PROFESSIONS & PROFESSIONALISM

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Developing Care Professionals: Changing Disability Services in Sweden

Abstract: In Sweden, professionalization projects in disability care services are currently being undertaken in order to differentiate and establish a professional identity for professionals within care work. The aim of this paper was to analyse the experiences of care workers' meaning of the professionalization process concerning their occupation and their occupational identity in relation to tasks they perform in frontline contacts with persons with intellectual and developmental disabilities at respite care service homes. Semi-structured interviews were conducted with ten care workers. The meaning of the professionalization projects is an ongoing process of a connected mission, meaning that the care work is performed in close contact with care receivers and that it takes place within an informal and free framework, predicated on a logic of possessing a particular kind of "care-feeling."

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In Sweden, professionalization projects in disability care services for persons with intellectual and developmental disabilities are currently being undertaken with multiple objectives: (1) ensuring competence levels and promoting skills development, (2) promoting higher status for the care work performed within disability care services, (3) ensuring future recruitment to these services, and (4) replacing the diversity of occupational titles currently in use in order to achieve a single area of competence and expertise within these disability care services at an undergraduate level. Hence, municipalities across Sweden, which are responsible for implementing the national social policy of disability care services, have begun shifting to and adopting the shared titles of *Support Assistant* and *Support Educator* (e.g., City of Stockholm Social Services, 2013; The Act on Higher Vocational Education, 2009). Support Assistant is a vocational title based on relevant Swedish upper secondary school education, while Support Educator is a title based on completed education at a Swedish vocational college (The Act on Higher Vocational Education, 2009). However, both Support Assistants and Support Educators work within respite care service homes provided for persons with intellectual and developmental disabilities, which is a branch of disability care services regulated by the Swedish *Act Concerning Support and Service for Persons with Certain Functional Impairments* (LSS, 1994).

These ongoing professionalization projects can be described as processes of specialisation of expertise and knowledge within new professions (Brante, 2013, 2014).

The term *new professions* means newly emerging occupations comparable to professions such as social workers, nurses and teachers, but which are not fully considered as "professionals" in regard to special characteristics (Etzioni, 1969). These new professionals represent a new generation of professions which have arisen from the development of welfare systems and higher education reform in 1977, and which have been systematically organised and integrated into universities (Brante, 2013). Support Assistants and Support Educators are—like nurses and social workers—considered as new professions, although the latter two in Sweden have up to three and a half years of university education as a basis for their profession.

In this paper, we adhere to the description of the word profession/s according to Abbott (1988, p. 117) as "organised groups of individuals who do different things in different workplaces for different clients." The meaning of the word professionalism, however, has to do with an occupational value and consequently with the trust lay-people place in professional workers (Evetts, 2014).

According to the occupational value aspects of professionalism, Thomas Brante means that the new professionals perform a certain type of work that is necessary for society to function well; for instance, by offering care services of high quality to persons with intellectual and developmental disabilities. Furthermore, Brante (2014) also puts forth that these new professionals are spearheads to the future by facilitating possible inventions and innovations in different areas. The new professionals thus have both integrative and differentiating or innovative functions in society that are of social significance. Literature has emphasised care workers as being those who realise the socio-political goals of an inclusive community for persons with intellectual and developmental disabilities (Lewin, 2011). These care workers are also likened to the ultimate cutting edge of politics and can be described as the medium through which national, regional and organisational ideas and objectives are transformed into practices and actions in the care services being provided (Hewitt & Larsson, 2007; Lewin, Westin, & Lewin, 2008).

However, the above reasoning does not problematize how care workers within disability care services in general, and at respite care service homes in particular, can raise their professional status and position in order to be innovative and offer care services of high quality. The reasoning also lacks sociological aspects of how the care work relates to the knowledge system and its organisation around the profession. The reasoning also lacks aspects of how economic and institutional rationality governs the logic of quality of life, ethics, dignity and human perception (Larsen, 2016). The question of how the care workers themselves perceive their role in this professionalization process has been raised to an even lesser extent.

When it comes to care workers' status, Abbott (1988) means that professional status reflects the degree of involvement with the knowledge system around which the profession is organised. He states that "[t]he more one's professional work employs that knowledge alone—the more it excludes extraneous factors—the more one enjoys high status" (Abbot, 1998, p. 118). He states that the front-line professionals who make the first professional contacts with clients are generally at the bottom of status rankings within their professions because they work in environments where professional knowledge must be compromised with client reality (Abbot, 1988). This distinction is relevant to the professionalization process, even if the distinction is not new. It can be recognised from the early development of modern medicine and the medical specialisations, which have affected professional group organisation (Freidson, 2007; Pinell, 2011).

This paper, however, is limited to the ongoing process of professionalization within a particular initiative or care service arrangement provided for persons with intellectual and developmental disabilities in Sweden, namely the organised stay at respite care service homes. In this context, the concept of professionalization is regarded as the process of achieving the status of profession (Evetts, 2014). Hence, we ask how care workers themselves understand and make meaning of (1) their occupation and (2) their occupational identity in relation to the tasks they perform in

front-line contacts with persons with intellectual and developmental disabilities.

These questions are of relevance since the occupational group of care workers are expected to meet and concretise these professionalization processes. These questions are also of relevance for the professions and professionalism in general, in that the professions are social phenomena placed in a certain context, in this case, the political goals of the Swedish welfare development. Thus, the type of professionalization process in this specific context is primarily a product of the state's political will, rather than a product based on discovery-driven innovations (Brante, 2013).

Swedish disability care services based on social policy

The professionalization process taking place within disability care services for persons with intellectual and developmental disabilities in Sweden is based on social policy, namely the Swedish *Act Concerning Support and Service for Persons with Certain Functional Impairments*, or *LSS* (1994). This law assumes the approach of giving everybody an opportunity, organised on the basis of the tax-financed Swedish welfare model within the open market economy. A corresponding tax-funded welfare model can be found in the UK and in other Nordic countries (Edebalk & Svensson, 2005; SOU 2002:31 d2). This is unlike the situation in Germany, for example, where the financing is based on mandatory insurance (SOU 2002:31 d2).

The LSS law in Sweden is reframed from a human rights perspective of full participation and equality, developed by international bodies like the UN and EU (Tøssebro, 2016). Disability is a worldwide phenomenon and has existed throughout western history at the intersection between the particular demands of a given impairment, society's interpretation of that impairment, and the larger political and economy-related context of disability (Braddock & Parish, 2001). Thus, disability is situated within the larger social context, while impairment is a biological or physical condition.

LSS is a law of rights, meaning that it only applies to a limited part of the total population in Sweden. This limited population includes (1) persons with developmental disabilities, autism or autism-like conditions, (2) persons who have significant and permanent intellectual disability after brain damage acquired through external violence or physical illness during adulthood, and (3) persons who have other long-lasting impairments (physical or mental) which are not due to processes of so-called 'normal ageing', provided they are large enough to cause significant difficulties in daily life and thus give rise to an extensive need for support and service (LSS, 1994).

According to LSS, respect for individual autonomy, integrity and equality in social life should form the basis for all professional interventions (LSS, 1994; SoL, 2002; Swedish National Board of Health and Welfare, 2007).

There are, however, a variety of obstacles to the professionalization processes taking place. Firstly, in the current situation, the undergraduate new professionals do not count as formally belonging to the group of more Parsonian (1951/1991) or ideal-typical professional occupations. These ideal-typical professionals are defined as being autonomous carriers and providers of socially sanctioned, abstract knowledge systems that give them the ability to perform actions which are perceived as difficult, skilled and valuable to the public or their clients (Brante, 1988, 2009; Freidson, 2007). The new professionals within care work are simply not yet deemed to be independent in their professionalism as fully-fledged professionals able to independently control their work based on science and proven experience, even though the field of knowledge-based disability care work has grown in relation to its historical framework of welfare policy (Pinell, 2011; Tøssebro, 2016).

Secondly, at the level of practical care work, this distrust is expressed in negative expectations regarding the ability to fulfil the law's intent and the perceived risk of deficiencies in the provision of care and in the interaction between new professionals

within disability care work and service users as a result of, among other things, insufficient knowledge about intellectual and developmental disabilities (e.g., Mörk & Strand, 2012). In providing care services for persons with intellectual and developmental disabilities, it is not deemed sufficient for the new professionals within care work to simply be generally decent people capable of showing empathy, compassion and a desire to do good (Lewin, 2011). Rather, specified knowledge including good understanding of the core values and main objectives of LSS is held to be indispensable in this kind of work (Andersson, 2005; Laursen, Plos, & Ivarsson, 2009).

This discussion points to the crucial dimension of the professionalization process in relation to specialised knowledge in the work of new professions and the knowledge base of experts that also concerns new professionals within care work at respite care service homes.

Respite care is made up of temporary accommodation at a residential care facility for predetermined periods, rotated with periods at home (Swedish National Board of Health and Welfare, 2002; IVO, 2016). Respite care refers to children, adolescents and adults. However, the data collected in this study is limited solely to respite care for children and adolescents. Respite care service homes as an LSS initiative has two main purposes: (1) to provide a change of environment for the persons making use of the care services, and (2) to provide a period of relief for the care recipient's family members, who commonly act as informal carers (Askeheim, Bengtsson, & Bjelke, 2014). In this regard, these homes also serve as a workplace for new professionals within care work at respite care service homes, who perform the care work in order to meet these purposes during the service users' stay.

Method

In this study, we have chosen to approach the problem area described above from a sociological-hermeneutic perspective. By studying how new professionals within care work at respite care service homes create understanding and meaning when providing care to persons with intellectual and developmental disabilities, we have aspired to illustrate and produce an account of that which may otherwise remain latent in the background and thus run the risk of remaining (more or less) unnoticed or not reflected upon (Ödman, 2007). The hermeneutical approach has to do with human understanding and description. In this case, the new professionals' own perspective on the occupation and their occupational identity in relation to tasks they perform in front-line contacts with persons with intellectual and developmental disabilities at respite care service homes, and thereby the approaches, expectations and skills which have become a concern of the Swedish welfare state (e.g., City of Stockholm Social Services, 2013).

Procedures and data

Qualitative interviews were used to elicit care workers' experiences and meaning-making. The data was then analysed using a hermeneutic mixed deductive and inductive method (Føllesdal & Walløe, 2000). This kind of sociological-hermeneutic perspective enables detailed analyses to be undertaken of (1) the meaning of the care work as experienced (inductively) within the context of daily work, and (2) social interaction with the care recipients as well as (3) with representatives of the disability care system at respite care service homes. The analysis was also performed within the framework of the theory of social construction with emphasis (deductively) on how meanings of phenomena are not necessarily inherent in the phenomena themselves but rather develop through interactions in a social context (Berger & Luckmann, 1967).

The data corpus consists of ten interviews (10 hours of recorded interview mate-

rial in total) with an equal number of new professionals from both private and municipal care providers (Table 1), in the county of Stockholm in Sweden. The participants included in the study consisted of eight women and two men, all of whom worked at a respite care service home at the time the interviews were conducted, and all of whom had worked in these types of care services for a period of 5 to 17 years. Six of the participants indicated that they either currently or previously held other positions of work parallel to their employment at respite care service homes. Some of the informants were married and had children. The scope of the participants' services ranged from part-time (50%) to full-time (100%). A common feature was that all of the participants worked a mixture of times on weekdays and weekends, with varying intensity according to a varied but regular work schedule. When it came to educational background, there was variety in level (graduate, undergraduate) and range; from different forms of nursing (assistant, childcare, psychiatric) to cultural studies and teaching.

Table 1
Overview of participant information

	Private respite care service homes	Municipal respite care service homes	n=
Female participants	5	3	8
Male participants	2	-	2
Working part-time (50%) at respite care service homes	1	-	1
Working between part and full time (51-99%) at respite care service homes	4	1	5
Working full time (100%) at respite care service homes	2	2	4
Working in other jobs alongside respite care service homes	5	1	6

The managers at eleven respite care service homes were provided with information about the study, and they then informed potential candidates about the possibility of participating in the study. An information letter describing the purpose of the study was sent to those who expressed an interest in participating.

All of the interviews took place at the time and place of the participant's work at the respite care service homes except for one, which was conducted at the participant's home. The interviews maintained a semi-structured format based on an interview guide consisting of a number of open-ended questions pertaining to the participants' understanding and experiences of (1) their occupation, (2) their professional identity in relation to the tasks they perform in front-line contacts with persons with intellectual and developmental disabilities, and (3) reasons for pursuing and deciding to continue working at a respite care service home. Each interview was conducted in an informal open dialogue, thus allowing the interviewees to answer in many different ways, and the interviewer to ask follow-up questions (Holstein & Gubrium, 1995).

Ethical aspects were emphasised in accordance with the Helsinki declaration of

1975, as revised in 2008 (WMA, 2008) and the Swedish Act on vetting the ethics of research that involves humans (The Ethical Review Act, 2004). The interviews were tape-recorded and transcribed verbatim (Linell, 1994).

Analysis of data

The analysis was performed (deductively) within the framework of social constructionism (Berger & Luckmann, 1967). However, the analysis focused on how experiences were understood and what meaning they were given as described by the care workers (inductively). This method interprets hermeneutics as a method used on meaning-carrying material created from the insider's view, exploring how the care workers come to understand and live with their care work in situ at respite care service homes (Schütz, 1967).

The hermeneutic approach is a constant movement between a part of a text and the contextual whole of which it is part. This method describes the hermeneutic spiral in the form of circles that touch the researchers' understanding, the participants' meaning-making and the meaning of the text (Ödman, 2007). In this study, the movement between a part of the text and the contextual whole was to fit the part and the contextual whole into each other in order to form a meaningful unit. The analysis process can be depicted as moving along sequences of the following stages.

- The interviews were transcribed and read thoroughly several times in order to obtain an overall representation and a comprehensive view of the material.
- The different parts of the text were coded with the first reflection on various categories related to the interview guide. This was done in order to provide a descriptive account of the manifest meaning content.
- The different parts of the text were re-read and coded with a second reflection relating the various themes included in the theoretical framework. This was done in order to interpret the latent meaning content.
- Attempts were made to organise the text's manifest and latent meaning content in thematic groupings of meaningful units.
- The final categorisation involved making connections between the thematic groupings and the contextual whole in order to develop a coherent account and main interpretation of how new professionals within care work understand and give meaning to the professionalization process concerning (1) their occupation, and (2) their occupational identity.

Results

The results from the analysis of the meaning-making by the new professionals are summarised in Table 2 and presented in the form of a theme, two categories, and four sub-categories.

Table 2
The research findings presented as theme, categories, and sub-categories

Theme
The meaning of the professionalization projects is an ongoing process of a connected mission whereby the care work is performed in close contact with persons with intellectual and developmental disabilities and takes place within an informal and free framework that necessitates a particular kind of "care-feeling."

Categories	Sub-categories
The meaning of the occupational group of care worker at respite care service homes is understood as a kind of	informal formality
	non-monetary exchange
The meaning of being a new professional within care work at respite care service homes is understood as demanding a certain degree of	compatibility
	professional platform
	professional discretion

Making meaning of the professional occupation of care worker

The meaning of the occupational group of care worker at respite care service homes is presented here in the form of two main sub-categories: (1) informal formality and (2) non-monetary exchange.

Informal formality. The professional occupation of care worker at respite care service homes is depicted as a special kind of occupation, whose work drastically differs from more regular forms of labour. In contrast to "regular jobs," which are understood by the care workers in terms of being static, routine-bound and constraining for the individual, performing care work is portrayed as being inherently dynamic, free-flowing, and liberating. These meanings are constructed around the practical tasks and relationships of inter-subjectivity with the persons with intellectual and developmental disabilities created in the context of respite care service homes, which appear to be closely reminiscent of those generally performed and held within the private sphere and confines of the personal household. The formal mission of providing care work at respite care service homes thus takes on an aura of informality and is exemplified by one care worker as follows:

> It is a very homey environment because we cook the food ourselves and we sit and eat together with the kids and everything like that. So it, and we don't have any breaks, so it is not like anyone is running away like, that's enough now I am going to be by myself, and such. So like it becomes a very homey environment, it is hard to explain these things like (laugh) it feels a little like home, too. (Participant 6)

As suggested in the quote above, providing this occupational group's care work is constructed with a meaning of being home-like, and the tasks being performed by the care workers create a (formal) work context reminiscent of a more (informal) home-like milieu. Relationships among care workers at respite care service homes—as well as between care workers and residents—are depicted as being of a more intimate nature that enables the carers to meet the residents and understand their life-world, which in turn provides care workers with a sense of being part of an extended family. In this way, the boundaries between and the meanings created in relation to the public and private spheres, between the formal and the informal aspects of providing care, become blurred and are not as readily distinguishable as is understood to be the case in other more "regular" professional occupations.

Non-monetary exchange.   Along with being understood as a kind of informal formality, performing care work at respite care service homes is also depicted as offering the occupational group of care workers something other than simply monetary reward in exchange for their labour. In contrast to conceptions of "regular jobs," which the care workers conceive as being tedious and repetitive in essence, performing care work at respite care service homes promotes a vivid sense of engagement and personal development. It also brings forth a form of "life-force" or "energy" for the new professionals within care work that is characterised by a sense of excitement, affinity, joy, and love. This is expressed in the following ways:

> But the salary, like had it been for the salary then I wouldn't have stayed here. Because I know that I can get higher salary by changing [to a respite care service home in an adjacent municipality]. And it's like, it's not for the money you stay. So no, then I would have probably, had it been for the money then I would have switched a long, long time ago. (Participant 6)

> Wow, wow, wow you can live on that for several days. I succeeded there in making contact with that person. That's what it is, and then, that is that which you also get. Often from these people you like get a lot of love and warmth or whatever you call it, too. (Participant 2)

As suggested by the two quotes above, performing care work at respite care service homes is constructed with a meaning of offering the new professionals "something else," something more meaningful in terms of human values, rather than just monetary rewards. In this regard, the care work itself is understood to offer something that is deemed to be meaningful and important to both the residents and the care workers, as opposed to "regular jobs" which are conceived to be more detached from the personal lives of the individuals who perform them.

Making meaning of being a new professional within care work

The meaning of being a new professional within care work at respite care service homes is presented here in the form of three sub-categories: (1) compatibility, (2) professional platform, and (3) professional discretion.

Compatibility.   Being a new professional within care work is depicted as demanding a certain degree of compatibility between the individual, on the one hand, and the different tasks and organisation of shifts and scheduled working hours, on the other. The care workers see themselves as possessing and maintaining a particular set of characteristics and attitudes, which make them especially suited to providing care services to persons with intellectual and developmental disabilities, and this is expressed as follows:

> I don't know how to express this, but I think … that I have a kind of personality. And it, and that personality, is that I do my thing and such. And then maybe I don't care about the organisation and managers. And that personality is also good when engaging with our youngsters and such because that is also important in our work and such. (Participant 3)

It is also suggested that being a new professional within care work at respite care service homes is not understood to be an overarching identity category, superseding all others, but rather to be compatible with other occupational identities or affinities. As previously stated, the participants said that they had other jobs alongside their employment at respite care service homes. This was portrayed as predominantly

positive since it allows the care workers to make their care work provision an integrated part of their lifestyles and enables them to live their lives more broadly.

Professional platform.   Being a new professional within care work at respite care service homes is depicted as involving the creation and maintenance of a kind of common professional platform. This platform functions as both a starting point and a guiding principle for the care workers providing care. This platform may comprise a description of the care recipients' wants and needs as well as the mission statement of respite care service homes in general (as expressed through LSS). Cooperation is depicted as important when it comes to the provision of care work, although in this context the term cooperation does not necessarily mean performing in uniform according to predetermined methods of best practice, rather, the care workers highlight the importance of coordinating their individual performances in a complementary fashion. By establishing a common point of reference in terms of a starting point and guiding principle for the care provided, the new professionals are afforded a certain degree of freedom, which may alleviate some of the pressure and strain otherwise associated with reconciling one's personal and occupational identities. This is exemplified as follows:

> In some way when you are a group of workers, everyone is like individuals, but somewhere you have to have a common platform where you stand. Otherwise, I believe it becomes really difficult if the service users have to adapt to us the whole time. To our personal, like, personalities. I don't know, maybe it could work, but it would be much more strenuous. (Participant 4)

As suggested in the quote above, the creation and maintenance of a common professional platform as the basis for the care being provided by the occupational group at respite care service homes functions as a form of mediator between one's different identities when interacting with care recipients. Moreover, this quote also suggests that this professional platform may serve as a point of reference, not only for new professionals within care work but also for individual care recipients as well, thereby reducing any potential relational strain related to repeated interpretational and adaptive work on behalf of the latter. Being autonomous and self-determining in one's role as a care worker is thus to some extent depicted as being contingent on having a common point of reference on which one can lean back and be guided by in the provision of care services moving forward.

Professional discretion.   In addition to the aspects of compatibility and the creation and maintenance of a professional platform as described above, being a care worker is also depicted as involving great amounts of occupational freedom and autonomy. Care workers as an occupational group are in a sense portrayed as being autonomous and self-determining. For one thing, they appear not to be bound to a specific spatial location. When providing care, the care workers are not perceived to be strictly bound to the concrete context of the respite care service homes, but rather they are free to participate in and experience a wide variety of social and communal activities taking place outside of the given workplace together with care recipients on a regular basis. Furthermore, new professionals as an occupational group within care work are understood to be in charge of making decisions pertaining to the performance of specific tasks and, as a result, the meaning of what providing care entails and how it is done is to an extent left up to their professional discretion. This is expressed as follows by a care worker:

> That's what I like about this freedom. How do we make plans for a weekend? It's up to us ourselves. There's no one else who has opinions on this and that, and we don't have to be fifteen [people] that need to reach consensus. Instead, we are a small group that have, yeah, are in control. A sense of independence. I find that

very important and that's something I think we all benefit from. (Participant 1)

From the quote above, it is suggested that care workers are given a lot of leeway when it comes to control and making decisions regarding the care services provided at respite care service homes, and this is constructed as a predominantly positive meaning in relation to the given occupational identity. However, the professional discretion of care workers is not understood to be absolute. Although depicted as providing certain degrees of freedom to the care worker, the ways in which the care services are organised is also constructed with a parallel meaning of a more negative nature. Objects or events, perceived to be hindrances that limit the possibilities to exercise one's professional discretion such as, for instance, rigid organisational structures or budgetary restrictions, dictate the degree of freedom afforded the care workers. While depicted as having a potential negative impact on the performance and provision of care, this also suggests that new professionals within care work are not perceived as fully autonomous and self-determining actors entrusted with supervising and regulating their own practices.

Theme: An ongoing process of a connected mission

The meaning of the professionalization process is an ongoing process of a connected mission whereby the care work is performed in close contact with persons with intellectual and developmental disabilities and takes place within an informal and free framework that necessitates a particular kind of "care-feeling."

More precisely, the most important understanding and meaning-making of the occupational group as new professionals within disability care work seems to be a sense of informal formality and non-monetary exchange derived from providing care services at respite care service homes. When it comes to the meaning-making of occupational identity in relation to the tasks they perform in front-line contacts with persons with intellectual and developmental disabilities, it is manifested in the data material as compatibility between the care workers and the work, having a sort of common professional platform which, once established, acted as a foundation upon which they could exercise a form of professional discretion. From this, it is suggested that the care workers characterised the specific nature of the professionalization process within disability care practices as an ongoing process that occurs in close contact with the care recipients at respite care service homes. It is a process that, as indicated by the five sub-categories mentioned above, takes place within an informal and free framework. One aspect of this close care work is directed towards the care workers themselves, namely that a certain aptitude is required on the part of the care worker in order to be suitable to provide the expected care services. This aptitude can be depicted as having a particular concern for people. This kind of meaning-making illustrates the perceived prerequisites for providing care and ensuring good quality of life for persons with intellectual and developmental disabilities, as stated in the social policy objectives for LSS. This meaning-making also shows the logic that the care workers act upon when providing care.

The new professionals as an occupational group within care work also highlight themselves as having a specific type of character, namely a special kind of interest in challenges, and properties that make it possible to address the different challenges faced when providing care. These challenges consist of managing a situation in which the tasks are not completely obvious, but where the care workers have to think about how the tasks should be performed. This challenge is exemplified as follows:

Yes, uh no, but yeah I think I am a bit the person that, yes, like being challenged by some of these kinds of things. This will be something new to bite into (laugh) or what to say and uh, think about like that. (Participant 2)

Overall, the key issue here about the specific nature of understanding the profession-alization process within disability care services is to have "a feeling for caring" and "a genuine interest in people." The term "care-feeling" is used to describe these feel-ings. The specific nature of this understanding is, however, related to a base of per-sonal characteristics and not to an explicit knowledge base. The analysis thus shows that the importance of having "care-feeling" also means, as mentioned previously, for the occupational group of care workers to get close to the residents, both physi-cally and emotionally. Furthermore, it means to actively create and maintain close relationships, to interpret and respond to the residents' state of mind, to manage con-flict and violent situations, and to provide support when it comes to the residents' personal hygiene. These listed skills require a specific kind of practical knowledge and training and are, therefore, understood in this context to represent a kind of ex-pertise within disability care.

Discussion

From the data we can see the following: Firstly, the new professionals within care work emphasised the importance of establishing a common professional platform in order to successfully provide care services at respite care service homes. This kind of result is also supported by Ahnlund and Johansson (2006). Secondly, in their ac-counts, the new professionals depicted themselves as being autonomous and self-determining in their care work, at least to a certain extent. This was related to the informal nature of the tasks performed at, and the general context of, respite care service homes. Thirdly, the intimate relationships and inter-subjectivity (Berger & Luckmann, 1967; Schütz, 1967) that develop between care workers and care recipi-ents were perceived to facilitate a form of exchange which was understood as being different from that which takes place in more "regular" forms of wage labour. This, in turn, was related to the compatibility between the properties and attitudes that characterise the individual care worker and the content and organisation of the work involved in providing care services. However, having "care-feeling" or a particular concern for people in general, and for persons with intellectual and developmental disabilities in particular, is understood as the logic upon which the new professionals in care work act when providing care. It is worth noting that this kind of guiding logic was not found in the study by Ahnlund and Johansson (2006).

The new professionals within care work stressed the importance of having a kind of specialised and socially sanctioned knowledge base in the form of a common pro-fessional platform. This platform is seen as a point of reference that functions both as a starting point (knowledge pertaining to the needs of individual service users) and guiding principle for providing care services at respite care service homes. Within the context of their work, cooperation through the coordination of comple-mentary performances is depicted by the care workers as the preferred course of action. In this regard, however, the care workers do not view the care work they perform as being founded on a uniform knowledge base consisting of predetermined methods of best practice. Rather, this knowledge base is conceived to be much more varied, dynamic, individualised and readily adapted to and coordinated with the skills and competencies of those with whom one has to collaborate at a particular time and place. This description of knowledge use is similar to what Abbot (1988) describes, namely that professional knowledge must be compromised with the client reality. This recognition of knowledge would thus be explained to be the reason for the occupational group's low status.

New professionals within care work are to an extent autonomous and self-deter-mining in their role and work performance at respite care service homes. However, in contrast to Parsonian ideal-typical conceptions of professions, which understand professional autonomy as stemming from a long and highly regulated educational

process (e.g., Brante, 1988, 2009; Parsons, 1951/1991), the autonomy and self-determination afforded to new professionals is instead suggested to be related to the informal or personal character of respite care service homes and caregiving more generally. From the analysis, it is suggested that the intimate relationships developed between care workers and care recipients facilitate a form of non-monetary exchange that is perceived as being differentiated from more "regular" forms of wage labour. The thing that is being exchanged in return for the care services rendered is a vivid sense of engagement, personal growth and development. This exchange is depicted as being meaningful for care recipients and care professionals alike, and as something which is not attainable when performing more "regular jobs."

This non-monetary exchange appears to be related to the notion of compatibility between, on the one hand, the characteristics and attitudes of individual care workers and, on the other hand, the content and organisation of the work involved in providing care at respite care service homes.

Conclusions

Firstly, the analysis showed that similar to more established professions, which to some extent are founded upon a socially sanctioned knowledge base, the importance for new professionals as an occupational group within care work to establish a common professional platform was highlighted in order to successfully provide care at respite care service homes.

However, the contents of such a platform were not explicitly specified but were instead only vaguely mentioned in terms of the possible effects they have on the perceived quality of the care workers' performance. Secondly, the occupational group of new professionals within care work are depicted as being, at least to some extent, autonomous and self-determining when it comes to organising and providing these care services, due in part to the informal nature of the particular tasks and general context of the work at respite care service homes, thus suggesting the importance of striking a balance between the public and private spheres. Thirdly, it has been suggested that the close relationships that develop between care workers and care recipients are of the utmost importance when providing care at respite care service homes, since they are seen as giving rise to forms of exchange that benefit both parties in ways other than, and even explicitly differentiated from, monetary rewards. What this suggests is that, although the common professional platform is depicted as important in order to provide care to persons with intellectual and developmental disabilities well, seemingly even more important is the notion of possessing a form of intrinsic "care-feeling" or "sense for caring" related to one's own person, in order to be able to provide the necessary care services at all.

The professionalization projects that are currently taking place within Swedish disability care services including respite care service homes pose some important issues pertaining to the possible ramifications of such projects:

- Whatever benefits that may be attributed to the existence of a common professional platform or socially sanctioned knowledge base that serves as a starting point and guiding principle for care provision at respite care service homes, it is unclear what the impact might be of an organisational order which downplays (and even discourages) the maintenance of close relationships between care workers and care recipients.
- As long as it is not understood as a strictly formal/public concern nor a mainly informal/private concern by the occupational group of care workers themselves, the provision of care at respite care service homes is currently a form of balancing act along the blurred boundaries between the two.
- There seems to be no easy way of telling just how professionalization projects aimed at typifying and routinizing certain aspects of the work at respite

    care service homes might change the way in which new professionals of the occupational group within care work perceive their occupation and occupational identity in the future.

– It is difficult to predict how professionalization processes will affect the dynamics of the occupational group of care workers' relationships and engagements with care recipients at respite care service homes in the future.

As shown, substantively, this study offers an excellent example of achieving a better understanding of the subjective dimension (which is the figure in this study) of a professionalization project of an occupational group of care workers. Behind the subjective dimension is a backdrop to which this subjective dimension should be reflected, namely different interests in the professionalization process.

At a national level, we can interpret interest in concretising the political goals of social rights for persons with intellectual and developmental disabilities, as well as controlling an increase in costs within the framework of the market-based model of New Public Management. However, this concretisation is not a simple transfer of political goals but rather contains implications for disability care service institutions as a whole, for the disability care work and for processing.

At the local municipality level, the underlying motives are to ensure the quality of services and control implementation (Askeheim et al., 2014; Edebalk & Svensson, 2005). At the group and individual level, the interest is that care workers as a professional group are given a certain kind of freedom and a lot of leeway when it comes to control and making decisions regarding the care services provided, despite rigid organisational structures and budgetary restrictions.

Theoretically, we have learned that this freedom is an aspect of the meaning of the word professionalism and has to do with the trust and value (Evetts, 2014) placed in the occupational group that gives meaning in relation to the occupational identity. Through this meaning-making, a broader understanding of the profession and professionalism has thus been explicated in order to also contribute knowledge to the literature on professions and professionalism in general. However, it is difficult to comment on experiences of the professional position in relation to other occupational groups and how they are valued on the scale of high-low status professions (Freidson, 2007) solely on the basis of this study.

For practical considerations, the findings from this study are of more than just academic interest. They also indirectly shed light on the care recipients, who can take advantage of the care workers' expertise of practical knowledge and interest in the human aspects and in caring for others. It would be valuable for facility heads and politicians to be aware of how the occupational group of care workers should be supported in their professionalization endeavours and become aware of how the organisation can reasonably contribute to designing two new professions.

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