutional and professional responsibilities.

In turn 10 the chair/SW reiterates the institutional orientation, ignoring the appeal from the caseworker in turn 9. Once again the use of deontic directives stress the need for further intervention, though responsibility for accomplishing this in practice is assigned to the client and professionals in the specific intervention (‘he has to’; ‘he simply has to’; ‘they have to’; ‘that have to’). The team’s responsibility is summed up in the chair/SW’s last sentences expressing how this is not a matter of a professional assessment that ‘the man can’t do it’, but rather an institutional responsibility to make sure the client is ‘seen, when he can’t’.

The excerpt illustrates how the institutional responsibilities of producing an adequate ‘case’ will outweigh professional assessments when the two can’t be managed together. The assessment of the existing documentation here is not about ensuring or conditioning the professional assessment, but about how it becomes detached from the professional order as the main institutional responsibility of the team.

**Discussion and Conclusion**

The aim of this study was to examine how professionals manage their responsibilities when making decisions in complex client cases in an institutional welfare-to-work setting. Through systematic analysis of professional and institutional discourse in team meetings two overall findings have been illustrated.

First, the general pattern of team members enacting professional/institutional discourses in mutually informing ways was illustrated. This pattern is characterised by team members shifting between professional and institutional discourses, with professional assessments being expressed between and in relation to references to the institutional order. Second, when team members are unable to manage two orders together, there is a tendency for institutional concerns to outweigh professional ones. This pattern is characterised by discourse that contrasts the institutional with the professional in addition to emphasising the immediate need to fulfil institutional responsibilities. In these instances the matter of completing documentation often becomes the first and foremost the responsibility of the team members.

Together these findings suggest that the responsibilities of the institutional order provide a structuring background for enactment of professional assessments. This supports Sainsbury’s (2008) argument that professional and institutional rationales can co-exist in welfare-to-work settings, and illustrate both the agency of the frontline workers and the need for professional expertise in social work around complex client cases. In institutional settings, professional action is predicated on institutional relevance and eligibility and, the other way around, in complex cases institutional decisions on eligibility needs the professional knowledge base and situated assessment to make sense of cases. The analysis in this article illustrates this interconnectedness. However, the analysis also demonstrates the limits of the dual management of institutional and professional responsibilities. There are thus other instances where institutional responsibilities become a barrier to fulfilling professional responsibilities. These instances are often characterised by references to a lack of documentation, and illustrate the pervasive nature of management strategies that not only emphasise documentation as part of an enacted accountability, but also emphasise a certain type and level of documentation. Across the 97 cases in the data corpus there are several instances such as the one exemplified in excerpt 3, where the level of documentation is found to be lacking on the decision about the work ability of the client, despite the fact that a group of professionals have adequate documentation to form a professional assessment of this same work ability.

Despite these institutional limitations the study shows that the professional and institutional responsibilities are both intrinsic to the status of frontline workers in this setting.

Though the rehabilitation teams in question are specific to the Danish context, the shared welfare-to-work orientation as well as previous literature demonstrating the professional/institutional tensions at the frontline suggest that findings have relevance to a larger European context (see e.g. van Berkel et al 2017 for an anthology on welfare-to-work developments in the UK, France, Germany, Austria, Italy, Poland, the Netherlands and Denmark). Though there are definite differences across locations, existing literature also demonstrate shared challenges, as frontline workers in public welfare-to-work settings, cannot ignore their professional or institutional responsibilities, but must find meaningful connections between the two (Noordegraaf, 2007). It follows from the perspective and analysis in this article, that the question of how frontline workers position themselves in welfare-to-work settings is not so much about an inherent opposition between institutional and professional rationales. Rather, it is a matter of the structured enactment of these rationales in interactions between professionals within the institutional complex of local organisation of work, management strategies, and legal rules and guidelines. While the specifics of this enactment will vary from setting to setting (both on the national and the local level), this study contributes to existing literature by making visible the negotiated enactment itself, and by nuancing more dichotomous understandings of professional work in institutional settings.

The study has implications for the social work professions within welfare-to-work settings as it underlines the need for frontline workers to be both institutionally and professionally competent. Most importantly it underlines the agency of frontline workers even if there are limits to it. The study suggest that competency in this regard entails both knowledge of institutional and professional frameworks, and the ability to make these relevant in interaction with other professional and/or institutional representatives. While other studies have identified concrete interactional resources that may facilitate this (e.g. Dall & Caswell, 2017), further research is needed to understand specifically how this agency is managed at the frontlines of welfare-to-work. One way forward could be examining instances where professionals seek to soften institutional rules and regulations as part of their decision making, or how references to lacking documentation are used to fortify institutional arguments. The detailed examination of actual interactional practices of professionals, offer a way of interrogating the institutional practices and specialist knowledges of particular domains, and the ways they are put to work in everyday practice (Hall & White, 2005: 388). As such studies of the enactment of professional practice offer important insights to supplement studies based on the perceptions of professionals. **Appendix A: Transcription Key**

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

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| **Table 1. Professional and institutional discourse in rehabilitation meetings[[2]](#footnote-2)** | | |
|  | **Characteristics** | **Example** (rehabilitation team meeting B21) |
| **Professional discourse** | Talk related to the assessment of limitations, resources and potentials for development of a specific client or a broader client group.  Address clients in terms of their work ability and needs for support.  Draw on professional knowledge of diagnoses/social problems, treatments and prognoses of given situations. | *SW/Chair*[[3]](#footnote-3): How about a physiological training programme? You know, where she can get a connection to her body?  *SW/JC*: Well, I have written both (.) in terms of shoulder pains, overweight and the lymphs and all that, and then I’m thinking, what do we have, if it’s something social - she asks about that as well, something for these ethnic women? […]  *SW/SS*: That could definitely be something, she’s welcome to come by the club, if that’s something for her, or network development in general, have a chat with her, what options does she have, right? |
| **Institutional discourse** | Talk related to the rules and regulations of the employment services or other public service departments.  Address clients in terms of casework.  Draw on a legal-technical approach concerned with the level of documentation and bureaucratic procedures. | *SW/SS*: Because she’s not eligible for flexible employment with what we have now, is she, we will have to reject that and then we will have to say, our best bet is a resource programme and she will have to collaborate on that  *SW/Chair*: Just looking at the papers, right, with a moderate depression and there’s no –it’s one of those cases where the auditors would say, that’s not a legal referral for flexible employment. |

1. Transcription key in appendix 2 [↑](#footnote-ref-1)
2. Cf. Roberts and Sarangi (1999) [↑](#footnote-ref-2)
3. SW/Chair (Social worker, chair of meeting), SW/JC (Social worker from Job Centre), SW/SS (Social worker, Social Services) [↑](#footnote-ref-3)