Decision-making and Professional Responsibility in Complex Client Cases

an interactional perspective on interprofessional team work in a social work setting

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AN INTERACTIONAL PERSPECTIVE ON INTERPROFESSIONAL TEAM WORK IN A SOCIAL WORK SETTING.

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PART I: SUMMARY ARTICLE

by

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ENGLISH SUMMARY

The aim of the thesis has been to examine decision-making and professional responsibility in complex client cases in the welfare-to-work setting of Danish rehabilitation teams. I have examined this through two research questions:

1. How do rehabilitation teams do decision making?

2. How are professional and institutional responsibilities managed in team decision-making in welfare-to-work?

I have examined these questions from a constructivist and discursive perspective that understand team decision-making as interactionally accomplished and negotiated achievements. Decision-making in the rehabilitation teams are examined through fieldwork in three municipalities, resulting in observations and audio recordings of 97 team meetings and 19 interviews with team members. The analytical part of the thesis consists of four separate analyses, written up in four articles. The first research question is examined in articles 1 and 2.

In Article 1, Dorte Caswell and I examined patterns of negotiation in the rehabilitation teams. We conduct a sequential discourse analysis on the audio recordings of team meetings. We found two interactional resources; expanding and postponing. Expanding involves discursive acts of holding on to and expanding the issue of the negotiation, which often works to engage participants in more thorough interprofessional discussions. Postponing involves avoiding or making irrelevant certain topics and assessments in negotiation. We argue that in many, but not all, instances, postponing resources works to overrule the professional assessments of the case.

In Article 2, Srikant Sarangi and I examined more closely the invocation of the institutional framework. We do so by conducting a discursive activity analysis of 18 team meetings. We found five types of appeals to the institution depending on what is at stake: (a) the legal/institutional framework, (b) the institutional criteria for eligibility, (c) the institutional categories, (d) the institutional procedures for case-processing, and (e) anticipating future institutional scenarios. We argue that the multiplicity of demands on decision-makers in the specific organisational context of rehabilitation team meetings means that decision-making is not only structured around professional assessment vis-à-vis institutional criteria

concerning the client's situation, but also around institutional norms and standards underpinning what "counts" as a decision in terms of documentary evidence.

The second research question is examined in articles 3 and 4.
In Article 3, I examine how social work professionals manage their professional responsibilities within the institutional context of welfare-to-work. I conduct a theme-oriented discourse analysis of team meetings. I find that team members enact a dual and simultaneous orientation to professional and institutional responsibilities, characterised by the shifting between professional and institutional discourses. This works to balance professional and institutional orientations. There are also instances, however, where a dual orientation cannot be enacted. In those instances, there is a clear tendency that the institutional obligations overrule the professional ones. This is characterised by contrasting discourses and giving primacy to documenting the case.

In Article 4, I examine how professionals define their responsibilities in interviews and how they shift certain aspects of their decision-making responsibilities to the team and in the organisation of the job centre. I do so drawing on a theme-oriented discourse analysis focused on accounts. I find that professionals express three different ways of managing tensions between professional and institutional responsibilities: deferring responsibility to the legislation, emphasising the importance of interprofessional teamwork, and emphasising the professional responsibility of individuals. I argue that these findings reflect organisational mechanisms that displace moral and professional responsibility, yet I also find that professionals seek to manage these challenges in (inter)professionally responsible ways.

Across the articles the matter of documenting the case has emerged as a crucial aspect of committing to a certain recommendation. In the discussion of these findings in this summary report, I argue that a focus on (a certain kind) of documentation leads to postponing decisions when this documentation is found to be lacking. This mean that the professional assessment of the client's ability to work cannot stand alone when committing to a recommendation in the client's case. Professionals, then, have to find ways to manage these dual obligations of decision-making, which bring us to the second research question, which is examined in Articles 3 and 4. Owing to the several institutional pressures to focus on institutional and professional-technical responsibilities, however, the achievement of legitimate negotiated compromises, which also ensures that the professional (moral) side of decision-making, is left with the discursive accomplishment of professionals in meetings.

DANSK RESUME

I denne afhandling har jeg undersøgt beslutningstagen og professionelt ansvar i komplekse borger-sager i danske rehabiliteringsteam på beskæftigelsesområdet. Jeg har undersøgt dette via to forskningsspørgsmål:

1. Hvordan gør rehabiliteringsteam beslutningstagen?

2. Hvordan håndteres professionelt og institutionelt ansvar i beslutningstagen i rehabiliteringsteam på beskæftigelsesområdet?

Spørgsmålene er undersøgt fra et interaktionistisk perspektiv, efter hvilket jeg forstår beslutningstagen som en interaktionel og forhandlet bedrift. Projektets datagrundlag er observationer og lydoptagelser af 97 rehabiliteringsteam møder i tre kommuner, samt 19 interview med team medlemmer. Den analytiske del af projektet består af fire separate analyser, formidlet gennem fire artikler. Det første forskningsspørgsmål er undersøgt i artikel 1 og 2.

I artikel 1 undersøger Dorte Caswell og jeg diskursive mønstre i forhandlinger i rehabiliteringsteamene gennem en sekventiel diskursanalyse af møde-optagelserne. Vi finder to sproglige ressourcer der har forskellig funktion i forhandlingerne; udvidelse og udskydelse. Udvidelse omfatter diskursive handlinger der fastholder og udvider det emne der diskuteres. Dette fungerer ofte til at fastholde team medlemmer i mere dybdegående (tvær-)professionelle forhandlinger. Udskydelse omfatter diskursive handlinger der undgår eller gør irrelevant emner i diskussionen. Vi finder, at i mange, men ikke alle, tilfælde fungerer udskydende ressourcer til at tilsidesætte de mere professionelle aspekter af beslutningstagen til fordel for institutionelle hensyn.

I artikel 2 undersøger Srikant Sarangi og jeg mere detaljeret hvordan den institutionelle ramme bringes ind i interaktionen. Vi foretager en diskursiv aktivitets analyse af 18 møde-optagelser. Vi finder fem typer af 'appeller' til den institutionelle ramme; (i) den lovgivningsmæssige ramme; (ii) institutionelle kriterier for berettigelse; (iii) institutionelle kategorier; (iv) institutionelle procedurer for sagsbehandling; and (v) imødekommelse af fremtidige institutionelle scenarier. Vi argumenterer for, at mangfoldigheden af krav til beslutningstagerne i denne kontekst betyder, at beslutningstagen ikke kun er struktureret omkring en professional vurdering af borgeren vis-à-vis de institutionelle kriterier for berettigelse til en given ydelse/indsats, men

også omkring institutionelle normer og standarder der underbygger hvad der 'tæller' som en beslutning i forhold til dokumentation m.m.

Det andet forskningsspørgsmål er undersøgt I artikel 3 og 4.
I artikel 3 undersøger jeg hvordan team medlemmerne håndterer deres professionelle ansvar i den institutionelle kontekst af beskæftigelsesområdet. Det gør jeg via en tematisk diskurs analyse af møde-optagelser fra rehabiliteringsteamene. Jeg finder, at team medlemmer udøver en dobbelt og samtidig orientering til både professionelle og institutionelle ansvar, hvilket sprogligt er kendetegnet ved en skiften mellem professionelle og institutionelle diskurser. Der er dog også tilfælde, hvor en samtidig orientering ikke kan balanceres. I disse tilfælde er der en klar tendens til, at institutionelle ansvar tilsidesætter de professionelle hensyn. Dette er kendetegnet ved kontrasterende diskurser, der blandt andet kan indeholde udskydende ressourcer.

I artikel 4 undersøger jeg hvordan professionelle definerer deres ansvar og hvordan de flytter bestemte aspekter af deres ansvar indenfor teamet og i den bredere kontekst af Jobcentret. Det gør jeg via en tematisk diskurs analyse fokuseret på forklaringer og undskyldninger ('accounts') i interview med team medlemmer. Jeg finder tre måder hvorpå team medlemmerne håndterer ansvar omkring de professionelle og institutionelle spændinger de oplever i deres arbejde; forflytte ansvar til lovgivningen; understrege betydningen af det tvær-professionelle team arbejde; og understrege deres eget individuelle ansvar. Jeg argumenterer for, at disse fund afspejler organisatoriske mekanismer, der fortrænger etisk og professionelt ansvar, men finder også, at de professionelle aktivt søger at finde måder hvorpå de kan håndtere disse udfordringer på (tvær-)professionel ansvarlig vis.

På tværs af artiklerne fremstår temaet omkring dokumentation af sager, som et gennemgående aspekt af beslutningstagen. I diskussionen af disse fund i denne opsamlende rapport argumenterer jeg for, at fokus på en (bestemt type) dokumentation leder til en udskydelse af beslutninger i de tilfælde, hvor denne dokumentation vurderes at være manglende. Det betyder, at den professionelle vurdering af borgerens arbejdsevne ikke kan stå alene når der skal træffes beslutninger i borgerens sag. Grundet de mangfoldige institutionelle pres for at fokusere på institutionelle og professionelt-tekniske ansvar, afhænger opnåelsen af en balanceret beslutningstagen, der inkluderer professionelle (etiske) ansvar, af de professionelles kommunikation på møderne.

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This study is made possible by the funding of Metropolitan University College and Aalborg University. I am grateful for the trust and freedom I have been given in conducting the study.

A big thank you is also due to the municipalities that have allowed me into their rehabilitation teams. This includes in particular the clients and team members who allowed me to participate in what is often - in different ways - challenging situations for both parties. Thank you.

Dorte Caswell has been the main supervisor on the Ph.D. study and has provided most qualified guidance throughout the project. Dorte's influence goes much further than that, however. I first met Dorte when I was a social worker trying to enter the research world as an intern with the (then) Danish Institute of Governmental Research (AKF) in 2011. With characteristic high spirit, high tempo and high ambitions Dorte involved me in her research and introduced me to a world largely unknown to me at the time. Your support and guidance have been crucial in making this social worker a researcher as well. Thank you.

Srikant Sarangi came on as an assistant supervisor in the last year of the Ph.D. study. Srikant's concrete and hands on feedback on (the many versions) of my analytical work have been challenging, instructive and inspiring. In a short time, your guidance have pushed me analytically and brought me a lot closer to finding my own way in the field of discourse analysis. Thank you.

I have considered Mikkel Bo Madsen an unofficial supervisor throughout the Ph.D. study. As a reader with Metropolitan University College, Mikkel have been invaluable in providing feedback on how to design and conduct my research. As important (if not more), as an 'office roommate' Mikkel has supplied me with seemingly endless interest and support through the years. Our discussions on research in social work have been instrumental in my on-going efforts to figure out how to be both a researcher and a social worker. Thank you.

I have been fortunate to be part of several inspiring research groups and networks during the project. A research visit with Sanford Schram at Hunter College, City University of New York provided me with insights into how one can conduct 'research that matter' as well as an opportunity to visit

linguistic and discourse scholars in other departments of CUNY. The international research network DANASWAC has provided me with continuous inspiration and constructive feedback on how to conduct discourse analyses in research on social work. Team Beskæftigelse at Metropolitan University College in Copenhagen have – in addition to the concrete collaboration on the data collection - shown continued interest in my study from a firmly practitioner-oriented perspective that has been valuable in my work. Finally, SAB, my research group at Aalborg University, have provided me with a highly competent research community that shares my interest in applicable research on social work within the employment services. Thank you to all of you. A special thank you to the people that became not only collaborators, but friends as well. Among others, but in particular; Sophie and Anne-Kirstine.

Last, but not least, I am indebted to my family and friends for their great patience in the last years. The number of times you have provided me with an outlet for my excitement and frustration – or not heard from me at all – are endless. Thank you. A special thank you to Lars, who, in the last months in particular, have found a perfect balance between providing distractions and giving me room to focus. Thank you.

Tanja Dall
December 6th 2017

TABLE OF CONTENTS

CHAPTER 1. INTRODUCTION

This thesis addresses professional decision-making in complex client cases in institutional social work. Decision-making about which benefits or interventions can be offered to clients is a core component of professional social work and, in many areas of public social work, these decisions are crucial to the clients in question. Such decision-making is characterised by the complexity of the lives of vulnerable clients. Further, intervention and support will often have to be planned and coordinated across different organisations and departments, because clients will be attached to different actors for various aspects of their challenges.

Increasingly, the trend is to handle this complexity organisationally by bringing together different professional actors around the client in case conferences and team meetings (Julkunen & Willumsen, 2017; Blom, 2004). The rehabilitation teams that form the empirical centre of this thesis are one example of such developments. The rehabilitation teams have been introduced in Danish employment services to make holistic and interprofessional recommendations that can help return clients with complex challenges to the labour market. However, as I will demonstrate in the thesis, bringing people together in the same room does not automatically solve the challenges of making professional decisions in complex cases.

Before I introduce the rehabilitation teams, however, an example from Sarah's case might help to illustrate the character and complexity of the cases about which the teams are deciding. Sarah is 28 years old and had a very troubled childhood and youth. She has been diagnosed with a personality disorder and is suffering from several other mental disorders. Sarah was recently admitted to an intensive psychiatric treatment programme that will require her to appear at the treatment centre across town four days a week. The hope is that this will be the start of a positive and stabilising process making it possible for Sarah to better cope with her everyday life and, in time, complete an education. Sarah has managed to stop her otherwise daily use of marihuana, which is a criterion for participating in the treatment programme, but this means that she has trouble taking public transport to get to the treatment centre owing to social anxiety.

The excerpt is from a so-called time-out during the meeting at which Sarah's case was being considered. The team members have met with

Sarah and have now left the room to discuss what to recommend in her case.

Excerpt 1[1]: Phase 1B, rehabilitation team B22

Medical Clinic	I think, on the thing about her having to be on top of things, and having a structure for her own stuff, she isn't capable of that, because she's never learned to. But she really wants to, you know, and now I don't know what you can do, but I'm thinking it's really important to step in massively in terms of that therapeutic programme, because she is completely right, that if she doesn't get there and – then she will simply be terminated because there are 20 other people on the waiting list
Employ. Services	But we can't grant taxi transportation, that is the – we really can't grant that. That is. We have to teach her to go there then, that's simply
Medical Clinic	But what about one of those home support persons?
Employ. Services	Yes, well that is where I think, you might be able to get her-
Social Services	I definitely think that she could use a home support, you know that goes for the domestic – you know, it's completely hopeless that she can't manage to shop for groceries and cook and
Medical Clinic	But that's again that thing about her really needing someone, because she simply doesn't know how to structure things.
Social Services	The problem is though that she – it will have to be made really really clear to her, that this home support is going to teach her those things. She

[1] For the illustrative purposes of this section, the excerpt has been transcribed ad verbatim and is presented with no greater transcription detail. The excerpt is translated from Danish by the author.

	cannot get the idea that it is an escort arrangement from day one until she finishes the programme, because it won't be. It will something about starting out going along, escorting her and driving with her back, too, on the bus.
Medical Clinic	But could you then do a: –that when she is going there, then there is the opportunity to contact her home support on the way
Social Services	That could very well be done [...] But she will not get, like, an escort from A to B
Employ. Services	Unfortunately a lot of those have been given, this taxi transportation, and it goes way beyond our limitations
Social Services	We have had such a home support program, where all they do is function as taxi's for all kinds of stuff

For now, I wish to introduce two aspects of decision-making in the rehabilitation teams that are central to the thesis:

A. The negotiated character of decision-making. In this case, it is clearly apparent as the doctor tries to negotiate ways to support the client's transportation to the treatment centre, but also as the social worker from the social services negotiates the meaning of home support as not being about "transport," but about teaching the client to structure and manage her everyday life.

B. The embeddedness of decision-making in institutional setting(s). The institutional setting both constrains and provides the resources that can be offered to the client, and imposes a set of conditions that the professionals must evaluate as they make their decision. We can see all of the professionals doing this in the excerpt above, for instance, as the social worker from employment services is oriented toward not going "beyond our limitations" by granting taxi transportation.

These aspects of decision-making will be substantiated in the following chapters. In the following section, I detail the framework of the rehabilitation teams, before moving to the purpose and research questions of the study. In

Chapter 2, I outline the research landscape(s) this study is part of. In Chapter 3, I outline theoretical approaches to decision-making in social work, as well as the theoretical framework of this study. In Chapter 4, I present and discuss the methodological considerations of the study. In Chapter 5, I offer short summaries of the four articles that make up the analyses of the study, before I discuss the findings in relation to the research questions of the thesis in Chapter 6. Finally, in Chapter 7, I offer a conclusion, including reflections on further research. The four articles that make up the analytical part of the study are included in Part II of the thesis.

1.1. INTERPROFESSIONAL REHABILITATION TEAMS

The rehabilitation teams were introduced in 2012 as part of extensive reforms of the Danish employment services. With the reform of the disability pension and flexible employment, it became obligatory for every municipality to establish a rehabilitation team. The teams were introduced with the overall aim of "ensuring that the necessary interprofessional coordination takes place in complex cases" (Danish Parliament, 2012, p. 3). More specifically, the Act on Organisation and support of the active employment intervention etc. states that:

> The purpose of the rehabilitation team is with departure in the individual client's overall situation to secure an interprofessional coordination and a holistic intervention across administrations and authorities and with a focus on employment and education, so that the individual client to the extent possible gains attachment to the labour market" (Act on Organisation and support… §9, paragraph 3; author's translation).

The legislation further prescribes that participants be representatives from employment services, health services, and social services as obligatory participants, as well as a regional health coordinator and a representative from educational counselling in cases of clients under 30 years old (Act on Organisation and support… §10). In the teams included in this study, these positions are covered by several professions, as outlined in Table 1.

Table 1. Overview of formal positions and professions in the rehabilitation teams

Employment Services	Social worker, social administrator
Social Services	Social worker, social pedagogue, nurse
Health Services	Social worker, physiotherapist, occupational therapist, nurse
Regional Clinic for Social Medicine	Doctor specialised within psychiatry, social medicine, general practice,

	gastroenterological surgery
Educational counselling	Teacher, trained educational counsellor

Overall, the idea of the rehabilitation teams was that they would ensure a holistic assessment that was part of a service "that to a greater extent invest[s] in the individual via an interprofessional intervention, that is adjusted to and targeted at the needs of the individual" (Danish Parliament, 2012, p. 3; author's translation). The potential of the interprofessional recommendation was emphasised, as were the inclusion of and sense of ownership, by clients.

1.1.1. DECIDING ON COMPLEX CLIENT CASES

According to the legislation, a case is to be brought before the rehabilitation team "before a decision on and the granting of resource programme, flexible employment, … and disability pension" (Act on Organisation and support... §9; author's translation). This means that all clients share the condition that their ability to work is limited or at risk to the degree that the possibilities of ordinary employment are threatened.

In practice, this includes a highly diverse group of clients. Although many clients, like Sarah, can have a multitude of issues relating to physical and mental health, and/or family and social issues, other clients may have "merely" physical limitations that call for permanent adjustments to their conditions of work. However, even in "simple" cases where the client has a relatively well-defined and controlled challenge (e.g. back pains caused by many years of hard labour), the efforts to re-integrate the client in the labour market will require coordination between e.g. treating specialists in the medical sector, rehabilitative efforts in the municipal health centre, and a chance at a potential workplace. As noted by Grell et al. (2016; 2017), this organisational specialisation is part of what makes a case complex.

For many clients, the rehabilitation team meeting is a crucial point in their trajectories in the employment services, and the team's gate-keeping function is important to clients. The decision about which benefit to recommend is, for most clients, a matter of securing their financial livelihood, and the recommendation resulting from the meeting will often be essential in meeting their needs for other types of support. This places the rehabilitation teams at the interface of client needs and wishes, on one hand, and institutional restrictions and resources on the other, as the excerpt (above) from Sarah's case illustrates.

1.1.2. DECIDING ALONG FOUR LEGAL CATEGORIES

The tensions between client needs and institutional resources should be settled at the rehabilitation team meeting. At the meetings, team members discuss a prepared, written case presentation, whose content is determined by a set of themes described in the legislation. Team members then meet with the client and must make their recommendations based on the outcome of the meeting.

The legislation states that the teams are to make recommendations on (a) which financial benefit the client should be given moving forwards and (b) which employment-related social- and health-related interventions are necessary to bring the client closer to the labour market (Act on Organisation and support… §11; author's translation). Although the two aspects are closely linked, the matter of benefit is the more important part of the decision, because the benefit is usually the most crucial for the clients and because it is, to some extent, decisive about which interventions can be put in place.

Decisions about benefits are made around four possible outcomes: recommendation for disability pension, flexible employment, resource programme, or return to ordinary interventions of the employment services (Act on the Organisation and Support… §11). Built into the criteria of eligibility for these outcomes, the policy guidelines establish a clear prioritisation of benefits. Thus, the starting point for benefits and interventions is the ordinary employment benefits (most commonly the sickness benefit, education benefit, and cash benefit). When all of the possibilities have been exhausted within this framework, clients can be assessed for a resource programme or flexible employment (cf. Act on Active Employment Intervention §68a and §70, respectively). When both of these frameworks have been exhausted, clients can be assessed for a disability pension (Act on Social Pension §16; §19). With each category comes a set of criteria, as well as a range of restrictions and resources that might be activated to facilitate the client's move towards employment. This means that the unique complexity of the individual client's case must be assessed in relation to a legally defined structure of four legal categories, which makes decision-making somewhat of a technical matter.

In addition to being governed by a comprehensive set of rules and guidelines, the teams are also embedded in an organisational structure that governs decision-making. We see this most crucially in the rehabilitation

teams' *recommendations*, not formal decisions, on what to do in the client's case.

1.1.3. DECIDING ON A RECOMMENDATION

The rehabilitation team reaches a recommendation on the client's case, but does not have the legal competence to grant the benefits or interventions. When the team has made their recommendation, it is sent to a second team or manager, depending on the benefit proposed and the municipal organisation, which will then make a formal decision based on a full review of the case. Despite this lack of legal authority, in practice the teams have a decisive gatekeeper function, because most cases will not be assessed for a disability pension, flexible employment, or resource programme if not put forward by the team. Furthermore, in most cases, the team's recommendation *is* adopted by the second unit. When a recommendation is not followed, the case is sent back to the team for re-evaluation.

On one hand, then, the teams are given considerable authority to make holistic recommendations that are of crucial importance to many clients. On the other hand, they have little formal authority about which benefit and intervention the client will actually receive, following the meeting. This duality of emphasising holistic and tailor-made services while also seeking to minimise and control professional discretion reflects the policy context of welfare-to-work, within which the rehabilitation teams are set (Northdurfter & Olesen, 2017).

1.1.4. DECIDING UNDER THE CANOPY OF WELFARE-TO-WORK

As mentioned above, the rehabilitation teams were introduced as part of extensive reforms of the Danish employment services introduced from 2012 to 2014. These reforms are, in many ways, part of an ongoing welfare-to-work orientation to unemployment and social welfare that 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 combine disciplining and allowing measures in an effort to achieve this. Measures such as activation, sanctioning, and low social benefits are thus utilised to return unemployed individuals to the workforce, and are gradually extended to include adults with disabilities and/or social problems in addition to being unemployed (Lindsay & Houston, 2013; Møller & Stone, 2013). Similar tendencies are seen in the reforms around the rehabilitation teams. Reforms of disability pension and flexible employment (Danish Parliament, 2012), cash benefit

(Danish Parliament, 2013a), and sick leave (Danish Parliament, 2013b) have all focused on putting more people to work, including unemployed people with problems besides unemployment. The reforms as a whole have emphasised active labour-market policies, such as increased demands of activation and job-search activity, lowering benefits, and emphasising the use of sanctions. At the same time, reforms have emphasised holistic assessments, coordinated and interprofessional interventions, and the inclusion of clients in intervention planning, as is the case with the rehabilitation teams.

Policy reforms within welfare-to-work 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). As a result, documentation of both the client's situation and of the professionals' own work has become a core part of frontline workers' institutional responsibilities. This thesis makes clear that this is the case for rehabilitation teams as well.

1.2. PURPOSE AND RESEARCH QUESTIONS

The rehabilitation teams reflect the tendency to seek interprofessional and interorganisational coordination in complex client cases as an answer to the challenges of increasingly more specialised services. They are simultaneously embedded in welfare-to-work policies that emphasise work orientation for vulnerable clients, holistic, and tailor-made services as well as disciplining and sanctioning measures. Finally, the rehabilitation teams are given considerable discretion while also being embedded in highly controlling and documentation-focused styles of management. Northdurfter & Olesen (2017) suggest that we need greater knowledge of the ambiguities and contradictions of professional work within welfare-to-work and, as I will substantiate in Chapter 2, we have little insight into team decision-making in these settings. Nevertheless, the rehabilitation team's decision-making practices are crucial to individual clients and may provide insight into wider tendencies of professional social work in welfare-to-work settings. The purpose of the thesis, then, is to gain insight into the decision-making processes in social-work teams in a welfare-to-work setting.

The complexity of client cases and the contradictory demands posed by the policy and institutional framework make decisions highly indeterminable when it comes to merely following rules. Rather, as I will substantiate in Chapter 3, decision-making in this context necessitates a situated and interpretive sensemaking by professionals. To get close to this translation of

policy and rules into decision-making in a specific case, research must get closer to the actual *practice* of decision-making, which in this case means examining the meetings and interactions through which decisions are made.

With these departures, I have structured the study around two main research questions:

1. How do rehabilitation teams do decision-making?

The 'how' of this question is essential, because I do not examine the decisions themselves, but rather the interactional processes leading up to a particular decision. The aim is not to evaluate if professionals reach what is perceived to be the "right" decisions, but rather to examine *how* professional decision-making takes place at the interface of institution, profession, and client. The theme of professional/institutional tension runs through the thesis, because the context of welfare-to-work poses certain obligations and challenges for professional decision-making.

2. How are professional and institutional responsibilities managed in team decision-making in welfare-to-work?

What constitutes professional and institutional responsibility is outlined theoretically in Chapter 3. However, once again the focus is not on what is constituted as professional/institutional responsibilities during their practice, but on *how* team members manage the competing responsibilities they are faced with.

1.3. CONCEPTUAL CLARIFICATIONS

Decision-making and responsibility is conceptualised in detail in Chapter 3. *Decisions* are defined as "commitment to action" (Huisman, 2001), which for the rehabilitation team means the commitment to make a certain recommendation. This commitment is brought about in interaction. *Decision-making* is thus the interactional process leading to a commitment to act. *Responsibility* is used broadly to encompass moral and ethical duties, specific procedural duties defined by the given institution, and professional demands of knowledge work (Banks, 2006).

I follow Grell et al. (2016; 2017) in using the term *complex cases* to denote cases in which several parallel contacts with more than one human service institution is necessary to develop or determine the client's ability to work. This is a practical use of the term that seeks to include both clients that have several coexisting physical, mental, and social problems, and clients who

have "only" one core problem that necessitates the involvement of several different services.

I talk about the team members of the rehabilitation teams as *professionals* or *team members* interchangeably. In discussing social work as a specific field for decision-making, I include all of the above mentioned professions in discussions of *social work professionals*. I do this because they all participate in the task of returning vulnerable clients to the labour market. I consider and thus define this, broadly, to be social work. When talking about *social workers*, I talk only about trained social workers.

I refer to work in the employment services as *social work* for several reasons. First, I consider the issue of sustained unemployment a social problem, because it is connected to the development and/or maintenance of other issues of declining mental and physical health (Diderichsen et al., 2011), poverty (Ejrnæs et al., 2011), and social exclusion (Benjaminsen et al., 2017). Second, the specific task of assessing situations of clients with complex health and social problems and recommending interventions to ameliorate them in close connection with the individual constitutes a core task of social work (e.g. Taylor, 2010).

Throughout the thesis, I use the term *institution*, as conceptualised following March and Olsen, as a "relatively stable collection of rules and practices, embedded in structures of resources that make action possible … and structures of meaning that explain and justify behaviour" (2004, p. 5). The resources that March & Olsen talk about can be organisational and financial, and I include here legislative resources, that is, the possibility for intervention provided by legislation. Institution, then, is used broadly to encompass policy, and legal and organisational features of the framework of the rehabilitation teams.

CHAPTER 2. THE RESEARCH FIELD OF TEAM DECISION-MAKING IN SOCIAL WORK AND OTHER SETTINGS

In this chapter, I will outline the research field(s) that have informed the study and to which the thesis contributes. A very limited number of studies have examined the specific field of team decision-making in social work in welfare-to-work from a discursive perspective, which is the focus of this thesis. I therefore draw on two fields of research: studies of professional work in the setting of welfare-to-work and studies of decision-making in social work. This combination was chosen because existing studies of social work in the setting of welfare-to-work focus predominantly on aspects of professionalism and power, with the theme of decision-making being underexposed, and, conversely, because studies of the theme of social work decision-making focus predominantly on child/family work, thus neglecting the field of unemployment and the setting of welfare-to-work. Both fields are salient to the study of the setting and activity of the rehabilitation teams.

In the following, I outline these two fields of research and how they have informed the study. As both of these are broad fields, I have focused on selected areas according to their relevance to the study of the rehabilitation teams, that is, work in similar settings (social work and welfare-to-work) and/or work around similar activities (teamwork and decision-making). Furthermore, I have focused on empirically grounded work and prioritised studies of the actual performance of work in interaction between professionals and professionals and clients, because this reflects the methodological approach of this study.

Finally, a small, third group of studies has examined team decision-making from a discursive perspective, though in settings that are neither social work nor welfare-to-work. These studies provide valuable insight into the interactional dynamics of team decision-making and have therefore been included in relation to studies of the activity of team decision-making in social work. First, however, I outline studies within the overall setting of welfare-to-work.

2.1. PROFESSIONAL WORK IN WELFARE-TO-WORK SETTINGS

Research on professional work in welfare-to-work settings covers a wide variety of themes using different methodological approaches. Here, I outline

three subfields that offer relevant contextualisation to the study of the rehabilitation teams: (a) studies taking a street-level perspective focused on the relationship between welfare-to-work policies and attendant managerial strategies and the room for professional discretion, (b) studies taking a theoretical perspective focused on professionals as arbiters of institutional power, and (c) studies taking a discursive perspective focused on the delivery of welfare-to-work in encounters between professionals and clients.

2.1.1. WELFARE-TO-WORK VS. PROFESSIONAL SOCIAL WORK

This literature examines the development and implementation of welfare-to-work policies at the street-level of public welfare institutions. For the purposes of this thesis, the following will focus on studies that have examined professional social work within this setting (see van Berkel, 2017, for a review of research in the European context).

This group of studies demonstrates how professionals in the welfare-to-work setting are increasingly required to facilitate labour-market inclusion through highly disciplining measures and within highly institutionalised settings (Borghi & van Berkel, 2007; Jacobssen, Hollertz & Garsten, 2017). Several studies have illustrated the considerable tension between professional social-work values and institutional norms (McDonald & Marston, 2006; McDonald & Chenoweth, 2009; Hasenfeld, 2010; Røysum, 2010; Raymaeckers & Dierckx, 2013), and the discussion of the condition of social work within this setting is ongoing. Thus, the advancement of welfare-to-work has been seen to de-professionalise social work through a prioritisation of organisational and policy concerns (Hasenfeld, 2010; McDonald & Chenoweth, 2009) and a narrow focus on labour-market participation (Raymaeckers & Dierckx, 2013; McDonald & Marston, 2006), each encroaching on social-work expertise and values. Hansen & Natland (2017) and Sainsbury (2008), however, argue that social work in an activation context is possible without compromising social-work ideals, and Northdurfter & Olesen (2017) see a tentative process of professionalisation of activation work in Danish and Italian contexts, while all three acknowledge the tensions. Nonetheless, Malmberg-Heimonen (2015), Solvang (2017), and van der Laan (1998) underline the *need* for social work expertise in welfare-to-work targeting vulnerable adults, and several studies find that frontline workers still have considerable room for professional discretion (Sainsbury, 2008; Austin, Johnson, Chow, De Marco & Ketch, 2009; van Berkel, van der Aa & van Gestel, 2010). However, there is also ample evidence of the ethical and professional dilemmas frontline workers face when determining appropriate actions between competing

responsibilities (e.g. Kjørstad, 2005; Røysum, 2013; Jessen & Tufte, 2014; Lindqvist & Lundgren, 2017). Two related analyses that are part of the same larger project as this study (see Chapter 4) find that the institutional framework challenges both interprofessional collaboration and client participation in rehabilitation teams (Buus, 2016; Nielsen & Fogsgaard, 2016).

The role of professionals' orientations

One way of gauging the impact of welfare-to-work on the profession of social work has been to examine the orientations of professionals (Djuve & Kavli, 2006; 2014; Liljegren, 2012; Raeymaeckers & Dierckx, 2013; Terum & Jessen, 2015). This is interesting because several studies have demonstrated how social workers' approaches to clients and activation work influence the effects of welfare-to-work policies (Malmberg-Heimonen & Vuori, 2005; Behnke, Frölich & Lener, 2010; van Berkel & van der Aa, 2012; Malmberg-Heimonen, 2015). These studies tend to focus on social workers' styles as either leaning towards a caring and empowering social work orientation or a more coercive and bureaucratic orientation. Yet Hansen & Natland (2017) have illustrated how individual social workers actively balance different approaches in their work, further suggesting the room for the agency of professionals.

This literature introduces the structured ways welfare-to-work policies seek to constrain the professional discretion of social workers, as well as the need to examine the performance of social work as it happens in situ, at the street-level. The studies cast professionals as (possible) mediators between the disciplining features of welfare-to-work and vulnerable clients, with professionally informed discretion as a crucial part of mitigating consequences for clients. Frontline workers engaging in more disciplining features of welfare-to-work are seen as an expression of compromised professionalism.

2.1.2. PROFESSIONALS AND POWER

This predominantly Danish strand of research has employed a range of constructivist and post-structuralist theories that present power as intrinsic to social relations in professional and institutional contexts (Mik-Meyer & Villadsen, 2013). I focus here on work within the setting of welfare-to-work, with a focus on social-work professionals. These studies depart from the welfare-to-work reforms mentioned in the literature above, but see them as being imbued with technologies of power that impose a certain institutional logic on both professionals and clients.

From this perspective, the professionals in public service institutions are not neutral or critical mediators of policy, but rather the arbiters of the disciplining project of the welfare state (Järvinen & Mortensen, 2005; Mik-Meyer & Villadsen, 2013). Several authors have demonstrated how this becomes manifest in professionals' categorisation of clients (Carstens, 1998; 2005; Böcker Jacobsen, 2003; Ebsen & Guldager, 2005; Mik-Meyer, 2005). Related, authors argue that moral and paternalistic power is inherent in the profession of social work, as the helping relationship with clients is imbued with demands to change and adhere to behaviour they deem appropriate (Järvinen, 2002; Møller, 2009; 2012; Nissen, Pringle & Uggerhøj, 2007). At the same time, Järvinen & Mik-Meyer (2003) and Böcker Jacobsen (2003) argue that social work's ideal of holism is essentially at odds with institutional logic that presupposes that the individual adapts to the demands of the institution. This creates dilemmas in encounters with clients, and Mik-Meyer (2012) finds that social workers in Danish welfare institutions have increasingly become advocates of the welfare state rather than of the clients (see also Mik-Meyer & Brehm Johansen, 2009; Mik-Meyer, 2010; Järvinen & Mik-Meyer, 2012).

These studies emphasise the considerable power of professionals in public institutions, focusing on the negative influence that institutions have on clients, paying little attention to how clients and professionals mediate and negotiate institutional structures (Järvinen & Mik-Meyer, 2003). However, a recent anthology has demonstrated how the governing technology of responsibilisation is "translated, adjusted, 'tamed' and challenged" on the frontline of public welfare (Juhila, Raitakari & Hall, 2017, p. 219). The authors acknowledge the pervasive character of the rationales of governmentality, but nuance the mentioned studies by demonstrating the contingent ways responsibilities are managed in in situ interaction. This brings us to the last group of studies in this section.

2.1.3. MANAGING TENSIONS IN INTERACTION

This group concerns discourse studies of social work practice, which is a growing field of research (e.g. Hall, Juhila, Parton & Pösö, 2003; Hall, Juhila, Matarese & Nijnatten, 2013). A sub-strand has examined professional teamwork as well as decision-making in social work, and these studies are included in Section 2.2.2. In this part, I focus on discourse studies concerned with the discursive enactment of welfare policies between professionals and unemployed adults.

Such studies have examined interactions between clients and professionals in the area of unemployment (Mäkitalo, 2005; 2006; Eskelinen, Caswell & Olesen, 2010; Caswell, Eskelinen & Olesen, 2013; Toerien, Sainsbury, Drew, & Irvine, 2013; Drew, Toerien, Irvine, & Sainsbury, 2014; Aner & Nedergaard, 2016; Bonfils, Staack & Jorde, 2017). One important point common to these studies is the active role of the client. Although clients are in a significantly disempowered situation, they are nonetheless coproducers of the interaction and seek to influence the outcome (decision or otherwise) in deliberate ways (Solberg, 2011a; 2011b; 2014). Mäkitalo, (2003; 2009; 2014), Mäkitalo & Säljö (2002a; 2002b), and Müller & Wolf (2015) have demonstrated the various ways in which institutional categories are constituted in and constitutive of client work in public welfare institutions. These works emphasise how professional reasoning is closely intertwined with institutional rationalities at the interactional level.

Within this literature, the question of professionals' orientations or styles is also a recurrent theme. Olesen (2006) conducted a review of Danish studies of interactions between cash-benefit recipients and social workers. He finds that studies present professionals as being relatively autonomous as professionals (e.g. Eskelinen & Caswell, 2003) or bureaucratic representatives (e.g. Berg Sørensen, 1995), with several demonstrating some variation between workers and locations in professionals' orientation (Kjærbeck, 2003; Tarber, 2003; Caswell, 2005). More recently Drew, Toerien, Irvine & Sainsbury (2010; see also Irvine, Sainsbury, Drew & Toerien, 2010; and Toerien, Sainsbury, Drew & Irvine, 2015) find that professionals within an English welfare-to-work setting apply different adviser styles, combining different collaborative, directive, proactive, positive, and challenging features. The study identifies different styles between providers, but also suggests that professionals enact various styles appropriate to specific clients. Similar findings are found in Danish (Danneris, Dall, Caswell & Olesen, 2017; Danneris & Dall, 2017) and Norwegian (Hansen & Natland, 2017) contexts, and taken together these studies offer a view of the contingency and multiplicity of frontline work.

In summary, these three areas of research on professional social work in the setting of welfare-to-work have demonstrated that considerable tensions are at play in frontline delivery of labour-market policies. Although there seems to be no doubt that professional work is under pressure within welfare-to-work institutions, several studies of the street-level delivery of welfare-to-work demonstrate the room for discretion that still remains in social work. A few studies even indicate that professionals may actively use both institutional and professional elements in their work with clients, which finds

support in the discursive literature on interactions between professionals and clients. In the three areas of study outlined above, the encounter between professionals and clients has been identified as crucial to the delivery of welfare. In this way, these existing fields of research provide an important contextualisation of the possible working conditions and challenges for professionals in the rehabilitation teams. However, as most work has focused on either the character of professional work or the professional–client relationship, this literature contains limited insight into the ways in which professionals manage and orient themselves towards their institutional and professional responsibilities in collaboration with other professionals.

2.2. TEAM DECISION-MAKING IN SOCIAL WORK AND OTHER SETTINGS

I now shift attention to the setting of social work generally and to the theme of decision-making specifically. Empirical research on decision-making in social work is somewhat limited, although the theme of assessment and decision-making is recurrent in the social work literature (Taylor, 2012). In the following, I provide an outline of this general field of research before focusing on studies of team decision-making in social work. Owing to the scarcity of this literature, I then go on to outline discursive research on team decision-making in fields of practice other than social work.

2.2.1. DECISION-MAKING IN SOCIAL WORK

Empirical research into social-work decision-making is somewhat scattered, with relatively few studies actually examining decision-making, and with several using concepts of assessment, judgement, and decision-making interchangeably (Taylor, 2012). For the purpose of this thesis, I have focused on studies of decision-making, but have included studies of assessment, etc., to the extent that this is treated as part of a process leading to a given decision.

A recurring theme in this research is the role of various factors that may influence decision-making, with studies preoccupied with the identification of illegitimate biases in decision-making. Studies have examined the influence of client characteristics such as race (e.g. McCrae & Fusco, 2010; Lee, Fuller-Thomson, Fallon, Black, & Trocmé, 2017) and poverty (e.g. Bradt, Roets, Roose, Rossel & Bouverne-De Bie, 2015; Moraes, Durrant, Brownridge & Reid, 2006), and aspects of professional practice, such as professionals' personality and gender (e.g. Lazar, 2006) and the use of knowledge and/or tools (e.g. Stokes & Schmidt, 2012). Other studies have

examined the influence of the decision-making context, such as policy and legislation (e.g. Duffy & Collins, 2010; McDonald, 2010). Although studies do provide important insight into the patterned variation of decisions according to race, organisational resources, etc., they provide limited insight into *how* decisions are made.

Another group focuses more on the process of decision-making. These studies focus predominantly on developing a given model for decision-making, or evaluating decision-making practices based on a chosen model, tool, or framework (e.g. Berzin, Thomas & Cohen, 2007; McCracken & Marsh, 2008; Crea, 2010; Gillingham, 2013; Plath, 2014). Of these, a large number emphasises the participation of clients (Pritzker & Richards-Schuster, 2016; e.g. Linhorst, Eckert & Hamilton, 2005; Leeson, 2007; Berrick, Dickens, Pösö, & Skivenes, 2017). Although these studies are based in empirical research on decision-making practices, the overall focus is on how decision-making *should be*, rather than what actually happens in practice. Studies such as Høybye-Mortensen (2015) and Holt & Kelly (2014) have effectively demonstrated how the use of a given decision-making aid by no means guarantees that the given aims are achieved or that decision-making is strengthened.

These two groups of studies of decision-making in social work are primarily concerned with decision-making on behalf of the individual caseworker, and an approach to decision-making as a cognitive, if contextually embedded, activity. These studies thus provide limited insight into group decision-making and the communicative aspects of decision-making.

2.2.2. TEAM DECISION-MAKING IN SOCIAL WORK

A growing body of studies has examined group[2] decision-making in social work (e.g. Kelly & Milner, 1996; Harlow, 2004; Speer & Zippay, 2005; White & Featherstone, 2005; Harlow & Shardlow, 2006; Beckett, McKeigue & Taylor, 2007). The studies suggest that group decision-making is even more complex than decision-making by individual professionals owing to the communicative and collaborative nature of the activity (Hitzler & Messmer, 2010; Roesch-Marsh, 2012; Helm & Roesch-Marsh, 2017). Although these studies tend to treat group decision-making as an outcome of

[2] Few studies in this field examine teams specifically. Because groups of professionals and clients regularly come together to make decisions in social work, studies of decision-making in group settings have been included here.

the interaction between meeting participants, few have examined group decision-making directly by observing meetings.

Those who have demonstrate how the categorisation of clients is a central practice in decision-making at the interactional level (Hitzler & Messmer, 2010; Messmer & Hitzler, 2011; Nikander, 2003; Hall, Slembrouck & Sarangi, 2006). These studies illustrate how decisions on eligibility and/or deservingness are closely related to identity construction of the client, and how this is the result of interactional negotiations between professionals. Client participation is a recurrent theme in this strand of literature as well (e.g. Hofstede, van Nijnatten & Suurmond, 2001, Hall & Slembrouck, 2001), and these studies add nuance to some of the model-oriented studies, mentioned above, by illustrating how participation in interaction and meetings does not equal participation in decision-making (Hitzler & Messmer, 2010). Hitzler, (2011), Forkby, Höjer & Liljegren (2015), Prince, Gear, Jones & Read (2005), and White & Featherstone (2005) illustrate how professionals' roles are also constructed and managed interactionally in meetings, and how different roles (as experienced/inexperienced members, for instance) make different allowances in decision-making (Roesch-Marsh, 2012).

Only a few empirical projects have examined group decision-making in situ. Nonetheless, the studies illustrate the relevance of studying decision-making as it actually happens in situ, that is, as social, contingent, and interactional practices. The interactional dynamics of team decision-making is further illustrated in the following group of studies.

2.2.3. TEAM DECISION-MAKING IN THE WORKPLACE

The group of research outlined here concerns discourse studies of team decision-making outside the field of social work. This research provides valuable insight into the interactional dynamics of decision-making, although not considering the specific setting of social work with vulnerable clients.

Halvorsen (2010) has done a systematic literature review of empirical discourse studies of team decision-making and found 16 relevant studies distributed across the fields of business, health care, education, and social

work, with only a few contributions in each field[3]. Across the reviewed studies, Halvorsen draws out the interconnectedness of structure and agency and underlines how micro-level interactions need to be studied in relation to the structures surrounding them (Halvorsen, 2010, p. 288). Several of the reviewed studies illustrate the influence of organisational structure and hierarchies, as well as the wider context of decision-making (e.g. Mehan, 1983; Hjörne, 2005; Graham, 2009). More recent studies in the field of business on the use of questions (Halvorsen, 2015), management of disagreement (Angouri, 2012), enactment of situated status and expertise (Angouri & Bargiela-Chiappini, 2011), and the discursive strategies of chairs (Wodak, Kwon & Clarke, 2011) have further illustrated how organisational hierarchies interact with the micro level of team interaction. Halvorsen & Sarangi (2015) illustrate how team members shift between activity roles (such as chair or participant) and discourse roles (such as presenter, elicitor, or responder), and how these are closely connected with the specific activity type.

Related to such matters of role-positioning is the tension between professional and institutional orders. These tensions need to be managed in talk, and Måseide (2003; 2006; 2016) demonstrates how doctors manage professional and institutional problems through discursive strategies that allow participants to move in and out of different participation roles and institutional/medical frames. Mehan (1983) found similar tendencies in his study in a school setting, and Hjörne (2005) adds the voice of the client/parent to the tension. Hjörne (2005), Griffiths (1997; 2001), and Hughes and Griffiths (1997) bring out the role of professional categorisation of students/patients as part of decision-making, not unlike the studies of categorisation in social work mentioned above.

These studies direct the analytical lens of this study, specifically the attention to tensions between institutional, professional, and client orders, as well as role-relational aspects of institutional team talk. Furthermore, they have informed the analyses of this study by providing conceptualisations that have been utilised in the study of data from the rehabilitation teams.

Summarising this chapter, I have found very little research in the specific field of discourse studies on team decision-making in social work with unemployed adults. Nevertheless, the existing studies in related areas do

[3] The studies in the setting of social work (Nikander, 2003; Hall, Slembrouck & Sarangi, 2006; Hitzler & Messmer, 2010; Hitzler, 2011; Messmer & Hitzler, 2011) have been covered in the previous section.

inform the thesis in several ways. The studies of social work within the setting of welfare-to-work provide important contextualisation of the more detailed study of interaction, and inform the thesis by directing focus to the interplay of and tensions between institution, client, and professional in welfare-to-work settings. The discourse studies of both professional–client encounters in welfare-to-work and in interprofessional decision-making establish an interactional view of work in this setting as being both relevant and crucial to understanding how decision are made in team meetings, as well as how professional/institutional tensions are managed. Existing research is scarce, however, and the thesis will contribute to our knowledge of team decision-making in welfare-to-work settings, and thereby to both research on professional work in this setting and to research on team decision-making in social work more generally.

CHAPTER 3. DECISION-MAKING AND RESPONSIBILITY IN INSTITUTIONAL SOCIAL WORK: TOWARDS A THEORETICAL FRAMEWORK

In this chapter, I will outline the conceptual framework of the thesis. As I have established in the previous two chapters, I approach decision-making in the rehabilitation teams as (a) spatially and temporally centred on the meeting itself, which means that (b) the interactions between team members (and clients) are a crucial medium through which decisions are reached. Furthermore, because of the specific context of welfare-to-work, (c) decision-making takes place in the interplay between concerns of the institution and client, and (d) professionals are likely to experience tension between institutional and professional standards.

However, ideas about decision-making in social work tend to revolve around expectations of rational and standardisable processes, which provide poor conceptualisation of this type of decision-making in social work. Nevertheless, these theories permeate the institutional expectations of professionals' decision-making. In the following, then, I begin with an outline of the more rational theories of decision-making and the critique of their inadequacies in the case of social work. In doing so, I connect theories of social work with theory from the field of organisational decision-making. Among other things, the inadequacies of rational theories of decision-making are connected to a lack of recognition of the need for professional discretion and the multiple responsibilities of professionals in social work and, as part of the critique, I delineate the concept of responsibility including the sociology of professions and theory of professional responsibility. I then go on to propose an alternative, constructivist, and discursive framework of decision-making and responsibility.

3.1. MODELS FOR RATIONAL DECISION-MAKING IN SOCIAL WORK INSTITUTIONS

Social work research on decision-making tends to be atheoretical (Taylor, 2012; Killick & Taylor, 2011), yet seems to build on the common notion of professionals' decision-making as (more or less) rational and based on an instrumental use of knowledge (Solvang, 2017; Blom, Evertsson & Perlinski, 2017). These trends employ variations of rational decision-making

theory and are closely linked to the organisation of public welfare institutions.

Traditional theories of rational decision-making build on economic theory of the (organisational) decision-maker as an "economic man" making a *rational choice* based on a clear goal; knowledge of all aspects of the given situation; and knowledge of all alternatives for action and their (probable) consequences (March, 1991; Hodgkinson & Starbuck, 2015). However, Simon (1945), and others after him, criticises the idea of the fully rational decision-maker seeking to maximise outcomes, because decision-makers in real-life settings seldom have the total knowledge and unambiguous goal presumed by the rational choice model (Hodgkinson & Starbuck, 2015). Instead, Simon proposes the concept of *bounded rationality*, according to which decision-makers *satisfice* rather than optimise; that is, they choose the first good-enough decision they find, within the constraints of time, resources, and knowledge (Simon, 1956; Jones, 1999). This has led to two (theoretical) strategies that can be traced to social work: that of a *procedural rationality* that guides decision-makers through an organisation of an appropriate (and perceived rational) process of deliberation; and that of finding *heuristics and biases* that can guide decision-makers in sorting information and recognise appropriate outcomes. I consider these two in turn, as well as their limitations of the context of social work and public welfare.

3.1.1. PROCEDURAL RATIONALITY IN SOCIAL WORK DECISION-MAKING IN PUBLIC INSTITUTIONS

Procedural rationality describes a way of thinking in which decision-making is perceived as rational and appropriate when it follows a set process perceived to be appropriate. Simon (1976, p. 67) explains: "Behaviour is procedurally rational when it is the outcome of appropriate deliberation. Its procedural rationality depends on the process that generated it." Simon (1976) describes these processes as both cognitive reasoning of the individual and organisational planning. We see the former in social work today, because many types of decisions are guided by specific and institutionally and/or legally embedded tools that structure the gathering, ordering, and assessment of information in systematic ways (Taylor, 2010; Høybye-Mortensen, 2013). The organisational side of procedural rationality is more implicitly embedded in the bureaucratic organisation of most public welfare institutions.

According to Weber (1979), the ideal-typical bureaucratic organisation is superior at achieving predictable, neutral, and equal (administrative) treatment of citizens by following rational procedures and a functional division of work (Månson, 2000). These ideas are central to public service institutions today (Rainey, Ronquillo & Avellaneda, 2010), and we see this manifested in the increasing pressure on social work to make assessments and decisions in accordance with standardised procedures and guidelines (Rexvid, Blom, Evertsson & Forssén, 2012; Evertsson, Blom, Perlinski & Rexvid, 2017), because this is seen to support an evidence-based and non-biased decision (van Luitgarden, 2009). However, the very nature of information in social work makes such a model insufficient to understanding decision-making in actual practice.

The challenge of abundant, ambiguous, and subjective information in social work

Van Luitgaarden points out how social work lacks the most basic elements presumed in rational theories of decision-making: neutral and objective information that is "out there" waiting to be found (2009, p. 249). Decision tasks in social work deal with the social, and thus with people attaching meaning to their own and others' behaviour. Information or the perceived facts of a situation will often be subjective and debatable, not to mention abundant and incomplete. This becomes especially clear in the context of interprofessional work, where the same aspects of a client's situation can occasion different interpretations of what problems are at play and which interventions should be implemented (Petrie, 1976; Clark, 1994; Blom et al., 2017). For these reasons, van Luitgaarden argues, "decomposing a social situation into its constituents for the purpose of rational analysis as intended by the rational choice movement becomes both practically and theoretically impossible" (2009, p. 249).

In many ways these objections to the idea of a standardisable decision-making process relate to the very premise of Simon's bounded rationality: We cannot assume to know all aspects of the situation nor what will constitute the "optimal" solution. Rather than a procedural rationality, then, other models have focused on naturalistic decision-making and the identification of heuristics and biases to aid decision-makers.

3.1.2. HEURISTICS AND BIASES IN SOCIAL WORK DECISION-MAKING

Faced with the challenge of making a satisfactory decision in a situation where a definite overview of all available (and unambiguous) information is not possible, Simon argues that:

> …what appears to distinguish expert from novice is not only that the former has a great quantity and variety of information, but that his perceptual experience allows him to detect familiar patterns in the situations that confront him, and by recognising these patterns, to retrieve speedily a considerable amount of relevant information from long-term memory (1976, p. 83).

Rather than assess all given information, the challenge for decision-makers becomes to identify the key information that allows the professional to recognise a situation and match it to the best available solution, under the pressures of time and access to information (Gigerenzer & Gaissmaier, 2011). In the literature of social work, this is reflected in theoretically based models looking to identify key risk factors (heuristics) to structure decision-making, or the influence of biases that should be eliminated (e.g. Taylor, 2012; 2017; McCracken & Marsh, 2008). The work on heuristics and biases differs from the procedurally standardised models of decision-making by emphasising the role of professional judgement; the heuristics must always be applied intuitively in a specific context. That is why a corresponding focus on biases is needed to be certain that judgements do not become based on personal norms.

Despite a recognition of the need for more intuitive applications of knowledge (Platt & Turney, 2014; van Luitgaarden, 2009), these models continue to focus on decision-making as a matter of having the correct knowledge (of key factors) and using it correctly (without bias). What they neglect to consider is the complexity and uncertainty of the situations to be decided on and what actually goes into the movement from recognising a problem to choosing a solution.

The challenge of uncertainty in complex client cases

Even when a social work professional has an informed assessment of the situation at hand (as identified through standardised models or evidence-based heuristics), the choice of a good-enough solution may not be a simple one. This is not least because the "wicked" nature of many problems in social work means that the application of a given method or intervention will

always entail some uncertainty as to its outcome (Thorsager, Børjesson, Christensen & Pihl, 2011). Although rational models of decision-making will claim to reduce uncertainty and complexity (Rexvid et al., 2012), they offer poor solutions to that very challenge. This is not least because "experiences of uncertainty and complexity can have causes that are not related to knowledge at all" (Evertsson et al., 2017, p. 217), which makes rational theories of decision-making insufficient representations of decision-making in complex social situations. Rather, as complex problems are challenging as a result of both matters of the social situation, the multitude and wicked nature of client problems and complexity of the organisation (Grell et al., 2017), what is required is flexible and situational decision-making based on professional knowledge as well as skills of situated inference (Evertsson et al., 2017; Antoft, Høgsbro, Nissen & Olesen, 2017; Munro, 2004; 2005). While standardised procedures and evidence-based knowledge can be valuable tools in decision-making, as theoretical frameworks they offer little explanation of the contingencies of applying acontextual knowledge to complex and unique situations. In order to move towards such a theoretical framework, we need to consider in more detail the professional inference in institutional contexts and the complex of responsibilities governing professional discretion in these settings.

3.2. PROFESSIONAL DISCRETION AND RESPONSIBILITY IN INSTITUTIONAL SETTINGS

Evertsson et al. (2017), Antoft et al. (2017), and Munro (2005) describe a situation of social work where the complexity and uniqueness of each case necessitates situated decision-making in which a generalised knowledge base is applied to a concrete situation. Work within the sociology of professions offers a conceptualisation and explanatory framework of how this discretionary work is constituted and structured in practice. Thus, Abbott argues, in order to move beyond a "routine connection of diagnosis and treatment" (Abbott, 1988, p. 51), professionals must construct an understanding of the case and possible solutions by drawing on generalised knowledge, theory, and personal experience that all inform the discretionary decision. This makes decision-making interpretive and contingent – and open to ambivalence and heterogeneous practice between professionals. Although the former is necessary for decision-making in complex cases, the latter is a threat to both professional legitimacy and institutional principles within bureaucratic settings. Therefore, Freidson (2001, p. 217) posits, (ideal-typical) bureaucracies seek to maximise predictability and reliability of professional services by imposing rational-legal principles on professionals' work. Freidson (2001) talks about a "standardisation of

procedure and production that is generic to ideal-typical bureaucracy" that is not unlike the procedural rationality described above. Although some balance between contingent practice and predictable services is necessary, these attempts at control run the risk of reducing professional knowledge to a matter of mere technical connections of problem and solution that professional discretion was precisely meant to exceed (Freidson, 2001, p. 218; Abbott, 1988, p. 51). Thus, we have a necessary tension between the rational-legal logics of the bureaucratic institution and the situated and knowledge-based inference of professions. To Freidson (2001), the guiding principles of ethical professional and institutional practice become crucial in balancing the two. Professionals are therefore to be given a certain freedom in their decision-making, but within a set of institutional and professional responsibilities.

3.2.1. INSTITUTIONAL AND PROFESSIONAL RESPONSIBILITIES IN DECISION-MAKING

What these responsibilities entail, however, is not clear-cut. Solbrekke & Sugrue (2011) trace the development of the notion of *professional responsibility* to the beginning of the 20th century and the first theories of professions themselves. This goes from ideas of a "social trustee responsibility" of altruistic professions working in the best interest of the client and society (e.g. Parsons (1939) on professions as "social constants"), through understandings of professional responsibility concerned with exercising expertise and curtailing professional interests in power and monetary gain (Solbrekke & Sugrue, 2011; e.g. Freidson, 1970 on the dominance of the medical profession), and finally to more recent ascriptions of a utilitarian ethos of "accountability" that emphasises "the instrumental effectiveness of specialised, theoretically grounded knowledge, with little concern for more traditional extended social responsibilities of ethical standards, or service on the public interest." (Solbrekke & Sugrue, 2011, p. 17).

These developments in perceptions of professional responsibility illustrate the social character of the notion of responsibility, and Englund & Solbrekke (2011, p. 57) emphasise that different meanings given to professional responsibility do not reflect universal movements across local and professional contexts, but rather, are contingent on the use in ongoing managerial and professional practice. Thus:

> To act in a professionally responsible manner becomes multifaceted matter, not only because of the demands of efficiency

> and competitiveness, but also because society is characterised increasingly by value pluralism, with a "jungle" of expectations and conflicting ideas about how to deliver the best service to each citizen (Englund & Solbrekke, 2011, p. 62).

This means that we have to approach the matter of professional responsibility as an empirical matter to be examined in a specific setting, as the multifaceted expectations of responsibility delineate and structure decision-making in contingent ways. However, the "jungle" of responsibilities is more nuanced than that of professional morals vs. institutional tasks; moral obligations are also invoked in relation to institutional standards, and professional ideas will influence what the task is perceived to be, and not least, how a given task is to be solved.

3.2.2. A TAXONOMY OF INSTITUTIONAL AND PROFESSIONAL RESPONSIBILITIES

The following rough taxonomy is an attempt at capturing the complex of professionals' responsibilities in decision-making in public welfare institutions, as this has been conceptualised in other literature. As a starting point, I follow Banks (2006, p. 124) in my use of the concept of responsibilities as a broad term that encompasses moral and ethical duties; specific procedural duties defined by the given institution; professional demands of knowledge work; and more situated relational responsibilities of social work. The notion of responsibility, then, is used to encompass the multi-facetted obligations of professionals in institutional settings. These obligations are understood in relation to the institutional and professional standards and can be delineated along various features of task-based, technical, and moral responsibilities.

In institutional settings, the ascription of responsibility is connected to formal division of work in delineating *who* is responsible for *what*. Baier (1972 [1992]) denotes this *task-responsibility* and specifies that it includes two parties; someone who will perform the task and someone to whom the first party is responsible. This is similar to the concept of objective responsibility (Mosher, 1968) and related to the concept of accountability (Englund & Solbrekke, 2011), although this has been conceptualised in broader, more facetted ways (e.g. Hupe & Hill, 2007). In the setting of welfare-to-work, we might expect this to reflect the institutional task of making decisions along the given legal categories. The correspondent professional task might then be that of making assessments of the client's ability to work and possible measures for improving it.

However, as corroborated in the text above, *how* the task is fulfilled is also imbued with expectations. This makes relevant Bauman (1989) and Banks' (2006) references to a *technical responsibility* that is distinct from moral obligations and concerned with the "know-how" of work. Within the specific institutional setting of the employment services, this might reflect the administrative side of work (Banks, 2006), or the expectation that professionals act according to applicable legislation. Following the sociology of professions, we can expect the professional side of technical responsibility to concern the obligation that decisions be made according to the best knowledge available and/or according to professional skills of inference and abstraction (Freidson, 2001; Abbott, 1988).

Finally, professional work is governed by a set of *moral responsibilities*. I use the term here to collect thoughts about what professionals should do because it is "right" according to a certain set of values. This is related to what is elsewhere treated as subjective responsibility (Mosher, 1968) or social-work ethics or values (Banks, 1995; 2006). Moral responsibilities of professionals are often connected to that of acting in "the best interest" of the client and/or society (Freidson, 2001). In the same way we can talk about institutional morals, in the sense of what is "right" according to institutional values. This has elsewhere been described as the "utilitarian ethics" of modern institutions (Englund & Solbrekke, 2011), "agency values" concerning the legal rights of clients in terms of due process, etc. (Banks, 1995; 2006), and the "administrative ethos" of neutrality, equal and predictable treatment of similar cases, etc. (Adams & Balfour, 2004).

Table 2 represents the features of responsibility in relation to professional and institutional standards, based on this theoretical conceptualisation. On paper, professionals are expected to demonstrate accountability for all aspects of decision-making (e.g. Banks, 2005; Englund & Solbrekke, 2011; Solbrekke & Sugrue, 2011). However, it should be remembered that professional responsibility is contingent on professional, institutional, and local contexts and must be negotiated and practised in situ (Englund & Solbrekke, 2011).

Table 2. Features of professional responsibility in institutional settings according to institutional and professional standards.

	Institutional standards	**Professional standards**
Task-responsibility (what should be done)	e.g. making recommendations according to legal categories	e.g. assessing work ability and possible treatment/intervention
Technical responsibility (how should it be done)	e.g. working according to bureaucratic and legal procedures	e.g. working according to the best professional knowledge available
Moral responsibility (what is the 'right' outcome)	e.g. equal treatment of cases, due process, and fulfilment of legal rights	e.g. working in the "best interest" of the client and/or society

Although the rational theories of decision-making may be poor representations of how decision-making actually happens in social work, they do reflect some of the various expectations of professional social work in institutional settings. With the complex of responsibilities outlined above, it becomes apparent how the questions of rational decision-making risk reducing professional decision-making to a technical matter of following procedure (institutional-technical) or following heuristics of knowledge (professional-technical), as moral responsibilities get downplayed. This further underlines the inadequacy of such theories in capturing the decision-making task in social work.

3.3. TOWARDS AN ALTERNATIVE THEORETICAL FRAMEWORK

So far, I have argued that rational theories of decision-making are inadequate to explain decision-making in the context of social work, because they fail to consider various aspects of the social work context (van Luitgarden, 2009; Rosen, Salas, Lyons & Fiore, 2015; Evertsson et al., 2017), that is, the amount of information available, the ambiguous character of information, the indeterminacy of the effects of interventions on the client's specific situation, and the organisational complexity of work.

It follows that, in the context of social work, decision-making is less about following de-contextualised guidelines and principles and more about professionals' skills to assess incomplete and ambiguous information and make theoretically and research-informed assessments within various institutional and professional expectations (cf. Munro, 2005; Evertsson et al.,

2017; Antoft et al., 2017). The specifics of these expectations of responsibility are in many ways constituted in local practices, and the content and balance between features may change over time (cf. Svensson, 2011; Englund & Solbrekke, 2011). This background, then, requires conceptualisations of decision-making that can account for the complexity and indeterminacy of decision-making in social work. For this reason, I am going to depart from Weick's (1995) constructivist theories of decision-making, focused not on causal processes of decision-making, but on decisions as social and cultural constructions.

3.3.1. CONSTRUCTIVIST THEORY OF DECISION-MAKING

Constructivist theories of decision-making emerged in organisational literature in the 1980s as a critique of, among other perspectives, the rational and behavioural theories of decision-making (Hodgkinson & Starbuck, 2015). These theories of decision-making call attention to the process of interpretation and meaning construction through which situations and "problems" are talked into being (Fine, 1984). This does not mean that professionals do not use knowledge or analyse complex situations, but that they do so within a complex of conditions and responsibilities that frame what is legitimate and what is not.

Following such an understanding, Weick has developed the theory of sensemaking. To Weick et al. (2005, pp. 55–56), "Sensemaking is a diagnostic process directed at constructing plausible interpretations of ambiguous cues that are sufficient to sustain action." In professional and institutional settings, what constitutes a meaningful understanding is predicated not only on the individuals' knowledge and inference, but also on organisational categories, information, and procedures that stabilise the practice of ongoing interpretation. This theory calls attention to the social, negotiated, and constructed nature of what counts as acceptable behaviour and reasonable decision-making, and demonstrates the role of language, talk, and communication in materialising decisions and action. Following Weick et al. (2005, p. 412), professional sensemaking "is as much a matter of thinking that is acted conversationally in the world as it is a matter of knowledge and technique applied to the world." Sensemaking takes place in interactive talk between individuals as well as between individuals and organisational discourses, and in doing so draws on the resources of language to formulate plausible and legitimate representations of a given situation (Weick et al., 2005, p. 413).

Despite an emphasis on the locus of language in bringing about decisions, Weick (and other constructivist theories of decision-making) stops short of examining the discursive features of how this is actually done. Yet, as Huisman (2001) proposes:

> the process of decision-making is not only bounded rationally or cognitively but is also contingent on the context of the talk, and … the "rationale" of a decision made in interaction is a socially situated construct of interaction.

When trying to understand how decision-making and responsibility are accomplished in the rehabilitation teams, attention must be directed to the interactional practices of the teams. For this purpose, I draw on discursive approaches to organisational behaviour and decision-making.

3.3.2. A DISCURSIVE FRAMEWORK FOR INSTITUTIONAL DECISION-MAKING IN SOCIAL WORK

Discursive approaches understand organisational behaviour as constituted in and through discourse, making organisational decision-making bounded not only rationally, but socially and interactionally (Huisman, 2001; Halvorsen, 2010). On this basis, Boden (1994) has problematised the idea of decision-making as a clearly defined and delimited activity that can be isolated in talk. Not unlike Weick (1995; Weick et al., 2005), Boden (1994) argues that decisions emerge from a range of activities and settings in discursively fragmented and incremental ways. Far from being isolated instances of interaction, these processes are intricately linked with institutional expertise and power relations and the distribution of responsibility (Sarangi & Roberts, 1999; Atkinson, 1999).

The discursive approach to decision-making builds on previous theories of decision-making in several ways (Huisman, 2001). The crucial difference from more traditional decision-making theories is the foregrounding of micro-level interaction as the medium through which rationalities are constructed, *satisficing* is achieved, and organisational practicalities and political interests are realised in contingent, but far from coincidental ways. Therefore, in defining what constitutes a decision, Huisman (2001) draws on Mintzberg & Waters (1990), among others, in her definition of decisions as "commitments to action," but specifies that this commitment is constructed through interactional and linguistic features. Hitzler & Messmer (2010) draw on Simon (1945) in their understanding of decisions as "the choice between two or more alternatives, when no one option is preferable from the outset."

For the purposes of this study, I rely on Huisman's definition, seeing the commitment to action of the rehabilitation team as the commitment to make a certain recommendation. The commitment to future actions may be explicitly or implicitly formulated. Hitzler and Messmer (2010, p. 208), for example, attest to the high degree of implicitness in group decision-making; for them, a decision is recognisable only insofar as it is being treated interactively as a decision. At the discursive level, then, the identification of commitment relies on some explicitness of a given decision.

The discursive realisation of responsibility

Owing to the inherent ambiguity of the decision-making task in social work and the ambivalences attendant on professional and institutional responsibilities, commitment to and discussions of a given action will also signal – to the extent it is made explicit – commitment to specific features of institutional and/or (inter)professional responsibilities. But responsibility is also accepted, rejected, and assigned in interactions between professionals.

From a philosophical perspective, responsibility has been related to the voluntariness of an action – that the actor had a choice – and to the intent of the actor – that s/he intended either to perform the action or for the action to have the consequences it did (cf. French, 1991). Austin (1956 [1991]) and Scott & Lyman (1968) explore this interactionally, looking at how we use excuses and justifications to evade or mitigate responsibility by claiming either the involuntary-ness or unintended-ness of a given action. This foregrounds the social and interactional nature of responsibility, as well as the relational nature of expressions of responsibility, as accounts are given when we expect that someone else perceives our actions as untoward.

Other authors have illustrated the assignment and negotiation of responsibility as not being a moral responsibility for doing something "wrong," but rather, as a task-responsibility for the accomplishment of a given task. Thus, as the delegation of decision-making to a designated team not only makes decision-making a highly interactional activity (Hitzler & Messmer, 2010), it also necessitates a distribution of responsibility among members within the team (Sarangi, 2017). Atkinson (1999) explores how interactional "zones of responsibility" indicate how work is structured along attributions of agency and responsibility, that is, understandings of who may be responsible or accountable for particular sets of action and knowledge in a given network of people.

This makes decision-making, as commitment to action, not just a concurrent commitment to a given set of (task, technical, or moral) responsibilities. It is

also a negotiation of the role-identities of the participants as responsible and capable agents (or not) within a given system (Huisman, 2001; Sarangi, 2017). Such a framework for how to understand and approach decision-making in social work in public institutions, emphasises both the intricate relationship between decision-making, professional identity, and responsibility as well as the social and interactional features of delineating the responsibility of one self and others, when committing to a certain action.

CHAPTER 4. METHODOLOGICAL CONSIDERATIONS

In this chapter, I outline the methodological considerations of the study from the beginning of the empirical fieldwork to the analytical framework for analysing these data. I end the chapter with considerations of the limitations and ethical considerations related to this study.

This study began as part of larger project with Metropolitan University College (MUC), specifically the Department of Social Work where I was employed at the time. As a project manager for the overall project, I designed the project, established contact and collaboration with municipalities, coordinated data collection, etc. Then, I collaborated with a group of researchers from MUC on data collection in the first two municipalities, as described in further detail in Section 4.6.2 in this chapter. After the collaboration, MUC researchers went on to do their separate analyses (see Aner & Nedergaard, 2016; Bonfils et al., 2017; Buus, 2016; Nielsen & Fogsgaard, 2017), and I commenced with this PhD study, including fieldwork in a third municipality. I have done all conceptual and analytical work separate from MUC, including literature and conceptual review. What this collaboration entails in terms of the partly shared data collection and consequences for analyses is discussed in Section 4.6.2. In the following, however, I start from the selection of data and data sites.

4.1. CASE SELECTION

In line with the review of both the empirical and theoretical literature outlined in previous chapters, decision-making in the rehabilitation teams has been approached as interactional and contextual. In order to gain empirical insight into the teams' interactional practices, I prioritised observation of the meetings themselves. This necessitated entrance into one or more municipalities and, because the project's main area of focus was on the teams as a new unit of decision-making, insight into more than one specific municipality was prioritised. At the planning phase of the project, the rehabilitation teams were still being implemented in municipalities, and it was clear that no established practice had been formed. This meant that there were no means at the time to decide what might constitute a representative variation of rehabilitation teams (Flyvbjerg, 2006; Yin, 2014). While avoiding very large or very small municipalities, in practice the selection of municipalities became a question of access and whether the two

initial cases were different from each other. Because all rehabilitation teams by definition share the same general client group and legislational framework, I focused on case variation in terms of the structure of meetings and the constitution of the team in terms of team members.

Via the liaison committee between the Department of Social Work at MUC and local municipalities, two municipalities were invited to participate. Both municipalities accepted. In *Municipality A*, rehabilitation team meetings were conducted as an initial meeting between professionals without the client, the meeting with the client, and a post-meeting in which a decision was made. The client was then informed of the decision via mail. Several representatives would cover each of the different positions in the team according to a rotation in each municipal organisation. Thus, three social workers would rotate representing the employment services, five professionals would take turns representing the municipal health services, etc. In practice, there was no set team, but several ad hoc teams, assembled from week to week. In *Municipality B*, meetings were organised with an initial meeting without the client, followed by the meeting with the client. The second part of the meeting would be interrupted by a time-out in which the team members would leave the room to make their decision and then return to inform the client about their decision in person. The representatives were, almost exclusively, the same five individuals, with the only exception being when someone was sick or on holiday.

After conducting the data collection in Municipalities A and B, I added a third municipality. This was relevant in this case because of the variation in how rehabilitation team meetings are organised across municipalities. This addition, therefore, expands the set of practices we gain insight into, and strengthens the empirical background for answering the research questions (Yin, 2014, Thomas, 2011). To identify the third municipality, I conducted a telephone survey with 13 municipalities to gain a more systematic insight into the organisation of rehabilitation teams in a wider range of municipalities. On this basis, one municipality was invited to participate in the study, once again from a strategy of variation in terms of meeting organisation. Meetings in *Municipality C* were conducted with an initial meeting between professionals and a meeting with the client in which the client was informed of the team's decision. According to the phone interview, representatives from the "social services" in Municipality C did include professionals from child and family services every other week, which differed from the modus operandi in Municipalities A and B, in which those professionals rarely participated.

4.1.1. THE REALITIES OF CASE SELECTION AND CONSIDERATIONS OF REPRESENTATIVITY

During fieldwork in the three municipalities, changes were made in their practices and/or the structure presented in initial inquiries and turned out not to reflect the actual teams practices. In addition, both Municipalities A and C worked with several professionals representing the different legally defined positions of the rehabilitation team, as described above. In reality, the study has not been concerned with three municipal cases, but with a variation of teams set in three different municipal contexts. The aim of the study has not been to compare municipalities (or meeting structures) as different cases, but to gain the broadest possible insight into the rehabilitation team (cf. Flyvbjerg, 2006).

On one hand, team organisation and meeting structure is very varied as outlined above. On the other hand, when zooming in on the particulars of decision-making in the four articles, practices seem remarkably similar. For the municipal cases and their representativeness of the rest of Denmark's municipalities, the striking similarities across the participating cases, despite the variations, might suggest that we are likely to find similar practices in other municipalities. This is supported by experiences of knowledge dissemination (see Section 6.3) and may be explained by the premise that rehabilitation teams are organised around the same general client group and framework for which recommendations can be made.

4.1.2. SELECTION OF MEETINGS AND CONSIDERATIONS OF REPRESENTATIVITY

After negotiating access with the managerial levels in the municipalities, the first task in each municipality became to obtain client consent for my participation in their meetings. Owing to reasons of confidentiality, I, as a researcher, could not access clients without their consent. Instead the caseworkers became important gatekeepers, and their efforts in acquiring the consent of clients were crucial to the project. Data collection in every municipality was initiated by my presentation of the project to caseworkers, who were asked to invite all clients having a case prepared for the rehabilitation team to participate in the study. With varying ease across municipalities, this process resulted in a total of 97 meetings observed.

The observed cases represent a diverse set of clients in terms of gender, age, types of problems, and categories of recommendations, reflecting the broad target group of the rehabilitation teams. Owing to reasons of confidentiality, no information is available on the distribution and characteristics of clients who declined to participate. However, informal talks with caseworkers and comparison of the distribution of clients in the data material with data on the general client population on cash benefits, flexible employment, and disability pensions suggest that clients with ethnicities other than Danish and clients with psychological/psychiatric problems may be underrepresented in the data. This supposed underrepresentation may have given a less ambiguous and conflicted picture of team practices, because cases in which there are communication challenges (as may be the case when Danish is not the clients' first language), and cases in which client issues are not objectively measurable (as may be the case with mental issues) are seen to be more challenging in terms of reaching agreement between professionals and professionals and clients. However, the cases that *are* included do represent such instances and allow for insight into how these are managed in decision-making. Furthermore, the number of cases in each municipality allows for some establishment of what seem to be "typical" meetings and what are outliers in terms of meetings that are comparatively easy and quick or imbued with doubts or conflict. This is supported by observations of team members' treatment of specific cases and meetings as especially hard or positive in informal talk between professionals after and between meetings. All in all, I believe that the data selection resulted in a broad insight into the general practices of the rehabilitation teams in the three participating municipalities, and that this insight is relevant to other rehabilitation teams in other municipalities.

4.2. DATA GATHERING AND DATA

The study draws on ethnographic principles of research. The project is thus concerned with the everyday practices of the rehabilitation teams as they occur in natural settings, and with the attempt to understand these practices through collection of various sources of data (Hammersley & Atkinson, 2007; Jones & Watt, 2010a). I have therefore prioritised the direct observation of meetings and have chosen to follow the team during meetings as well as pauses and other informal settings.

During data collection, my role(s) as researcher can be located somewhere between observer-as-participant and participant-as-observer, following Hammersley & Atkinson (2007). Thus, during the formal part of meetings, I took a more detached and passive role, making clear the boundary between

practice and research (Jones & Watt, 2010b). This was done in order to avoid actively participating in the decision-making itself. In breaks between meetings, a more involved role was taken, engaging team members in talk about their work, because this provided me with important background information about the team members' experiences and working conditions.

For various reasons, though, I hesitate to call the project an ethnographic study. This is mostly because of the choice of analytical framework, which limits the focus of the study to the spoken word of participants, and means that core elements of an ethnographic study have not been prioritised. Among other things, this concerns the lack of thick descriptions (Geertz, 1973), and that extended and immersive periods of fieldwork have not been conducted. Nevertheless, the principles and guidelines of ethnography have proven helpful throughout the research project, as will be apparent throughout the following account of the gathering of the study's specific data sources.

4.2.1. OBSERVATIONS AND RECORDINGS OF MEETINGS

Fieldwork in Municipalities A and B was carried out in spring/summer of 2014. Municipality C was included in spring 2015. Data collection started with observations of the rehabilitation teams, and I chose to follow the team members, rather than, for instance, clients or caseworkers. On some days, I would arrive in the morning along with the team members themselves and follow the team throughout the day. In other cases – and specifically in Municipality A – I would attend just one or two meetings in the middle of the day and then have to leave the room because the next clients had not consented to my presence. At the time, I was focused on gaining access to meetings themselves and only later became aware of the important insights I would gain from observing and participating in more informal aspects of the team practices (as illustrated in Section 4.2.3). On one hand, I could have wished for more opportunities to follow the teams for full days. On the other hand, because obtaining client consent was initially challenging in Municipality A, in practice, I was happy to simply be admitted to the room.

In adherence with the discourse analytical methodology outlined later, meetings were audio recorded in addition to being observed. The recordings would focus on the meeting talk itself, yet often there were more or less fluid transitions from "break talk" to "meeting talk." When discussions turned to a case for which consent was given, the recorder was turned on. When talk became irrelevant either to a specific case or the teams' work more

generally, the recorder was turned off. Participants – professionals as well as clients – were informed whenever the recorder was turned on.

Although the audio recorder was met with some comments from professionals during meetings, everyone readily accepted being recorded when informed of the procedures of client consent and confidentiality. Copland & Creese, (2015, p. 47) argue that participants may be less distracted by the recording device, if the activity observed is mundane to them. In this case, I might argue that, conversely, because this was task-focused, intensive, and non-mundane, participants would forget about the recording device. In one instance, I was asked not to record a meeting, because the chair expected the meeting to be confrontational, but was allowed to observe the meeting and make written notes. From my observations, the meeting was by no means particularly confrontational, but the incident illustrates how professionals were aware of the recording device throughout the data gathering. Clients had given their consent to the recordings before meetings, and no one seemed concerned with the recording device during meetings.

4.2.2. INTERVIEWS WITH TEAM MEMBERS

The observations were supplemented with interviews with team members in order to gain insight into the experiences and perceptions of team members, which are not readily apparent in the meeting data. Among other things, this includes perceptions of role and responsibilities, including orientations towards organisational factors that structure decision-making, yet are not necessarily explicated on meetings.

Team members from each of the legally defined positions of the team were invited to participate in the study. Professionals were prioritised according to their amount of participation in the observed meetings, but the selection was also influenced by practical availability. With the exception of representatives from the employment services in Municipality C, all invited team members readily accepted the invitation. These interviews were not initially planned to be an analytical focus of the PhD study. Therefore, when representatives of the employment services in Municipality C (which is solely part of the PhD study) were hesitant to participate in interviews owing to a lack of time, I did not pursue the interviews further. Later on, as the question of professional responsibility crystallised in the analysis of the discourse data, the statements of professionals in the interview data became pertinent as an empirical source of how team members experience and orient themselves towards their responsibilities. It is obvious that the analysis in

Article 4 would have been stronger with the inclusion of these representatives, but because I did have five interviews with other representatives from the employment services, and was interested in the interviewees as professional representatives and not in municipal differences, these existing data were deemed to be sufficient for analysis.

Interviews were conducted following a semi-structured interview guide (Kvale & Brinkman, 2009) that would begin with more general questions of how team members perceive the overall role of the teams and then gradually move towards the specific role of each team member as well as the other members (see the interview guide in Appendix A). As interviews moved to the specific role and experiences of the individual team member, questions and follow-up questions would increasingly be informed by the observation of meetings. For instance, as a researcher, I might bring up observations of frustration with the organisational set-up expressed during meetings, or bring up challenges that professionals in other municipalities had relayed. In many ways, the interviews can be located somewhere between more structured interviews (Fontana & Frey, 2000) and the "pre-structured" yet open interview (Hammersley & Atkinson, 2007, p. 117).

4.2.3. FIELDWORK AND FIELD NOTES

In addition to the PhD study's main data sources (observations and interviews with team members), data in the form of field notes, interviews with clients and caseworkers, and written documents from client cases have formed part of the dataset. I took part in conducting interviews and collecting documents as part of the study with MUC, and this provided valuable background and contextualising knowledge of the work of the rehabilitation teams. As these data sources have not found any concrete use in my analyses (and were not intended to), however, I focus solely on fieldwork and field notes in what follows.

Fieldwork and field notes have provided a more direct contextualisation and have added richness to the audio recordings of formal meetings. Talk among and with team members during breaks would regularly reveal nuances and dilemmas that were not apparent during the formal meetings. The following excerpt from my field notes is one such example. The excerpt concerns informal talk among team members during a longer pause (a rare

occurrence) that occurred because a client had not attended the previous meeting[4].

> The caseworker addresses the doctor and brings up a meeting last week that was held somewhere else and is very critical of "the board." One of the caseworker's cases that has been assessed in the rehabilitation team has now been assessed and rejected by the pension board. The doctor sighs and shakes her/his head, "there really ought to be some professionalism on those boards. We are the ones having all of the facts." S/he seems annoyed that the pension board has not granted the disability pension that the rehabilitation team recommended. This "happens too often." The caseworker says that the doctor should have a "red card" that could be used to "protect" the "most vulnerable" clients. The representative from the employment services (ESR) have returned to the room and the doctor looks at him/her as s/he continues, "if I had one, I would have drawn it here as well." S/he is referring to the previous case.

The "previous case" referred to is from the meeting quoted in Excerpt 3 in Article 3, in which there was considerable disagreement about what to recommend. The above note and observation not only made it possible to understand the significance of the otherwise innocuous reference to "the pension board" in the specific meeting, but also illustrate the structuring influence of the practices of the pension board, because it is a recurring experience that recommendations by the rehabilitation team are rejected. The following excerpt from notes made during the same pause illustrates another feature that informs the rehabilitation teams' decision-making practices.

> The municipal health representative brings up a recent case that had been "dragged out" for so long that the client was granted a disability pension three months before being eligible for the "ordinary" retirement pension. Everyone seems to find this regrettable, shaking their heads, sighing. ESR tells the others that the Social Appeals Board have criticised the municipalities for granting resource programmes to a too "strong" group of clients and overlooking the more vulnerable clients. This suggests that municipal practices are too lax rather than too strict, and team members are shaking their heads, some rolling their eyes. Team

[4] In addition to the translation into English, a few corrections have been made to ensure anonymity and intelligibility.

> members seem resigned that this is an authoritative voice, as the information is seemingly accepted and the discussion moves to another topic.

In this case, it is the Social Appeals Board that is referred to as a factor to consider. The appeals board is a national unit that audits the municipalities' granting of disability pensions and resource programmes among other decisions, and reviews complaints made by clients on municipal decisions. Their decisions count as formal guidelines on how to interpret legislation, and publish reports on whether municipal decisions are "correct" or not. I have no instances in which the consideration of these reports are mentioned in relation to decisions in specific cases, but the above note made it possible to capture one of the more general ways decision-making is sought influenced. As described elsewhere, the importance of context to talk is central in the theoretical approach taken in the study. Gumperz (1999) points out that researchers cannot assume that they will share the same interpretive resources as the participants under study. As the participants must draw on contextual knowledge to be able to make sense of the interactional situation, so must the researcher. In this endeavour, the fieldwork and notes have been invaluable.

4.3. FROM DATA COLLECTION TO ANALYSIS

Moving from collection of data to its focused analyses is an interpretive and analytic process in itself (Emerson, Fretz & Shaw, 2011). In the following, I outline two different aspects of this movement: the transcription of recorded data and the identification of analytic themes.

4.3.1. TRANSCRIPTION AND TRANSLATION

In this thesis, I have employed a discourse analytical perspective, which foregrounds interaction as the medium through which social phenomena are constructed. This perspective emphasises the close examination of empirical data (Sarangi, 2010; Wooffitt, 2005), which necessitates accurate transcription of speech. Early steps towards a more detailed analyses of the thesis' research questions have therefore been to transcribe both observation and interview data.

Most recorded data have been transcribed by student workers from MUC and Aalborg University. Transcribers were asked to transcribe data ad verbatim, that is, words-as-spoken, including pauses, stuttering, grammatical errors, etc. As the first phases of analyses (as detailed in the respective

articles) highlighted particularly interesting meetings, interviews, and passages, I have returned to the audio recordings to refine the transcriptions according to discourse analytical conventions (e.g. Roberts, 2006). The method for depicting talk in transcriptions was developed by Gail Jefferson in relation to conversation analytical work, and allows for very detailed transcriptions that the reader might find complex, and for that reason, difficult to understand (see e.g. Jefferson, 2004). For the level of analysis taken in this study (see Section 4.4) and in order to aid readers' understanding, the detailed transcriptions of data have been adapted to the focus of the given analysis. This means that I have only included transcription symbols that I deemed relevant to the analysis. Sarangi (2010, p. 4) points out that the level of detail in transcription can ultimately lead to differential interpretation of data, as the nuances and level of context accounted for varies with the transcription. This means that the process of transcription must be seen as a translation of the data.

All meetings and interviews were conducted in Danish and before publication yet another translation was made from Danish to English. As a general rule, analyses were performed on the original language with selected excerpts being translated only when writing up the given article. An exception is Article 2, which was written with an English-speaking co-author. For this study, three meetings were translated in full into English and initial analysis was done on this version of transcripts. As the analytical focus crystallised, further excerpts were translated in order to extend the analysis. Translations into English were done by me, with a native Danish speaker, proficient in English and with insight into the context of the employment services checking the translation of excerpts used in the publication.

4.3.2. IDENTIFYING ANALYTICAL THEMES

A more interpretive step towards the focused analyses of the four articles in this thesis has been the identification of analytical themes in the data. As fieldwork and engagement with the data have been a prolonged process, several themes have been considered, discussed with colleagues, and reformulated and/or discarded. I outline here three themes that have provided a departure for the analyses in the four articles of the thesis.

First, the timing of decisions emerged as a theme via the different data sources. Thus, when I interviewed clients as part of the MUC project, they would often state that the meetings were pleasant enough, but that they felt that team members had made the decision before they, the clients, had

entered the room. This was interesting to me as my observations of the team meetings would show that team members were often determining their decision after having met the client. As the focus of the thesis was on the making of decisions, this theme directed my analytical focus to parts of meetings where the clients were not present, as these turned out to be the parts where decisions are most predominantly and explicitly made. This was further substantiated by the mapping exercise described in Article 2.

Second, reading about the challenges of interprofessional collaboration and communication as part of my preparations for the study had led me to expect the explication of different – and opposing – professional perspectives on cases. In reality, however, I experienced discussions between professionals as informal in style and with pronounced agreement. Where differing perspectives were expressed, they were quickly downplayed or avoided. This theme fed directly into the analysis in Article 1, and led to a focus on the more subtle expressions of tension between professionals that turned up on closer examination of the transcribed data.

Finally, despite this pronounced agreement, tensions between professional assessments and institutional frameworks were very present in the data. Most visibly these tensions recurred in the – rare – explicit disagreements between professionals. More implicitly, the tensions were seen between a lack of coherence between professionally assessed needs of clients and a formally recommended intervention that would not address this need. Most often, a lack of resources or legal authority would be given as the reason for this, not unlike what we see in the excerpt from Sarah's case in Chapter 1. This theme became the overall focus of the thesis, and the tension has been most explicitly examined in Articles 3 and 4.

4.4. ANALYTICAL FRAMEWORK

As I have established in the previous chapters, when studying decision-making in the institutional context of social work, we need to recognise how interprofessional teamwork is predicated on both the macro level of policy and legislation and the micro level of meeting talk regarding the unique case of the client. The rehabilitation team meeting manifests both the relatively stable and structured character of institutional talk as well as the dynamic participation of the professional team members in maintaining, creating, and shaping the institutional context. The links between the participants and the immediate social context they are part of can be investigated through the notion of activity type (Levinson, 1979), which is a meso-level analytical concept. The notion offers an analytic entry point for the study of decision-

making at the intersection of participants' interactional choices and agency and the constraints and resources of the rehabilitation team meeting as an institutional event, and have provided a point of departure for my analyses.

A precursor to the notion of the activity type is Hymes' (1964) notion of speech event within the tradition of ethnography of speaking (Sarangi, 2005, p. 165). When communicating, Hymes (1964) argues, participants must not only know the language in question. They must also possess the "communicative competence" to understand and use language appropriately to the specific socio-cultural community and event. In order for the researcher to be able to properly understand language use from the participants' perspective, s/he must gain insight into the activity context of talk. To assist such insight, Hymes (1989) proposes an analytical framework (around the mnemonic of SPEAKING) that is meant to capture this context-specific communicative competence (Johnstone & Marcellino, 2011). Although Hymes' framework opens up the detailed study of interaction to the social situation of the speech event, it offers little account of the role of participants in shaping the activity context in which their interactions are embedded (Sarangi, 2005). This lack of attention to the dynamic nature of the participant framework (cf. Goffman, 1979; Levinson, 1987) is amended in Levinson's (1979) proposal of the "activity type" in which he argues that structural components are both constraining and adapted to the function "the members of the society see the activity as having" (1979, p. 369). This is useful for the study of decision-making in the rehabilitation teams, because it allows for the study of the discursive details of team communication while also considering participants' "conversational inferences," including the use of "contextualisation cues" (cf. Gumperz, 1982), and the contingent yet structured ways that the institutional framework is brought about in and through communication.

4.4.1. THE NOTION OF ACTIVITY TYPE AND ACTIVITY ANALYSIS

Levinson builds on Wittgenstein's (1958) concept of "language games," and with this, the notion of language as a tool for meaning making that is both multifaceted and socially constituted. This means that, while Levinson shares Hymes' focus on the socio-cultural activity ("event" in Hymes' terminology), the notion of the activity type is conceptualised as a more dynamic concept of relatively stable practices with allowable and expectable variations in individual practice within the activity (Thomas, 1995).

For Levinson, activity type is a culturally recognised, goal-oriented "fuzzy, category … with *constraints* on participants, setting, etc., but above all on the kinds of allowable contributions" (Levinson, 1979, p. 368, emphasis in original). Levinson (1979, p. 393) specifies that types of activity are central to language use in two ways:

> … on the one hand, they constrain what will count as an allowable contribution to each activity; and on the other hand, they help determine how what one says will be "taken" – that is, what kinds of inferences will be made from what is said.

In the case of the rehabilitation team meetings as an activity type, there are ramifications for participants, goals, and settings that are explicitly defined in the legislation and organisation surrounding the team meetings. Yet it is through the empirical study of participants' orientations and actions that we are to discover which structural components are (more) relevant and how they are given shape (Levinson, 1979).

Levinson does not offer an actual analytical framework of how to conduct such analysis, and his conceptual framework has been developed and operationalised by Roberts & Sarangi (2005) and Sarangi (2000; 2010). Roberts & Sarangi (2005) outline a theme-oriented discourse analysis that utilises a dual focus on focal themes (e.g. decision-making) and analytical themes of specific linguistic/rhetorical devices. This supports a detailed analysis of key phases of talk, with an eye for what these instances of talk produce in relation to the whole encounter as a specific type of activity. In an outline of the related activity analysis, Sarangi proposes that Levinson's activity type may be usefully coupled with the notion of discourse type, that is, broadly, "specific manifestations of language form in their interactional contexts" (2000, p. 1). Activity types, then, can be said to be made up of discourse types that can be used in different settings, yet always in activity-specific ways. In relation to this study, this offers a view of the rehabilitation team meetings as a specific activity type enacted by professionals drawing on discourse types that go beyond the specific meeting itself, as team members come together across various professional and institutional settings. A key aspect of activity analysis is the mapping of the discourse data at structural, interactional, and thematic levels (Sarangi, 2000; 2010) to allow for an informed identification of key phases on which to focus analysis, as well as a qualified understanding of these phases in relation to the overall structure of the activity.

This brings us to the specific analytical approaches used in the thesis. The activity framework is open to the application of conceptualisations from

various discourse analytical perspectives (Sarangi, 2000, p. 3), and in the four articles, I draw on sociolinguistic and conversation analytical concepts applied through different activity-oriented analytical approaches.

4.4.2. THE ANALYTICAL APPROACHES OF THE FOUR ARTICLES

Article 1 was co-written with Dorte Caswell and published in *Discourse & Communication.* In the article, we examined the specific discursive features of team negotiations, motivated by the ethnographic observations outlined earlier in this chapter. We then used Strauss' theory of the negotiation order in combination with the detailed examination of the sequential organisation of talk. This allowed us to identify two interactional resources, or discourse types, that have different functions at the discursive level of expanding or postponing discussions. The analysis also indicated that these discourse types fulfil different functions in relation to this specific activity type, as they can be seen as being related to professional and/or institutional standards of satisfactory decisions. This brought about an increased focus on the need to understand various discursive resources in relation to the specific activity type of the rehabilitation team meeting, and led to a more consolidated analytical framework – activity analysis – in the next three articles.

In Article 2, co-written with Srikant Sarangi, we performed activity analysis (Sarangi, 2000; 2010) to examine how team members appeal to specific institutional norms in the context of the rehabilitation meeting. Through mapping the data at the structural, interactional, and thematic levels, we observed how sequences of talk are embedded in the overall structure of the meetings and are related to the role-relationships manifested in the team talk. The analysis of selected excerpts then led to the identification of five different types of "appeals to institution." This article is under review by the *Journal of Pragmatics*. A main comment from the reviewers of the article's current version concerns the need for an extended discussion of the implications of these "appeals to institution" for professional practice in this context. This will be addressed in the discussion section of Article 2 before resubmission for the second round of review, but in light of the full thesis, this question is further elucidated in relation to Articles 3 and 4 (and Chapter 6 of this summary report). '

In Article 3, I examine how professionals manage their professional responsibilities within the institutional framework of welfare-to-work. I draw on theme-oriented discourse analysis (Roberts & Sarangi, 2005), which

emphasises the combination of ethnographic work and detailed analysis of naturally occurring interaction. The aim is to understand the discourse data in relation to both the local circumstances and the wider discourses in the setting (Roberts & Sarangi, 2005). In Article 3, the focal theme is identified through the ethnographic insights and repeated readings of the transcribed material. Discourse theoretical concepts of professional and institutional orders of discourse (Sarangi & Roberts, 1999) have allowed for the study of how professional/institutional responsibilities are managed in interaction, resulting in findings that underpin the shifting nature of the two discourses/orders and the dominance of the institutional discourse/order when the two cannot be balanced.

Finally, Article 4 examines more closely what happens when competing professional/institutional responsibilities cannot be balanced. This is examined via a discourse analysis of interviews with team members, in which interviews are approached as social encounters in which knowledge and meaning are created in concrete contexts (Talja, 1999; Nikander, 2012). I have followed the general approach of theme-oriented discourse analysis (Roberts & Sarangi, 2005), with the focal theme of distributed responsibility examined through the notion of accounts (Scott & Lyman, 1968). The interview data offers insights into professionals' experiences of how the professional/institutional framework influences their work, which is not otherwise apparent in meeting talk. The analysis of professional accounting practices has been coupled with the sociological theory of Bauman (1989) on the organisational displacement of (moral) responsibility, to understand these experiences in relation to wider mechanisms of organisation of responsibility in modern institutions.

As can be seen from the above presentation of the analytical frameworks adopted in the respective articles, the discourse data has been complemented with ethnographic background knowledge as well as theoretical conceptualisations. The ethnographic background knowledge is necessary to make sense of allowable contributions and to make inferences about the intended meanings of talk (Levinson, 1979) through participants' use of "contextual cues" (Gumperz, 1992; 1999). Theoretical conceptualisations, in contrast, have informed the analyses of how we, as analysts, can understand the interaction as reflecting participant orientation more generally (e.g. about professional/institutional orders cf. Sarangi & Roberts, 1999) and as connected to institutional contexts of wider social phenomena (e.g. Bauman 1989 on organisational displacement of responsibility). In this way, the choice of sociological theories broadens the analytical gaze and offers links between the discourse data and institutional and social structures that would

not otherwise be readily apparent in the interaction. However, it is crucial that analysis maintains the integrity of the interactional phenomena, through a continuous substantiation of the ethnographically and theoretically informed interpretations of the researcher in the close examination of empirical data.

4.5. LIMITATIONS OF THE DESIGN

As choices of research design and analytical framework narrow the focus of the study, other aspects of the phenomena in question are omitted (Miles, Huberman & Saldaña, 2014). This is also the case in this study and, in the following, I touch on a few aspects of decision-making that are not brought to light with the chosen design of the study.

Despite the above-mentioned strategies to open the analysis to the context of decision-making, the main focus is on the meetings themselves. This means that focus on the structural aspects of decision-making is limited to what is brought up during meetings or the interviews with team members. For instance, the study has a limited view of the ideological nature of the categories around which decision-making interaction is structured (Juhila et al., 2017) as well as the historical development of "traditions of argumentation" (Shotter, 1993 in Mäkitalo & Säljö, 2002b) that allow "collective ways of understanding people, actions, events and social practices" (Mäkitalo & Säljö, 2002b, p. 64) that we assume can inform decision-making. These dimensions relate to the ideological and historical structures that influence professionals' work. The other side of this is the professionals' enactment of power over clients, which have been well established in the existing literature (e.g. Mik-Meyer & Villadsen, 2013; see also Section 2.1.2). The thesis' missing focus on power is to some extent a consequence of the choice to focus analysis on the phases of meetings where the clients are not present, because I identified that this is where the "commitment" to decisions is made. However, this very distribution of decision-making in talk is in itself an important point about the enactment of power in decision-making.

In general, the clients are rather absent from the study. As several studies have demonstrated (e.g. Solberg, 2014; Matarese & van Nijnatten, 2015; see also Section 2.1.3), clients are important co-constructors of interactions, and the focus on professional-professional interaction may have overlooked the more subtle ways that clients participate in decision-making. Furthermore, a focus on the processes of decision-making (and enactment of responsibility) to some extent overlooks the content of decision-making, that is, the aspects

of the client's case that are emphasised or not. The data in this study does allow for subsequent analyses that consider these themes of ideological and historical embeddedness, the exercise of power, and the role of the client. Yet for now, the thesis supplements these other studies by bringing to light other aspects of decision-making.

4.6. MY POSITION AS RESEARCHER

Across all methodological considerations – the construction of research questions, choices of data, analytical framework, and theory – there is one common denominator: me and my position as a researcher. In this section, I reflect on two aspects of this position: the fact that I am researching "my own" field as a social worker with experience from the employment services; and that data collection was conducted in collaboration with a group of researchers at MUC.

4.6.1. RESEARCHING ONE'S OWN FIELD

My educational background and previous employment as a social worker in two different job centres from 2009 to 2011 mean that I have detailed experience with the client group, legal framework, and types of decisions made in meetings. As the rehabilitation teams were implemented in 2013, I have no professional experience with rehabilitation team meetings specifically. Nonetheless, my background was helpful throughout the study. For instance, during fieldwork my demonstration of an intimate knowledge of the character and challenges of work seemed to make my presence easier on the team members. Furthermore, the experiential knowledge from working in the job centres provided me with valuable insight into the context and conditions under which decision-making occurs in the employment services, which have informed the analytical work (cf. Section 4.4.2 on the use of contextual knowledge in analysis).

However, this background in the field of study also contains a risk that personal experience and preconceptions bias my interpretation of the various data sources (Nielsen & Repstad, 1993; Hammersley & Atkinson, 2007). At the beginning of fieldwork, especially, I found it hard to observe the decision-making practices from the perspective of a researcher rather than from that of a professional evaluating team decision-making according to my own assessments about what to recommend. In this sense, I had to find ways to "make the familiar strange" (Copland & Creese, 2015, p. 13). The systematic and empirical methodological approach described above has been a valuable tool in discovering and checking presumptions and intuitive

explanations of professional practices against what is actually and empirically apparent in the data. Looking back, however, my efforts to avoid being evaluative in my analytical work may have resulted in a lack of critical awareness of certain aspects of work, as suggested in the previous section on limitations of the study (Section 4.5) and the section below on ethical considerations (Section 4.7).

4.6.2. BEING PART OF A RESEARCH GROUP

Another aspect of my position as a researcher is the collaboration with MUC, as described in the introduction to this chapter. I have conceived, planned, and designed both the PhD study and the larger project, and have conducted a literature review, theoretical conceptualisation, and analyses in the PhD study, separate from the MUC project. The main aspect of collaboration, then, has been shared data collection in Municipalities A and B. This work was done in collaboration with a group of researchers from MUC, before I began work on the PhD study in November 2014. The data collection in Municipality C was performed exclusively as part of the PhD study. Table 3 presents the substantial amount of data collection that I have participated in.

Table 3. Distribution of data collection on municipality and data source. The values given reflect the amount I participated in collecting of the total amount collected.

	Municipality A	**Municipality B**	**Municipality C**	**In total**
Meetings observed	14 of 33 meetings	19 of 36 meetings	28 of 28 meetings	**61 of 97 meetings**
Interviews with team members	4 of 9 interviews	5 of 7 interviews	3 of 3 interviews	**12 of 19 interviews**

In addition to a large dataset, the collaboration has provided me with the opportunity to discuss observations and fieldwork with colleagues that have had similar empirical experiences. This has been an additional help in making the familiar strange, because the research group incorporated researchers who lack the social work professional background that I have.

A shared data collection, however, has other implications. When sharing fieldwork and data collection with a group of researchers, not all researchers can be present at all meetings. This makes it possible to conduct a more extended data collection, but also has costs in the loss of immediate

contextualisation otherwise gained when observing a meeting in person. A traditional ethnographic study would not recognise the "second-hand" data as a valid empirical foundation (cf. Hammersley & Atkinson (2007) on the primacy of participant observation). However, within discourse analytical work, the strategy of leaving a recording device in the room, and then leaving, is one way to minimise the influence of the observation (Sarangi, 2010). This strategy would then be accompanied by observations of similar professional activities within the setting in order to make up for the loss of context-specific detail (Sarangi, 2010). Through observing 61 meetings I have gained a solid, "personal" insight into the practices of the rehabilitation teams. Following this, I have employed a discourse analytical framework that focuses on the spoken word of meetings. I will therefore argue that the implication of including meetings that I have not myself observed directly are minimal.

A similar concern can be posed regarding the interview data. In this regard, though, the role of the specific researcher on the data is an additional question. Although interviews followed a semi-structured interview guide, we must expect that the personal style of the interviewer has some influence on the interview situation, especially towards the end of interviews, where interview guides become less structured (cf. Section 4.2.2). From an ethnographic perspective, Hammersley & Atkinson (2007, p. 110) emphasise the importance of the "manner" of the researcher in establishing and introducing the interview context in terms of small talk and dress as well as reactions to the responses of interviewees. This plays into the understanding of the interview as a social interaction (Talja, 1999; Nikander, 2003) in which different researchers will surely display different conducts in interaction, even if they are striving for a "standardised" approach (Fontana & Frey, 2000, p. 650). Thus, although the interviews are similar in structure and content of questions, the discourse analytical framework calls attention to the statements of respondents as responses to question posed in a specific social context. The question, then, is not so much about *whether* the several interviewers have influenced the statements of interviewees, but *how*. Once again, a close empirical examination of the data, including listening again to the audio recordings of interviews, has been helpful in situating the statements from interviewees in the setting of the interview and the relation to the given interviewer.

4.7. ETHICAL CONSIDERATIONS

General guidelines on standards of "integrity in research" (Ministry of Education and Research, 2014) have been followed throughout the research

study, and the study has been registered with and approved by the Danish Data Protection Agency (Approval included in Appendix B). This means that all data, which includes sensitive, personal information, have been collected and stored in accordance with the Act on the Processing of Personal Data and the guidelines of the Danish Data Protection Agency.

These somewhat practical measures pertain to what Guillemin & Gillam (2004) call "procedural ethics" and are only a small part of what constitutes ethical research. Thus, in the study, I have taken a more situated approach to research ethics that emphasises the role of "ethics in practice," that is, the ethical issues that arise in the daily conduct of research (Guillemin & Gillam, 2004). From this perspective, the principles of ethical practice must be realised in unique and complex situations that require a reflexive judgement in context (Heggen & Guillemin, 2014). For the purposes here, I will only touch on one small part of such reflections.

4.7.1. OBTAINING CONSENT FROM CLIENTS – AND PROFESSIONALS?

As described in Section 4.1.2, client consent was obtained by asking caseworkers to invite clients to participate (consent form in Appendix C). My concern was to ensure the clients' choice to give (or deny) an informed consent, and I spent considerable time considering the ethical issues surrounding the clients' participation (see e.g. Dew (2007) on consent from people with psychiatric disorders). However, it was only after beginning the project that I realised that the *team members* have probably had little choice about whether they wished to participate in the study. I had assumed, without giving it much thought, that the managers of the rehabilitation teams would have discussed and obtained consent to participate in the study from team members. Yet, when I arrived to make my observations, many team members from outside the job centres were not aware of the project. It was a mistake not to have ensured a proper orientation of team members and offered the option to participate or not. This is somewhat mitigated by the fact that no professionals objected to my presence and most exhibited interest in the project and were happy to participate in interviews.

Conversely, the professional practice is the focus of the study, and the ethical issue of professional consent is exacerbated by challenges of anonymity. To the professionals that knew I was in "their" municipality, the relatively few individuals and positions in the rehabilitation team may make them identifiable to their colleagues. I have been honest with professionals about these limitations of anonymity and have done my best to protect the

identities of all participants, clients as well as professionals, by offering as little detail about both participants and municipalities as possible. However, for professionals in particular, I cannot guarantee that they cannot be recognised or that they might be subjected to criticism based on my presentation of their work.

CHAPTER 5. SUMMARIES OF THE FOUR ARTICLES

The thesis consist of four articles. Articles 1 and 2 relate to the first research question, *How do rehabilitation teams do decision-making?* Articles 3 and 4 relate to the second research question, *How are professional and institutional responsibilities managed in team decision-making?* In this chapter, I give a short presentation of each article before moving to the discussion of the findings in the next chapter. The analytical framework for each article was presented in Chapter 4 (Section 4.4.2), and I therefore focus on the findings of the studies in this chapter.

5.1. ARTICLE 1: EXPANDING OR POSTPONING? PATTERNS OF NEGOTIATION IN MULTI-PARTY INTERACTIONS IN SOCIAL WORK

This article was co-authored with Dorte Caswell. We focused on patterns of negotiation in the teams and examined the following research question:

> How do interprofessional teams negotiate decisions in specific cases while also negotiating the broader institutional order of their work?

In this article, the research question of how rehabilitation teams do decision-making is examined by combining the micro-discursive approach with Strauss' theory of the negotiated order to examine how decision-making occurs in situated interaction, both drawing on and executing the negotiation order of the institution. At the interactional level, we find two resources used by professionals in their decision-making: *expanding* and *postponing*. Expanding occurs when professionals hold on to the issue of the negotiation and work to avoid the discussion being closed, which can be done via different discursive actions such as invoking the professional knowledge of one's "own" professional background or questioning others' knowledge. Postponing can be identified in negotiations when decisions are delayed or avoided in one way or another, for instance, by claiming that there is currently insufficient information or that the existing documentation is inadequate or irrelevant.

These analytical findings contribute to the first research question by exhibiting two argumentative resources that team members draw on in their negotiations, but the article also illustrates how the institutional framework is

brought into negotiations. For instance, the resource of postponing is seen to open up negotiation of the premise of decision-making: what is (not) relevant to consider and when is a case sufficiently documented? In Article 2, I dive deeper into the many ways that the institutional framework is invoked in interaction.

5.2. ARTICLE 2: WAYS OF 'APPEALING TO INSTITUTION' IN INTER-PROFESSIONAL REHABILITATION TEAM DECISION-MAKING

The second article was co-authored with Srikant Sarangi. We focused on the institutional aspects of talk and addressed the following research question:

> How do professionals representing different levels of knowledge expertise and organisational responsibility appeal to the existing institutional norms and frameworks in a contingent manner, while processing client cases to arrive at decisions?

We drew on the analytic method of activity analysis to examine the nuanced ways in which institutional norms and frameworks are invoked in meeting talk. Our findings suggest that appeals to the institution can be differentiated at the level of five subtypes depending on what is at stake, e.g. (a) the legal/institutional framework, (b) the institutional criteria for eligibility, (c) the institutional categories, (d) the institutional procedures for case-processing, and (e) anticipating future institutional scenarios.

The article illustrates how the multiplicity of demands on decision-makers in the specific organisational context of rehabilitation team meetings means that decision-making is not only structured around professional assessments of clients' situation according to institutional criteria. The various ways of appealing to institution bring out the salience of institutional norms and standards underpinning what "counts" as a recommendation/decision in terms of documentary evidence. Whereas Article 1 illustrated how postponing references to documentation is an effective argumentative resource, Article 2 illustrates the multiplicity of institutional demands.

Articles 1 and 2 both examine the interactional "doing" of decision-making, but the overall theme of professional/institutional tension and embeddedness is apparent throughout analyses of interactional resources, such as expanding, postponing, and appeals to institution. In Article 3, this tension is examined further through a focus on the professional and institutional responsibilities that frame decision-making.

5.3. ARTICLE 3: SOCIAL WORK PROFESSIONALS' MANAGEMENT OF INSTITUTIONAL AND PROFESSIONAL RESPONSIBILITIES AT THE MICRO LEVEL OF WELFARE-TO-WORK

With the third article, I move to the second research question of the thesis, while specifically examining:

> How do social work professionals manage their professional and institutional responsibilities when making decisions in complex client cases in the institutional setting welfare-to-work?

Based on the theme-oriented discourse analysis of a selection of team meetings, I identified the general pattern of a dual orientation to professional and institutional responsibilities. This pattern is characterised by team members shifting between professional and institutional discourse, and the discursive realisation of this suggests that the institutional responsibilities provide a structuring background for the enactment of more professional responsibilities. This is supported by the finding that, in instances where the professional and institutional responsibilities cannot be combined, it is the institutional responsibilities that outweigh the professional ones.

In relation to the overall research question of how professionals manage professional and institutional responsibilities, the article suggests that professionals manage the two by shifting between professional and institutional discourse in a continuous and dialectical consideration of both aspects. Although the first two articles bring out the ways in which the institutional framework is both pervasive in professionals' talk (Article 2) and an effective argument in negotiations (Article 1), Article 3 finds that both professional and institutional responsibilities are intrinsic to and prevalent in decision-making in the rehabilitation teams. We see this, for instance, around the assessment of documentation that stands out in Article 3 as not "merely" a matter of securing institutional standards of casework and eligibility, but also a matter of performing a professional assessment on an adequately informed basis. In Article 4, I examine further the relationship between professional and institutional responsibilities and the considerable challenges in balancing them in practice.

5.4. ARTICLE 4: DISTRIBUTION OF RESPONSIBILITY IN INTER-PROFESSIONAL TEAMS IN WELFARE-TO-WORK

In the fourth article, I examine the following questions:

> How do professionals define their responsibilities, and how do they shift certain aspects of their decision-making responsibilities within the team and in the organisation of the job centre?

The empirical basis is interview data with team members, and I analyse these in relation to the teams' organisational context. The study includes 19 interviews with team members. These are analysed drawing on a theme-oriented discourse analytical approach and Bauman's (1989) theory of division of labour and distribution of responsibility. This means that statements from team members are understood in relation to the division of the decision-making process into separate processes of description, assessment and recommendation, and making a final decision. These processes are distributed across different actors, of which the rehabilitation team make up one part. I find that team members distance themselves, as individual professionals, from the decision about which benefit to recommend a client for, and instead emphasise their role in recommending interventions or support that might benefit the client. The interviews reveal considerably moral dilemmas for team members that the analysis shows to be individual matters to be handled at the personal level. It is argued that one consequence of this is that professional responsibility becomes a technical matter of contributing professional knowledge, while the overall responsibility for the decision gets dispersed within the team and in the organisation of the job centre. Instead, the study also found that team members are oriented to the larger issue of whether clients actually get the help they need, as well as the moral challenge of working towards labour-market participation with clients who do not see themselves capable of this. The interviews illustrate that team members do take a stance to consider these aspects in their work, despite the considerable policy and organisational pressures to the contrary.

CHAPTER 6. DISCUSSION

The four articles of the thesis suggest that rehabilitation teams conduct decision-making through a negotiation of meaning in the specific case as well as the meaning of institutional categories more generally (Article 1), and that the institutional framework of decision-making is consistently present in talk in a variety of ways (Article 2). The articles show how team members shift between professional and institutional discourse and that, when professional and institutional responsibilities cannot be balanced, the institutional concerns will outweigh professional ones in the decision itself (Article 3). When this happens, the analyses of the thesis suggest, the institutional responsibilities are foregrounded as a team task, while the professional-moral responsibilities become a personal matter for the individual team members to manage (Article 4).

An emergent theme across the articles is the preparation of documentation. For instance, documentation stands out as a key aspect of how the institutional framework is seen to be present in micro-interactions between professionals. This is perhaps not surprising because legislation states that a client is eligible for the benefits of flexible employment and a disability pension when it is "documented" that their ability to work is reduced to a certain extent (Act on Active Employment Intervention, §70a; Act on Social Pension, §18). This necessarily ties a recommendation on eligibility to an assessment of documentation as well as the ability to work. The theories on rational decision-making outlined in Chapter 3 might suggest that documentating a client's ability to work is a natural concern to ensure unbiased and "objective" decision-making, and that it will be a fairly simple matter to ensure documentation. Taylor (2012, p. 112), for instance, advises that the use of standardised assessment tools will support the "recording [of] significant evidence underpinning the decision process." Although there is no doubt that the question of documentation is of high decisional relevance, the analyses in this thesis suggest a more nuanced and ambiguous picture. For instance, Article 3 illustrates how the assessment of whether a case is sufficiently documented can be a source of negotiation and contestation. The emergent theme of documentation raises the question of whether decision-making in the rehabilitation teams can be reduced to a matter of assessing documentation.

6.1. THE ROLE OF DOCUMENTATION IN DECISION-MAKING

Mik-Meyer (2012) finds that increased institutional demands for a certain kind of documentation have led to new professional roles for social workers in the employment services, specifically professionals working with clients on sickness benefits. Mik-Meyer argues that a focus on documentation as biomedical diagnoses (only), means that social workers must seek to procure such documentation, and thus enforce a narrow (biomedical) understanding of illness that ignores more psycho-social causes. Were the professionals to take on a more holistic understanding, they would lose their options for action, as they cannot act (in terms of reference to institutional resources) without this narrow documentation. Therefore, Mik-Meyer (2010; 2012) argues, social workers in the setting she studies become evidence-seeking advocates for the welfare state, rather than the holistic and client-centred professionals that the social work profession would otherwise prescribe.

Based on the four articles, I cannot say much about what constitutes documentation in the rehabilitation teams, but we do see a similar preoccupation with securing documentation. This may suggest that the decision becomes solely about documentation, as Mik-Meyer (2010) implies, while the professional assessment of clients becomes a backdrop to this endeavour. This reflects how, just as in Mik-Meyer's case, eligibility is closely tied to the documentation of the ability to work (cf. Act on Active Employment Intervention; Act on Social Pension). In the case of the rehabilitation teams, however, this mechanism is enhanced by the organisation of the teams as recommending rather than granting. Thus, as the rehabilitation teams are not the final authority on which benefit and intervention the client is eligible for, they have to consider what the subsequent authority will make of the case, as is frequently done, as demonstrated in Article 2. This includes recommending interventions that (all) team members do not actually find relevant. In addition to legislation and organisation, the Social Appeals Board[5] apply extra pressure on team members. The Board have published review reports of municipal decision-making that criticise municipalities for being too lenient with their documentation of cases, stating that 30% of cases that recommended for and granted flexible employment and 33% of cases that granted disability

[5] The Social Appeals Board (*Ankestyrelsen*) review complaints from clients from the municipality and conduct self-initiated reviews of municipal practice. Their influence on municipal practice is illustrated in the field note presented in Section 4.2.3.

benefits would have been found invalid owing to a lack of documentation had the client complained[6] (Social Appeals Board, 2014; 2015; 2016).

This interpretation of the practices of the rehabilitation teams does offer some explanation of the pervasive focus on documentation in rehabilitation teams' decision-making. Yet it is worth noting that the assessment of the client's ability to work has not been *replaced* by the assessment of casework, even if the professional assessment cannot stand alone when the casework is assessed to be lacking. We see this in Articles 1 and 3, and there are no instances in the data where a case seems to have been assessed on the documentation alone, or put forward for a given benefit without a professional assessment of the client's ability to work. What we do see across the analyses in the articles of the thesis is that decisions based on client's ability to work get *postponed* when the documentation is deemed lacking. Paradoxically, in some instances, the only way for team members to advance a case towards a more sustainable and realistic solution (e.g. flexible employment or disability pension) is to postpone the decision to actually recommend such a solution by recommending interventions (e.g. resource programme or work placement) that secure the documentation needed to make this (realistic) decision later on.

6.2. THE MANAGEMENT OF PROFESSIONAL AND INSTITUTIONAL RESPONSIBILITIES

This brings us to the question of professional responsibility. If matters of documentation postpone assessments of the ability to work, this may suggest that professionals are enacting institutional responsibilities to overrule professional responsibilities. The analysis in Article 3 does offer some support for this but also shows that to the rehabilitation teams the task of assessing documentation is also a professional matter. Thus, assessing documentation requires that professionals draw on their professional knowledge and, conversely, the strength of professional assessments must be evaluated based on the documentation on which it is based. Article 4 suggests that we may see this as reflecting a professional-technical enactment of responsibility that is being applied to the institutional task of assessing eligibility. On one hand, we can interpret this as an example of how professional responsibility gets co-opted into an institutional occupation with documentation and matters of eligibility, rather than being concerned with the ability to work, needs, and potentials for the client's development.

[6] Conversely, the Board found all decisions in which a disability pension had been denied to be legally correct (the Social Appeals Board, 2015).

This would be in line with other studies of public welfare that found that professionals are either bureaucrats or caring professionals (e.g. Djuve & Kavli, 2014; Solvang, 2017).

On the other hand, the observation and interview data do show team members taking a stance to consider whether a full professional assessment is being made (e.g. via expanding resources in Article 1, or shifting between professional and institutional discourses in Article 3), and whether clients get the help they need under a welfare-to-work policy directed at the labour-market (Article 4). As seen from the appeal of anticipating future institutional scenarios in Article 2, the orientation towards the institutional framework is not only a matter of constraining professional assessment, but is also used actively to ensure that the client's case will not be rejected later in the institutional trajectory. This is one concrete example of how the ways in which professionals manage their responsibilities, institutional as well as professional, become crucial to ensuring some balance in the delivery of welfare-to-work to vulnerable clients. Thus, although these institutional mechanisms constitute significant pressures on decision-making in the rehabilitations teams, the analyses in this thesis also illustrate that the professional tasks and professional competencies cannot be excluded from decision-making in complex client cases. Furthermore, we see that professionals are actively finding ways to manage both professional and institutional responsibilities. This is no easy task, however, and in Article 4, I have suggested that the professional (moral) responsibilities are becoming individual matters for professionals rather than a shared focus in the team. Solbrekke & Sugrue (2011) link this to increasing demands of institutional responsibilities focused on documentation and "paper trails" that "tend to engender compliance and conformity rather than more expansive and 'imaginative' understanding of professional responsibility" (Solbrekke & Sugrue, 2011, p. 24). They propose that one way forward is for professionals to seek legitimate negotiated compromises (drawing on May 1996) in a community of professionals.

6.3. IMPLICATIONS FOR PRACTICE

The findings of the thesis and the discussion above, illustrate the several legislational, organisational, and broader institutional pressures to focus on institutional and professional-technical responsibilities in decision-making. The achievement of the legitimate negotiated compromise between the complex of responsibilities that Solbrekke & Sugrue (2011) call for, then, hinges on the professionals.

In relation to the rehabilitation teams, such an achievement might start with a *shared* focus on the broader professional and moral responsibilities that are currently seen as an individual matter in the rehabilitation teams. I suggest that this requires reflective practices on the part of professionals and that the discursive approach taken in this thesis may support such reflection. Hall & White (2005, p. 389) argue that discourse and ethnographic work focus attention on the interactional, social, and cultural contexts in which professional decisions are reached, and that this focus opens an engagement by professionals themselves with how they make sense of their daily work. This engagement, then, has the potential to unveil the shared "notions of practice [that] can be a powerful force of stasis, as they will be used as a filter in the interpretation of 'evidence' and 'facts'" (Hall & White, 2005, p. 388). A critical awareness of these "notions of practice" – in this case, for instance, institutional notions of when a case is documented – is the starting point for creating new "legitimate negotiated compromises" that redress some of the (im)balance between professional and institutional demands (cf. Brookfield, 2009; Solbrekke & Sugrue, 2011).

The findings in this thesis may bring about an increased professional awareness of the pervasiveness of the institutional framework on their decision-making, as well as the negotiated nature of decision-making. When professionals reflect on their own practices and the ensuing consequences, they may also begin to make shared plans of how to work with these challenges going forwards. In my experience, this is what has happened when I have presented (preliminary) findings of this study to professionals in rehabilitation teams in the three participating municipalities as well as other municipalities. For instance, discussions in one municipality have led to a stated intention to explore the interprofessional potential in meetings by directing awareness to the use of expanding/postponing resources, and to the instances where postponing resources leads to a closing down of more (inter)professional deliberations. In another municipality team members have initiated deliberations on how they can become more attentive to their use of appeals to the institutional framework, especially how they can approach the issue of documentation more critically. This includes becoming more active in using their combined professional knowledge to "boost" the case descriptions and assessments they have received. This could be similar to the exchange in Example 9 in Article 2, in which an appeal anticipating the granting authority's review of the case leads to a suggestion of professional arguments about why a repeated work placement will not be relevant. This will not always be possible, and the actions I mention are not about "making up" documentation or not following legislation. Rather, they are about using the agency and knowledge that professionals *do* have,

despite the institutional pressures to conform. The reflections and intentions of team members spring from an awareness of and insight into the concrete practices of their own and others' team meetings. My experience is that a focus on *how* decisions are achieved in interaction can also bring about reflections on how it could be *different*. This is not least bcause the use of actual meeting data provides a concrete starting point for reflections on how to act differently.

This focus on the agency of professionals, and the importance of how they use it, is not meant to negate the clear limitations to this agency that this thesis also demonstrates. From the perspective of critical theory Brookefield (2009, p. 297) argues that it is not enough to focus

> …on how to work more effectively or productively within an existing system, but [one should focus] on calling the foundations and imperatives of the system itself into question, assessing their morality and considering alternatives.

This means addressing the challenges at the institutional level as well. I do believe that the constructivist and discursive approaches taken in this study can demonstrate the negotiated and contingent character of what is often perceived as being "objective" or otherwise "given" practices. Yet, the focus in the thesis has not been critical or aimed at redressing such structural powers, and the findings of the thesis are more directly applicable to the street-level practices of professionals than to the design of policy and legislation. Other actors have been more vocal in their criticism of the legislation and organisation. In the past months, we have seen severe criticism of the legislation concerning resource programmes, flexible employment, and disability pensions from newly mobilised client groups (e.g. "Victims of the Job Centre"), a rare alliance of 59 professional unions and other interest groups ("59 organisations," 2017) and even six of the largest municipalities (Vallø et al., 2017). Until any policy changes are made, however, the practices of professionals become that much more crucial to the services clients receive.

CHAPTER 7. CONCLUSION

The aim of the thesis has been to examine decision-making and professional responsibility in complex client cases in the welfare-to-work setting of Danish rehabilitation teams. I have examined this through two research questions:

1. How do rehabilitation teams do decision-making?

2. How are professional and institutional responsibilities managed in team decision-making in welfare-to-work?

It follows from the conceptualisation of decision-making and responsibility in Chapter 3 that there is no one "right" decision to be arrived at in social work around complex client cases. Rather professionals in the rehabilitation teams are faced with a multitude of responsibilities, perspectives on, and possible understandings of that client's situation. This means that professionals have to make sense of both the client's situation and his/her needs and potentials for development, and make sense of the client's case as a record of documentation of this situation and the institutional procedures to be followed. This premise has been the point of departure for four analyses, written up in four articles. The first research question is examined in Articles 1 and 2.

In Article 1, Dorte Caswell and I examined patterns of negotiation in the rehabilitation teams. We found two interactional resources that entail different functions in negotiation: expanding and postponing. Expanding involves holding on to and expanding the issue of the negotiation, through such acts as overruling closure initiations, offering additional information, and asking additional questions. Expanding often works to engage participants in more thorough interprofessional discussions. Postponing involves avoiding or making irrelevant certain topics and assessments in negotiation. Postponing is accomplished through acts such as claiming inadequacy of documentation, irrelevancy of topics, or by calling on institutional constraints. We argue that in many, but not all, instances, postponing resources works to overrule the professional assessments of the case.

In Article 2, Srikant Sarangi and I examined more closely the invocation of the institutional framework. We found five types of appeals to the institution depending on what is at stake: (a) the legal/institutional framework, (b) the institutional criteria for eligibility, (c) the institutional categories, (d) the

institutional procedures for case-processing, and (e) anticipating future institutional scenarios. Despite this differentiation, these types of appeal to the institution are interwoven in any stretch of decisional team talk. We argue that the multiplicity of demands on decision-makers in the specific organisational context of rehabilitation team meetings means that decision-making is not only structured around professional assessment vis-à-vis institutional criteria concerning the client's situation, but also around institutional norms and standards underpinning what "counts" as a decision in terms of documentary evidence.

Articles 1 and 2 illuminate the first research question by bringing out different discursive aspects of how decision-making is done in the rehabilitation teams. Across the articles, as well as Articles 3 and 4, the matter of documenting the case has emerged as a crucial aspect of committing to a certain recommendation. In the discussion of these findings (Chapter 6), I argue that a focus on (a certain kind) of documentation leads to postponing decisions when this documentation is found to be lacking. This does not mean that rehabilitation teams make decisions by assessing documentation only, but rather that the professional assessment of the client's ability to work cannot stand alone when committing to a recommendation in the client's case. Professionals, then, have to find ways to manage these dual obligations of decision-making, which bring us to the second research question, which is examined in Articles 3 and 4.

In Article 3, I examine how social work professionals manage their professional responsibilities within the institutional context of welfare-to-work. I find that team members enact a dual and simultaneous orientation to professional and institutional responsibilities, characterised by the shifting between professional and institutional discourses. This works to balance professional and institutional orientations. There are also instances, however, where a dual orientation cannot be enacted. In those instances, there is a clear tendency that the institutional obligations overrule the professional ones. This is characterised by contrasting discourses and giving primacy to documenting the case.

In Article 4, I examine how professionals define their responsibilities in interviews and how they shift certain aspects of their decision-making responsibilities to the team and in the organisation of the job centre. I find that professionals express three different ways of managing tensions between professional and institutional responsibilities: deferring responsibility to the legislation, emphasising the importance of interprofessional teamwork, and emphasising the professional responsibility of individuals. I find that

professional-technical matters of contributing interprofessional knowledge is expressed as a team responsibility, while professional-moral matters of ensuring the inclusion and consideration of clients becomes a personal responsibility of individual team members. I argue that these findings reflect organisational mechanisms that displace moral and professional responsibility, yet I also find that professionals seek to manage these challenges in (inter)professionally responsible ways.

Articles 3 and 4 illuminate the second research question by bringing out different discursive aspects of how professional and institutional responsibilities are managed in team decision-making. The findings reflect both the highly structured and institutionally constrained conditions of professionals' decision-making, manifested in a complex of responsibilities, but also the considerable room for agency and discretion in how these responsibilities and constraints are enacted in practice. In the discussion of these findings (Chapter 6), I argue that the analyses in this thesis further illustrate that the professional tasks and professional competencies cannot be excluded from decision-making in the complex cases going before the rehabilitation teams. Owing to the several institutional pressures to focus on institutional and professional-technical responsibilities, however, the achievement of legitimate negotiated compromises, which also ensures that the professional (moral) side of decision-making, matches the discursive accomplishment of professionals in meetings.

7.1. FUTURE RESEARCH

The findings and analyses of this thesis suggest several ways forward for further research. I will suggest three directions.

First, the findings of the four articles and the discussion in this summary report suggest that the theme of documentation is relevant to examine in more detail. More focused analyses of how documentation is used in decision-making will be relevant to our understanding of decision-making in public social work in the Danish employment services specifically and perhaps in public social work more generally as well. As the bureaucratic organisation of public social work is widespread in both Danish and European contexts, we might expect similar issues in other contexts, though the question of what constitutes documentation and when a case is documented will be contingent on the specific context and activity the decision-making is part of.

Second, an aspect that has been given little attention in this thesis, but warrants further research, is that of client participation in decision-making. As I have focused on phases of interaction that most directly reflect the commitment to action of making decisions, and because these take place when clients are not present, clients are practically absent in this thesis. This does not necessarily mean, however, that clients have no role in decision-making. When decision-making is understood more broadly as part of a process of "sensemaking" (Weick et al., 2005), we may expect that the phases of meetings that include the clients will have some role in making sense of case. Research on the active role of clients (see Section 2.1.3) supports such an expectation, yet we have little insight into the concrete ways clients participate (or not) in decision-making.

Third, the demonstration of the inadequacy of existing theoretical (rational) models of decision-making in social work throughout this thesis, suggest a need for research and conceptualisations that seek to develop coherent models of decision-making in complex cases in social work. I would argue that the discursive approach taken in this study may be one point of departure for conceptualisations that build on an empirical foundation in the actual decision-making practices in complex cases and complex settings.

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[7] The political parties are translated in accordance with their own web-presentations. Venstre denotes themselves with the Danish name in English presentations, and so I have kept this name in the English translation here.

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DECISION-MAKING AND PROFESSIONAL RESPONSIBILITY IN COMPLEX CLIENT CASES

AN INTERACTIONAL PERSPECTIVE ON INTERPROFESSIONAL TEAM WORK IN A SOCIAL WORK SETTING.

PART II: ARTICLES

AALBORG UNIVERSITY
DENMARK

TABLE OF CONTENTS

APPENDICES

All appendices are printed in Danish only. English translations can be provided if needed.

Appendix A. Interview guide

Interviewguide teammedlemmer
Interview af ca. 30-45 min. varighed.

Det overordnede formål med interviewene er at opnå indsigt i teammedlemmernes oplevelse af deres rolle som fagpersoner på møderne samt deres tilgang til og oplevelse af det tværprofessionelle arbejde på møderne.

Faglig baggrund og 'daglige' arbejde

Oplevelse af egen rolle som fagpersoner på mødet/møderne

- Hvordan vil du beskrive din rolle på mødet/møderne?
- Hvordan, mener du, at din faglighed påvirker din rolle?
- Hvad er din opgave på mødet/møderne?
- **Hvis mødeleder**: spørges desuden specifikt til denne rolle

Oplevelse af det tværprofessionelle arbejde

- Hvordan vil du beskrive det tværprofessionelle arbejde på mødet?
- Oplever du, at I foretager fælles vurderinger? – Hvordan sikres det? - Er den altid fælles?
- Er der bestemte sager eller situationer, hvor det er svært at opnå enighed/fælles beslutninger?
- Varierer din rolle/indflydelse? Hvordan, hvorfor? Med team sammensætning? Med borgerens situation?
- Oplever du, at der er bestemte teammedlemmer der har en særlig rolle på møderne? Hvem? Hvorfor tror du, det er sådan?
- Hvordan oplever du mødelederens rolle *(hvis ikke berørt af foregående spørgsmål)*
- Hvordan oplever du borgernes rolle under mødet?
- Hvordan oplever du sagsbehandlernes rolle under mødet?
- Hvad forstår du ved "rehabilitering"?

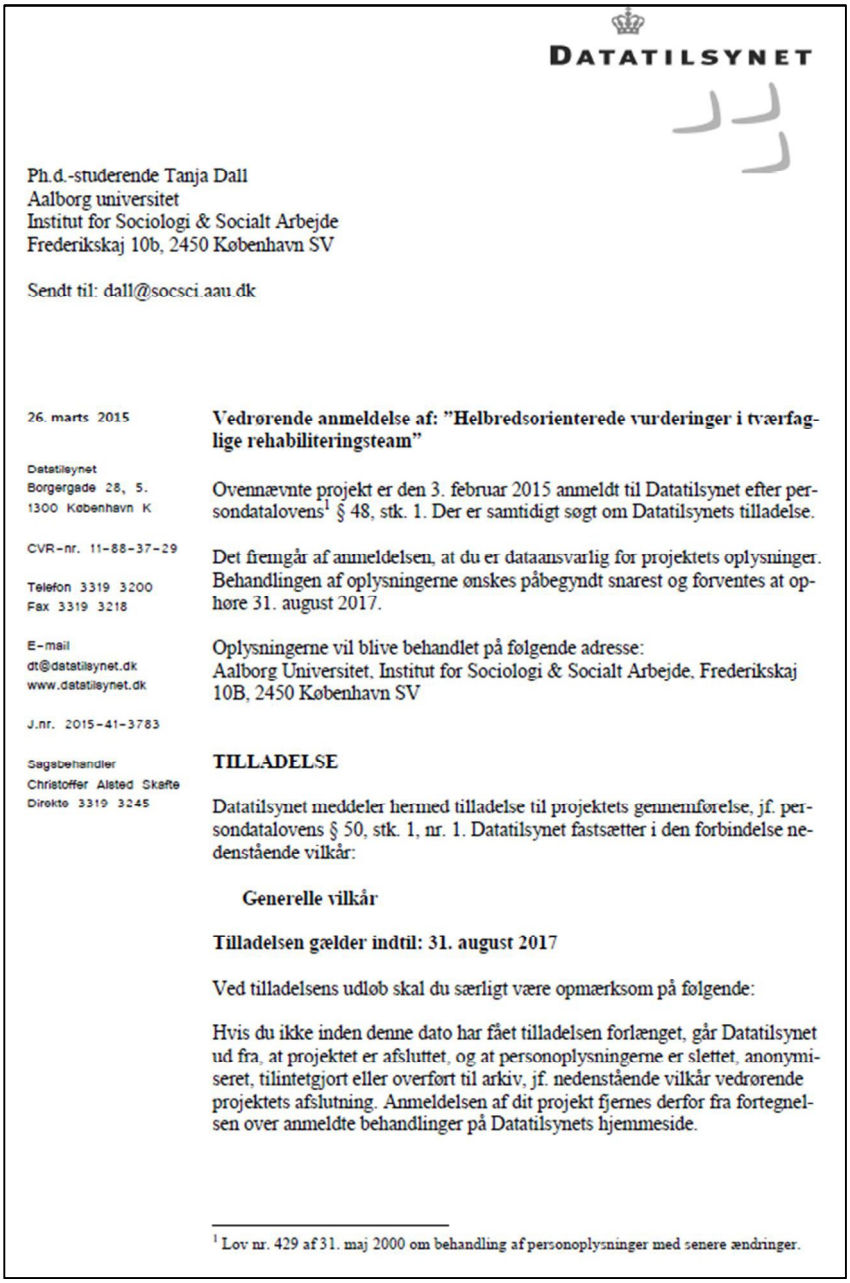
Organisering

- Er der forhold omkring organiseringen af møderne der udfordrer processen? Det kan både være den overordnede organisering og den helt møde-nære (afsat tid, mødeledelse, time-out m.m.)
- Hvornår og hvordan drøfter teamets medlemmer organiseringen af møderne, herunder den konkrete afvikling af møderne?
- Hvad vurderer du er formålet med rehabiliteringsmøderne?

Dokumentation, argumentation og beslutninger

- Hvordan bliver dokumentation anvendt i beslutningsprocessen?
- Hvilken dokumentation og viden bliver der lagt vægt på?
- Hvilke argumenter har særlig vægt?

Appendix B. Approval from The Danish Data Protection Agency



DATATILSYNET

Ph.d.-studerende Tanja Dall
Aalborg universitet
Institut for Sociologi & Socialt Arbejde
Frederikskaj 10b, 2450 København SV

Sendt til: dall@socsci.aau.dk

26. marts 2015

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Borgergade 28, 5.
1300 København K

CVR-nr. 11-88-37-29

Telefon 3319 3200
Fax 3319 3218

E-mail
dt@datatilsynet.dk
www.datatilsynet.dk

J.nr. 2015-41-3783

Sagsbehandler
Christoffer Alsted Skafte
Direkte 3319 3245

Vedrørende anmeldelse af: "Helbredsorienterede vurderinger i tværfaglige rehabiliteringsteam"

Ovennævnte projekt er den 3. februar 2015 anmeldt til Datatilsynet efter persondatalovens[1] § 48, stk. 1. Der er samtidigt søgt om Datatilsynets tilladelse.

Det fremgår af anmeldelsen, at du er dataansvarlig for projektets oplysninger. Behandlingen af oplysningerne ønskes påbegyndt snarest og forventes at ophøre 31. august 2017.

Oplysningerne vil blive behandlet på følgende adresse:
Aalborg Universitet, Institut for Sociologi & Socialt Arbejde, Frederikskaj 10B, 2450 København SV

TILLADELSE

Datatilsynet meddeler hermed tilladelse til projektets gennemførelse, jf. persondatalovens § 50, stk. 1, nr. 1. Datatilsynet fastsætter i den forbindelse nedenstående vilkår:

Generelle vilkår

Tilladelsen gælder indtil: 31. august 2017

Ved tilladelsens udløb skal du særligt være opmærksom på følgende:

Hvis du ikke inden denne dato har fået tilladelsen forlænget, går Datatilsynet ud fra, at projektet er afsluttet, og at personoplysningerne er slettet, anonymiseret, tilintetgjort eller overført til arkiv, jf. nedenstående vilkår vedrørende projektets afslutning. Anmeldelsen af dit projekt fjernes derfor fra fortegnelsen over anmeldte behandlinger på Datatilsynets hjemmeside.

[1] Lov nr. 429 af 31. maj 2000 om behandling af personoplysninger med senere ændringer.

Appendix C. Request for client-consent

Forskningsprojekt om "Helhedsorienterede vurderinger i rehabiliteringsteam"
Aalborg Universitet og Professionshøjskolen Metropol laver et forskningsprojekt, der skal undersøge hvordan rehabiliteringsteamet laver vurderinger.

I den forbindelse vil jeg gerne have lov til, at overvære behandlingen af din sag i rehabiliteringsteamet.

Hvad indebærer dit samtykke?
Ved at underskrive samtykkeerklæringen giver du lov til, at jeg:

- Overværer og lydoptager dit møde i rehabiliteringsteamet, herunder for- og eftermøde.
- Får en kopi af din rehabiliteringsplan og den indstilling teamet laver.

Hvad bruger jeg oplysningerne til?
Oplysningerne skal bruges til et forskningsprojekt om:

- Teamets samarbejde og vurderinger
- Teamets anbefalinger til indsats

Hvem får indsigt i dit møde i rehabiliteringsteamet?

- Mig: Tanja Dall, forsker ved Aalborg Universitet
- En lille forskergruppe tilknyttet projektet

Al data (lydoptagelser og skriftligt materiale) vil blive opbevaret og behandlet fortroligt, i henhold til Datatilsynets retningslinjer. Alle udskrifter anonymiseres, så ingen kan genkende dig eller din sag.

Hvis du har spørgsmål
Har du spørgsmål til projektet eller til behandlingen af dine oplysninger, er du meget velkommen til at kontakte projektleder Tanja Dall på mail (dall@socsci.aau.dk) eller telefon (7248 7994).

På forhånd tak for din hjælp!

Med venlig hilsen,

Tanja Dall
Forsker, Aalborg Universitet

Samtykkeerklæring

Navn: _____

Dato for møde i rehabiliteringsteam: _____

Jeg giver hermed tilladelse til, at forsker Tanja Dall;

- Overværer og lydoptager mit møde i rehabiliteringsteamet, herunder for- og eftermøde.

- Får en kopi af min rehabiliteringsplan og den indstilling, teamet laver.

Samtykket kan til enhver tid trækkes tilbage.
Det sker ved henvendelse til Tanja Dall (tlf: 7248 7994 / mail: dall@socsci.aau.dk).

Alle data vil blive behandlet fortroligt og i henhold til Datatilsynets retningslinjer.

_____
Dato og underskrift

[*The above is a re-print of request for client-consent in municipality C. Request forms in municipalities A and B are similar except for the inclusion of references to 'a group of researchers' instead of 'Tanja Dall'.*]

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