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CHAPTER 8: WELFARE WORKERS REFLECTING THEIR EVERYDAY RESPONSIBILITIES IN FOCUS GROUPS

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Introduction

Responsibilities can be termed as the allocation of duties, obligations, jobs and tasks to individuals, groups and institutions (Martin 2007: 28–29; Fenwick 2016: 4). People can be or be held responsible for someone or something and things can be done responsibly (Martin 2007: 28–29). Traditionally, responsibilities in work places are defined in contracts of employment but also in legislation and professional ethics (Iqbal *et al.* 2014: 27). When it comes to responsibilities of welfare workers, there are different interrelated and sometimes conflicting elements. Workers are noted to balance between several obligations towards their clients, employing organisation, their profession and broader society (Fenwick 2016: 8). Workers at the margins of welfare, such as mental health workers, are said to have little autonomy or control over their jobs, but they nevertheless “have responsibility for the most disabled and marginalised individuals” (Brodwin 2013: 3). They are also likely to face challenges between the desirable and the possible; whether their knowledge and training is enough to carry out appropriate decisions in demanding situations (Brodwin 2013: 29; see also Le Bianic 2011: 806).

In this chapter we focus our attention on welfare workers’ responsibilities from their own point of view. To put it more precisely, we examine how they reflect and make sense of their

everyday responsibilities in focus groups. As Martin (2007: 23) notes, there are also mundane uses and definitions of responsibilities employed in the everyday settings. The workers whose reflections we focus on are employed by different mental health service providers. They have various occupational backgrounds, such as psychiatric nurses, practical nurses, occupational therapists and substance abuse workers. Nevertheless, they all perform rather similar work with their clients in the field of mental health and substance abuse. They work closely with their clients in their homes and/or supported housing services and are in frequent face-to-face contacts with their clients, unlike more specialised professionals. They provide support in everyday tasks of managing finances, household chores, independent living skills and social contacts.

Before examining focus group discussions we discuss the welfare workers' responsibilities in relation to the managerialisation of welfare services and professional ethics. Following this, we approach welfare workers' responsibilities through the concept of ethics work (Banks 2013) in order to emphasise the everyday aspects of responsibilities and how welfare workers balance between the macro-level demands and micro-level realities (Lipsky 1980; Maynard-Moody and Musheno 2003). By analysing workers' focus groups, we particularly illustrate how workers jointly account for the responsibilities relating to their various roles and duties in their everyday work with service users. Although responsibility and accountability are often seen from the policy-level perspective, there is also a need to approach them from the micro-level viewpoint; that is how they are constructed and understood in the everyday talk and interactions of professionals (Matarese and Caswell 2014: 45–47).

Responsibilities and managerialisation of welfare services

The managerialisation of welfare services is recognised as a key challenge for welfare workers as it affects their duties and responsibilities (Annandale 1996; Banks 2004; Henriksson *et al.* 2006; Juhila 2009: 300; Le Bianic 2011: 804; Chapter 2). The managerialisation has meant the introduction of the ideas from the private sector, meaning competition and contracts for services that focus on measurable outputs and outcomes, efficiency and effectiveness (Rajavaara 1993; Clarke and Newman 1997; Harris 2003; Juhila 2006; Connell *et al.* 2009; Banks 2013: 588). These changes have identified workers as “being personally held accountable for their own decisions and actions” (Le Bianic 2011: 804). For example, social workers are made responsible for “running the business” (Harris 2003: 66), but also they are “to be managed in

the pursuit of government's policy agendas"; this has lead workers to consider whether they are "doing the right things" or giving enough effort (Harris 2003: 182–183). Workers have faced the demands to keep within budgets and to carry out productive, cost-effective, preventive or rehabilitative work (see Chapter 2). Related to this, workers are also increasingly required to produce quantifiable outcomes and to be able to demonstrate they have followed and documented their performances, tasks and certain procedures (Martin and Kettner 1997; Banks 2004: 152–153; Juhila 2006; 2009; Saario and Stepney 2009; Le Bianic 2011). This is called the *new accountability* (Banks 2004; 2013; Martin and Kettner 1997). Performances and outputs are more and more indicated via documents and information technology -based systems (Postle 2002; Parton 2008; Burton and van den Broek 2009; Juhila 2009: 301; Räsänen 2012; Saario 2014). It has been argued that particularly the welfare services contracted out to third sector or private organisations face the demands of "performance measures" (Banks 2011: 11).

The changes in welfare services have meant "managerialist responsabilisation of grass-roots level workers" (see Chapter 2). Responsibilisation is strongly associated with managerialism because it aims to render subjects responsible for the tasks that previously would have been the duty of a state agency or would have not even been recognised as a responsibility (O'Malley 2009: 227–279). The responsabilisation of workers can be seen to take place in two ways. First, traditionally workers can be seen as the subjects of responsabilisation where it is their responsibility to make their clients more responsible (e.g. Liebenberg *et al.* 2015) and to re-educate them (see Chapter 2). Second, workers can be seen as objects of responsabilisation where they themselves are made increasingly responsible for the contents and outcomes of services they deliver, as well as for assessing clients and delivering documents for administrative purposes (e.g. Le Bianic 2011). In other words, in the process of responsabilisation welfare workers are both subjects and objects of responsabilisation, while state and local authorities become less involved in everyday work (see Chapter 2). Thus, grass-roots level workers are faced with balancing between the demands of efficiency and the needs of their clients (Liebenberg *et al.* 2015: 1008).

It has been argued that the possibilities for professional discretion, e.g. having a command of the use of time and contacts with clients and the contents of work, have been reduced due to new managerialism requirements (Harris 2003: 74–75). Le Bianic (2011: 822) argues that as workers face the demands of certifying, verifying and validating certain facts or events, their expertise is characterised as being more "official" than discretionary. According to Brodtkin

(2008), this is problematic particularly in social welfare agencies where discretion is an essential part of the client-worker relationship. She notes how performance management may have unintended consequences for organisational performances as it may give the appearance of transparency and the illusion of accountability, but in reality it obscures the full understanding of how the work is actually done in agencies as well as what the real content and quality of the work is (Brodkin 2008: 323, 332). Hence, Brodkin (2008: 331–332) calls for research that examines how policies are produced and experienced in everyday practices (see also Hjørne *et al.* 2010). This resonates with the ethnomethodological idea of learning “seen, but unnoticed” features of talk and action (Garfinkel 1967: 41, 180).

Responsibilities and professional ethics

Responsibility relates to acting “in an ethical and accountable manner” (Giddens 1999: 8). Ethics is basically about how people “treat each other and their environment” and about the wrong and right character of action in different situations (Banks and Williams 2005: 1005). Professional ethics particularly relates to how professionals should act in certain situations, such as in relation to service users and what is expected of them (*ibid.*: 1005). Workers are expected to explain and justify their roles and duties as “who they are and what they have done or not done” (Banks 2013: 593) particularly in situations when there is a threat to be blamed for one’s actions (Juhila 2009: 297). The ethical values of welfare workers are based on human rights and dignity as they set responsibilities to act with integrity, compassion, empathy and care towards clients and patients (IFSW 2012; International Council of Nurses 2012; Talentia 2012). Banks and Gallagher (2009: 27) note how health and social care professionals share some main commonalities as to what counts as a good professional within these fields, such as being aware of their power and the vulnerability of those who are dependent on them. Also the purpose for these professions is the promotion of welfare or social welfare on the individual and communal level (Banks and Gallagher 2009: 18, 27). Professionals are also expected to know the ethical principles of their profession (Juhila and Raitakari 2010: 57; Fenwick 2016: 5–6) but are found to differ regarding their level of commitment to them (Metteri and Hotari 2011: 69).

Professional ethics can be regarded as not only rules and principles of conduct and action but also as virtue-based approaches which shift attention towards professionals as “moral agents” who perceive salient features of each situation (Banks and Gallagher 2009: 213). Ethics thus involves constant reflection and dialogue (Metteri and Hotari 2011: 88). It has been argued that

as normative guidelines, ethical codes cannot reach the details of work or remove the uncertainties workers face in practice (Brodwin 2013: 187). Dominelli and Holloway (2008: 1017) note how ethics as regulatory codes can “hold professionals to account for their behaviour”, which also raises questions of to whom workers are actually accountable and how accountabilities are prioritised. Thus, workers need to use professional discretion as ethical principles do not guarantee straightforward answers to everyday dilemmas (Juhila 2009: 309; Lipsky 1980; Evans 2011). Ethical discretion is said to be an essential part of professional practices that are framed with political, economic and moral demands (Talentia 2012: 11).

The promotion of empowerment and participation are essentially linked with the ethical being and acting in social welfare work (IFSW 2012; Talentia 2012) and are seen as important principles in community-based mental health services (Juhila and Raitakari 2010: 68; Chapter 3). Empowerment-based work means taking clients or group of clients seriously “as experts of their own lives” (Simon 1994: 2). As a result, individuals are gradually able to improve their own lives and living conditions and are able to help themselves (see Chapter 3) and make their own choices and decisions (Videmšek 2014: 63). The emphasis on participation as a part of welfare policies has meant the need to increase the participation of citizens and service users in decision making and service delivery (Newman 2000: 55; Banks 2004: 41; Matthies 2014), as well as in planning their own services and individual recovery (see Chapter 6). As noted in Chapter 3, participation is regarded as an important right of citizens, and thus it is linked with professional expectations: “welfare workers are seen as responsible for encouraging, enabling and supporting them [clients] to use this right” and to consult and guide clients in making choices about their services and to inform them about the available options as well as to support them in their recovery processes. However, in reality, the ideas of participation may be threatened for many reasons, such as complex needs of clients or the ways services are delivered and provided (see Chapter 3). In the context of welfare services, participation should not be taken for granted, but there is a need for sensitive and bottom-up involvement of people (Matthies 2014: 15).

In this chapter we regard ethics of everyday work as a “matter of second thoughts”; reflections of workers’ recent actions such as what they just did or witnessed, what disturbed them or what their clients need (Brodwin 2013: 29). We analyse whether the organisational and political contexts “create boundaries for ethical being and acting” (Banks and Gallagher 2009: 214–216) among the welfare workers in question. As Mänttari-van der Kuip (2013: 16; 2015) found out,

the new accountability requirements of monitoring, evaluating and controlling of work may get workers into ethically contradictory situations and has set a need for workers to balance between contradictory interests in their everyday practices. Reamer (2006: 5, 44) notes that when professional values, duties, obligations and expectations of managerialism conflict, ethical dilemmas arise. Banks (2011: 19) suggests that ethical being and acting is a process that requires constant negotiation on what rules to notice, to question what we are doing and why, but also requires “being alert to the dominance of the managerialist and neo-liberal agendas”. Next we move on to analyse in more detail the ways welfare workers reflect upon and account for their everyday responsibilities.

Ethics work, responsibilities and accountability in focus groups

Analysing focus group talk

In order to analyse welfare workers’ responsibilities, we utilise focus groups conducted with teams of workers. The workers in the interviews represent professions from a wide range of occupations in welfare services: psychiatric nurses, practical nurses, occupational therapists and substance abuse workers. Furthermore, there are also social care workers with varying vocational backgrounds ranging from task-based internal training courses to bachelor’s degree qualifications in social care. Despite these diverse vocational backgrounds, focus groups aim to examine workers’ shared reflections regarding their responsibilities and thus create a more “general” picture of workers’ accountability and the ways they perform the ethics work at the margins of welfare services.

The workers interviewed in six focus groups represent both supported housing and floating support services in Finland and England. The services are run by non-governmental organisations, which provide services for local authorities through a contractual tendering process (see Chapter 4). In line with current policies of deinstitutionalisation of welfare services, the settings provide care in the community, with the aim of facilitating the clients’ meaningful life within their local communities. The supported housing services offer specialised housing, social rehabilitation and a home visiting service. These services differ regarding their target groups: some are aimed at a specialised group of clients with severe and co-occurring mental health and substance abuse problems, who are often termed as people with “dual diagnosis”, whereas some have a more generic orientation and are intended for a wide

range of people with mental health problems. The floating support services are intended for people with mental health problems and offer mainly home visits to clients' own home or client-worker meetings outside the home. The key working areas in both supported housing and floating support services focus on clients' everyday skills, social skills and medication as well as coping with illness or substance abuse.

Focus group interviews were designed to elicit workers' common talk where they can address various expectations and challenges they face as a team (see Morgan 2002). Analysis concentrates on the ways workers manage, account for or modify responsibilities in their everyday practices. We study responsibility from the micro-level viewpoint and interpret and draw conclusions as to whether or not the workers' talk on responsibilities actually reflects upon the managerialisation of welfare services and/or professional ethics (see Chapter 4). The frame for our analysis comes from Banks' (2016; 2013) notion of ethics work, which is per se a way of conceptualising the reasoning of the worker, and thus refers to cognitive elements of an individual person. Banks (2013) suggests that ethics work refers to situations where workers negotiate and balance tensions between their personal engagement and professional accountability. By personal engagement, Banks (2013: 590–593) refers basically to workers' motivations, value commitments and relationships with their clients and to the processes of their everyday work and how they perform it. We utilise one particular dimension of ethics work: its interactional nature (see also Fenwick 2016: 7). We draw particularly on Banks' notion on of ethics work as performance, where one performs himself or herself as “doing ethics work” directed at other parties. As a performance, ethics work includes conversational moves that workers make during talk about “ethical aspects of situations, working out the right course of action and justifying who they are and what they have done” (Banks 2013: 599–600; see also Banks 2016: 11).

When analysing the empirical extracts from focus groups and the ethics work being performed in them, we apply the discourse analytic concepts of responsibility and accountability (see Chapter 4). Responsibility and accountability are closely connected in the institutional encounters (Mäkitalo 2003: 496; Matarese and Caswell 2014: 47) and thus accounting for ones actions in these encounters also displays how responsibilities are done and talked into being (Matarese and Caswell 2014: 47). Responsibility is close to the idea of following the rules as achieved in action; they are not blindly followed but are “realised and interpreted within and in relation to action” (Martin 2007: 23). Interviews are occasions full of accounts, and respondents

are seen to account for their actions as competent members of a certain category (Baker 2003: 399). When workers are accounting for their action, they are at the same time making visible their institutional tasks and problems related to them (Juhila *et al.* 2010: 17). Thus, the interviews provide opportunities for studying the ways workers are reflecting on their responsibilities.

According to Scott and Lyman (1968: 46) accounts “bridge the gap between actions and expectations”. Accounting refers to the ways people explain, excuse and justify (Scott and Lyman 1968) their responsibilities or even blame themselves, other people or instances about troublesome issues or behaviour (Hall *et al.* 2006: 34; Chapter 4). Scott and Lyman (1968: 46) present that when someone is *excusing* their behaviour they are mitigating or relieving their responsibility of the conduct in question. When they are *justifying* their behaviour, they are neutralising their conduct or act and its consequences, as the circumstances permit, allow or require them to do so (*ibid.*: 51). In ethnomethodology, accounting for one’s action is seen more broadly as an inherent part of talk and interaction (Garfinkel 1967) as the participants of interaction constantly explain and make sense of their action (see Suoninen 1997; Baker 2003; Juhila *et al.* 2010).

The analysis concentrates on those instances in focus groups where workers talk about their responsibilities and particularly on how they balance expectations arising from workers themselves and their clients or those arising from the managerial expectations. The empirical examples presented are closely connected to everyday work with clients and illustrate how workers are accounting for their responsibilities in these situations. They differ from talk where workers reflect their responsibilities in relation to other practitioners and professional groups (see Chapter 9). We present five extracts that illustrate the following: 1) the ways workers are committing clients to take responsibility for themselves, 2) how workers regulate the amount of time and resources they provide to clients, 3) how workers balance between clients’ privacy and getting their institutional tasks done during home visits, 4) how workers assess the amount and duration of home visits and 5) how workers try to comply with the performance measures.

Committing clients to take responsibility for themselves

The first extract is from a focus group with four workers from a Finnish supported housing service for people with mental health and substance abuse problems. Workers are talking about

their responsibility of encouraging clients to be more committed to take responsibility for themselves.

Extract 1

1. INTERVIEWER: So I'm asking that what are the ways that you make ((the clients)) committed? ((short laugh))
2. WORKER 4: Well these discussions, I dunno whether they've had them before in ((Supported housing service)), at least nowadays, we've now.
3. WORKER 1: We have.
4. WORKER 2: Yeah, yeah. That's what we have.
5. WORKER 1: Yeah, we have.
6. WORKER 4: So will this continue, are you benefiting from this, or. You don't have to be. So, then I have, well this is not like the kind, that in prison you have to ((short laugh)), if you don't get anything for yourself, cause you should get. Well this, yeah.
7. WORKER 1: We've had a lot of that. I've.
8. WORKER 4: Some are a bit amazed.
9. WORKER 3: Yeah, but it's like that, so how do you.
10. WORKER 2: Yeah, yeah.
11. WORKER 4: ((You're)) gonna, a bit like that.
12. WORKER 2: Yeah, and you know it's not like, it is a kind of two-folded thing cause there is no sense in putting people out of there, here, ((everywhere)) and then all over again. Still to some extent you always have to do that.
13. WORKER 1: You have to.
14. WORKER 2: That either you commit yourself here and now, think about that for a while, when we give you some time to think about this, think how committed you are and then, but we won't then again throw ((somebody)) out of here when he's not committed again, but we have the same conversation again and well that's how it is. Books ((on the table)) again, another go.
15. WORKER 1: Right, yes.
16. WORKER 3: Loosening and tightening.
17. WORKER 1: Yeah.

Just before the extract, worker 2 has been describing how it is clients' responsibility to be committed but on the other hand how it is also workers' responsibility to support clients' commitment and to constantly reflect and monitor their engagement to the service. She justifies the importance of this kind of checking work as it is easy for the client to say what s/he wants to achieve, but it is more difficult to know the ways and methods in achieving the goal. Her talk demonstrates that although clients are seen as responsible for their own conduct, the responsibility of professionals to support them is stronger.

The actual extract demonstrates collective and joint talk about the client commitment and the ways the workers are reflecting it as the interviewer poses a question: “*So I’m asking that what are the ways that you make ((the clients)) committed?*” The workers have contradictory thoughts about the issue as the situations are case-specific and two-sided. Their responsibility is to get clients committed to their own responsibilities and objectives in rehabilitation. However, despite their efforts the degree of commitment varies between clients (see also Ranta *et al.* 2016). The workers constantly have to reflect on this with their colleagues. Hence, they balance their own and clients’ responsibilities. When negotiating the level of commitment with their clients they compare and contrast their services to “*prison*” in order to display their clients’ opportunities and freedom to make their own choices (see Chapter 3). In a way, they are relieving their responsibility (Scott and Lyman 1968: 47) and moving it partly to their clients (turn 6): “*cause you should get*” and how some of the clients are “*amazed*” (turn 8) about this.

In turns 6 and 14–17 the workers are negotiating the process of commitment; they give time frames for clients to think about their level of commitment, but they do not “*throw them away*” if they are not committed. Thus, they do not abandon their clients, although there seems to be a constant balancing between loosening and tightening the client-worker relationship. They seem to be ensuring the stability of their clients (Brodwin 2013: 69) by trying to keep them in the supported housing services. The workers are doing the ethics work when they are negotiating the limits of helping, such as do they need to exceed or narrow their involvement when it comes to clients’ commitment (Juhila and Raitakari 2010). The workers are assessing the right course of action and justifying their roles in this process (Banks 2013: 599–600). This also reflects the ethnomethodological view of responsibilities as employed differently in the everyday activities (Martin 2007: 33). Overall, this extract illustrates the ethical principle of responding to clients’ needs (Juhila and Raitakari 2010: 68) and acting ethically responsible as a work team.

Regulating the amount of time and resources

In the second extract interviewers and three workers from an English supported housing and floating support service are talking about the use of working hours per client and how workers negotiate and balance their use of time in practice. There are two interviewers and four workers present in the interview.

Extract 2

1. INTERVIEWER 1: How about, if they ((clients)) contact you, what do you do if you have used your four hours, let's say, and then somebody rings up, and you have a phone call, it's over your hour? ((a short laugh)) Do you say that, we don't have more time this week, let's talk about next week or, what do you?
2. WORKER 4: Depends on a situation.
3. WORKER 1: If it's serious, then you'll give.
4. WORKER 4: The ((unclear word)), in our case. In case ((unclear word)) quite serious, it would be heartless not to offer.
5. INTERVIEWER 1: Yeah, to respond in a sense.
6. WORKER 4: More support.
7. WORKER 1: If they're in a crisis situation, we do come out to them. And deal with it.
8. WORKER 3: I suppose, it's using your own discretion isn't it, whether it?
9. WORKER 1: ((unclear word)) client as well what they like and, if they're likely to ring, and ask for more support when they actually don't need it.
10. WORKER 3: Yeah. ((a short laugh))
11. INTERVIEWER 2: And that's, I mean, I know you've got to keep very detailed records of your hours.
12. WORKER 1: Yeah.
13. INTERVIEWER 2: But within that you can, ((unclear word)) extra?
14. WORKER 1: Yeah.
15. WORKER 4: If you want to, yes. Wouldn't have to go to high in the management chain, to get that together. But we do it often.
16. WORKER 1: Cause I have taken someone to the doctor before, and, I've ended up being hours there. You couldn't leave because, it's kind of important there and then. I just told people that I was gonna be longer, that I would not go.
17. WORKER 2: And I've been on a visit and found out that, the lady I was with, had taken an overdose, and I had to take her to hospital, and I was. So, I couldn't leave until the crisis team came, took over my role. Cause she's on her own in case she tried to get out and.
18. INTERVIEWER 2: So in that case, what, I mean, are hours found from somewhere or, is it just?
19. WORKER 2: Yeah, it's generally. In that circumstance I contact my manager and say, this has happened, I'm gonna go to hospital with her. And they'll say that's fine and then they just ((unclear word)) explained, what's happened and why that person's had, the extra hours.
20. WORKER 3: There's even the possibility if, say, a client has finished half an hour's week before, they all add up, and then you can use them as a kind of bank to ((unclear word)).
21. INTERVIEWER 2: But, all of those hours are constantly being added up and.
22. WORKER 1: Yeah.
23. WORKER 4: Yeah.
24. INTERVIEWER 2: And justified and. All right.
25. WORKER 1: Weekly.

The extract starts with the interviewer's question about the use of time with each client: what workers ought to do if a client calls and they have already received their allotted hours. Earlier in the interview it came out that the workers are able to use four hours with each client per week. The workers 1 and 3 jointly produce these situations as case-specific and the kind that

needs their attention if they are serious. Also in turn 4, worker 4 notes if the situation is serious it would be “*heartless not to offer*” support, which reflects strong personal engagement to their work. At turn 7, worker 1 continues that if a client is in a crisis situation they just “*deal with it*”; it is their responsibility. At turn 8, worker 4 produces an indirect question of whether these are situations when they use their own discretion. Then at turn 9 the worker notes how their clients are also made responsible for reflecting upon their situation: whether their situation is serious enough to ring the service.

At turn 11, interviewer 2 asks about the detailed recording of working hours the workers have “*got to keep*” and whether the workers can do something extra within the given time frame. Worker 3 says that they do not need to ask permission from the high management in order to do that. Then in turns 16 and 17 workers 1 and 2 justify the use of extra time in certain situations by giving concrete examples. They describe situations when they have used discretion and exceeded the four hours per client. Those have been situations where they “*couldn’t leave*” which emphasises the seriousness of them. Their talk reflects how clients’ well-being is their first priority.

Interviewer 2 is interested in whether the time is taken away from something else (turn 18). Worker 1 responds that they just contact their manager and give an explanation of what has happened and why the extra hours had been used. According to her, the manager is fine with this. Within the given time frames they are able to regulate their use of time if they have grounds for it. Thus, the workers obviously have space and opportunity for case specific discretion (see Evans 2011). This extract illustrates how the workers are doing ethics work, as they case-specifically regulate the duration of time and resources with their clients and negotiate what rules to apply and why in each situation (see also Chapter 10). They are working out the right course of action from the client’s point of view (Banks 2013: 599–600). This extract also shows the workers’ responsibility for the most marginalised people (Brodwin 2013: 3).

Balancing between client’s privacy and institutional tasks during home visits

In the third extract four workers from a Finnish floating support service for people with mental health problems and the interviewer are talking about the professional way of doing home visits

and how workers are constantly balancing between clients' privacy and their institutional responsibilities:

Extract 3

1. INTERVIEWER: Okay. Let's move on to home visiting, as a working arena. How does it appear to you?
2. WORKER 1: Maybe it's in a way more free, if you compare to ((nursing home)), as, well, as an example like the level of cleanliness I've said before somewhere that, in ((nursing home)) there are certain things you have to clean and, when, and which day, but in one's own home it's not it doesn't have to be so tidy necessarily. Maybe the home is then also more unpredictable, as you never know what you're up against when you enter, like are there other people, what has happened, these kinds of things.
3. WORKER 3: And the point that it's done quite a lot on the client's terms then, as you certainly can't...
4. WORKER 1: Yeah, sure.
5. WORKER 3: ...evaluate that level of cleanliness or other things as it's his/her home and just the way it is, certainly you can always talk and negotiate about it, but it's not our purpose to go there to evaluate it. It's precisely that encounter when you ring the doorbell, it's already the moment when the client comes to the door that you already evaluate it, the fluency of the visit and how it's perhaps going to be or...
6. WORKER 1: Yes it is.
7. WORKER 3: ...so, it's rather interesting.
8. WORKER 1: Or if the client wants you to leave right away, that you have to leave, so, we have to leave then, it's not our, it's not me who ((laughing)).
9. WORKER 4: Yes, you constantly have to remember that we're in the client's own home and kind of evaluate that you won't cross the line of self-determination then.
10. WORKER 2: Yes, I think it's very respectful.
11. WORKER 4: Yes.
12. WORKER 2: The starting point is that the client decides when the visit, kind of ends or do we stick to what's been agreed or does he/she let us in, so it anyway starts with that. But you still can't forget your professional competence, so, this co-operation is based on us coming with respect, but we're here for the reason that some form of co-operation is agreed on, rehabilitative relationship, that we're not just visiting either.
13. WORKER 1: Mm.
14. WORKER 4: Mm.
15. WORKER 3: Mm.
16. WORKER 2: So that kind of, and then there is the self-determination that you have to respect, but it remains the whole time.
17. WORKER 4: And then, well?
18. WORKER 3: So I think that the home tells a lot.
19. WORKER 1: Mm-m.
20. WORKER 3: There's so much information when you enter there and opens up in front of our eyes so that.
21. WORKER 4: Yeah.
22. WORKER 1: Yes.
23. WORKER 3: You can see so much about the client's strengths, and how the home perhaps changes during the journey, you can make a lot of conclusions already based on that, and make observations.

24. WORKER 4: Yes, and then if you think what's the worker's view on something, like on clean home or healthy diet, so it's not anyway the same what is the client's view and what's exactly true for the client, the client's, so in a way you must, at some point give up a little and accept that okay, this is client's home and his/her view.
25. WORKER 3: Certainly I think that in an extreme case, well we have to put it into words if the home appears.
26. WORKER 2: Of course, absolutely.

In this extract, the interviewer starts with a question about home visiting and how it appears to the workers. Worker 1 starts to compare home visiting with work at a nursing home which had stricter rules and timetables regarding the level of cleanliness in comparison to work at clients' own homes. She also notes how the home appears to her as a more unpredictable place than a nursing home. Then the discussion continues with worker 3's notion of conducting home visits on clients' own terms. The workers can negotiate and talk about cleaning with their clients, but their duty is not to evaluate the level of cleanliness. Cleaning seems to be quite a delicate issue. Worker 3 describes how the first contact with a client at his or her door says much about the forthcoming encounter. Worker 1 confirms this at turn 6: "*Yes it is*". The workers' dialogue reflects their professional know-how and intuition. At turn 8, worker 1 notes the importance of respecting clients' own will and power; if they want a worker to leave, then they have to leave and respect it. Worker 4 continues that they constantly need to remember that they are in a client's private space, their home, and they need to respect his or her self-determination.

At turn 12, worker 2 describes how home visits need to be very respectful, and how they need to take into account the client's needs and wishes. Nevertheless, she notes their professional responsibility: as they cannot forget their professional competence and the original idea behind the support relationship and home visiting. She distinguishes their visits from "normal" visiting and justifies their responsibility to comply with the agreement and the clients' rehabilitation. Other workers support her account. Then again worker 2 returns to note about the respect for clients' self-determination which is always present when they are visiting clients' homes. Worker 3 continues to justify the importance of home visits in their work as they tell a lot about the client's situation and produce important information for them. Then worker 4 comes back to the issue of cleaning and how workers' and clients' perceptions about a clean house or healthy diet may differ, and how workers need to distinguish their own way of thinking from the client's way of perceiving these issues. Worker 3 justifies their responsibility to nevertheless "*put it into words*" if there occurs some serious trouble or deficiency in client managing at

home. Their institutional tasks in some circumstances permit, allow or require them to do so (Scott and Lyman 1968: 51).

This extract displays the subtle practices of the workers as they are constantly balancing between respecting clients' privacy and self-determination and conducting their institutional tasks of checking up on the client and his or her everyday coping during the home visits. The workers responsibility is to work out the right course of action, and they need to justify their roles in regard to who they are and what they will do (see Banks 2013: 599–600) during the home visits. The workers need to be sensitive when they are making their judgments e.g. about cleaning, but their duty is also to comment if they notice that the home does not in a sufficient way correspond to “normal” living standards (see also Räsänen and Saario 2015).

Assessing the amount and duration of home visits

Our fourth example is from the same interview as Extract 1. Here the workers and the interviewer are talking about the amount and duration of home visits.

Extract 4

1. WORKER 4: Yes, and also at the moment we think for real that when we make home visits ((in supported housing service)) that they can't last for an hour or 45 minutes for all, it sometimes may be only half an hour or even 15 minutes for someone. Well it shows from the client then how much he/she can handle it.
2. WORKER 2: For Juha it's sometimes eight minutes when he started to say...
3. WORKER 4: Yeah, right, that one.
4. WORKER 2: ...that I believe this was it, well, then we try to hang out for another eight minutes, as we don't usually leave there much before quarter of an hour but.
5. INTERVIEWER: Do you have a permission to visit everyone's home?
6. WORKER 2: Yes, we require it.
7. WORKER 1: Yeah, yes, it's, we visit everyone, but then again we don't visit everyone at the moment. But it's the municipality's wish. That we make visits for everyone, and they are interested in how often we visit there.
8. WORKER 3: And we make individually once a week for someone, twice a week for another, or then once a month.

The extract starts with worker 4's description of the practices of home visits in the supported housing services. She mentions the time limit of 45 minutes to one hour, which evidently refers to the expected length of home visits instructed by the municipality. She then explains how in

practice the visits do not necessarily last that long. She justifies this with the clients' condition and how long visits they can handle. She displays herself and her colleagues as experts in estimating the client's individual condition and needs and how longer visits may even have a negative effect on clients' situation. They possess "everyday evidence" (Saario *et al.* 2015; Chapter 9) of a client's situation that the purchaser is lacking. Another worker, worker 2, gives the example of Juha for whom eight minutes was long enough and how they nevertheless stay at his home for another eight minutes, because they try to stay at least 15 minutes at each visit. Thus, they act in accordance with a certain time limit.

In turn 5, the interviewer asks whether the workers have permission to visit every home. Worker 2 answers that they require it from their clients. In turn 7, worker 1 continues that the responsibility to visit every client's home comes from the municipality that purchases the service. Nevertheless, worker 1's talk in turn 7 indicates that the workers are not obliged to do so, as it is the municipality's "*wish*" that the workers visit every home, and they are "*interested in*" the amount of visits they make. She continues: "*we visit everyone, but then again we don't visit everyone at the moment*". Her talk hints that they are modifying the expectations of the municipality to fit with their everyday work. They also have space and opportunities for case sensitive discretion: "*we make individually once a week for someone, twice a week for another, or then once a month*". The workers' dialogue demonstrates how the responsibility to visit clients regularly at home and for a certain amount of time does not necessarily work in practice; they are thus mediating between macro level resources and micro level realities (Lipsky 1980). The workers are sensitive to clients' needs and capabilities to participate and to make their own choices regarding their services (see Chapter 3; Videmšek 2014: 63). Overall, the ethics work is manifested when the workers do not literally comply with the managerial expectations, but instead they balance between different interests and act in a case sensitive way (see Banks 2011; 2013; Mäntäri-van der Kuip 2013; 2015; Liebenberg *et al.* 2015).

Trying to comply with performance measures

Our last extract is from another focus group with welfare workers from a Finnish supported housing service. Before the extract the workers have been discussing about the nature and form of personal contacts and what should be counted as a personal contact. In the following extract three workers are talking about the changes in the recording practices and the monitoring of

their work performances. In the interview there are a total of five welfare workers and two interviewers present:

Extract 5

1. WORKER 1: And then, here's this kind of, what I've been thinking about that as now there's this message coming from ((Commissioning agency)) that they follow, that these need to be seen there, these personal contacts or home visits, they need to be seen there on the computer. So, in a way it has probably increased our efforts to try so hard now, a bit too slavishly to comply, so now it's like, whether the personal contact here or that it is, that you constantly think of what you roughly record, so, okay ((the person from the Commissioning agency)) is going to read these tomorrow ((laughing)).
2. WORKER 2: Yes, they give.
3. WORKER 1: But that they have communicated to us that they'll follow them all the time and that they are realised as well.
4. WORKER 3: And this is just recording all the time.
5. WORKER 1: Yes, it has increased a lot.
6. WORKER 3: Before this tendering we recorded once a week ((some unclear talk)), haa ((is tapping on the desk)) I have that many personal visits at the moment ((laughing)).

This extract starts with worker 1's description of the "message" that has come from the Commissioning agency regarding the need to record personal contacts and/or home visits. She wonders whether they comply with these new instructions too "slavishly" in their everyday work. Nevertheless, these new responsibilities have caused a concern about whether they are recording enough and the right issues (turn 1): "*whether the personal contact here or that it is, that you constantly think of what you roughly record*". The pressure for recording comes from the potential audience of their records (Askeland and Payne 1999), which in this case is from the Commissioning agency. In turn 3, worker 1 continues that they were given an impression that their recordings will be monitored. Then from turn 5 the workers bring out the growing amount of recording work and how it has increased since the tendering process. They used to record only once week, but this has changed remarkably.

This extract demonstrates how the managerialisation of welfare services has an influence on the welfare workers' responsibilities. The workers have faced the new accountability requirements of performance measures as the amount of recording work has increased; they have a responsibility to demonstrate the outputs (personal contacts) of work, and they need to be able to follow and document these outputs in certain ways (e.g. Banks 2004: 152–153). The workers' dialogue reflects the ethics work in a sense that they are working out what to record

and why and how this new situation has caused concerns and pressures for them as the amount and content of their work will be, at least potentially, monitored.

Conclusion and discussion

In this chapter we have analysed five extracts that illustrate the ways the workers are reflecting on their responsibilities in mental health supported housing and floating support services in Finland and England. The empirical examples are closely related to everyday work with clients. Workers are reflecting on their responsibility to encourage clients to be committed to their own responsibilities. They also discuss their need to negotiate between clients' privacy and getting their institutional task of checking and following the clients' wellbeing and everyday coping done during the home visits. Welfare workers also reflect on their responsibility to regulate the amount of time and resources they can offer for their clients. They also discuss how they try to comply with the changes in the recording practices and monitoring of their work performances. Such practices indicate that workers are constantly doing "ethics work" as they take responsibility for being ethical and acting ethically (Banks 2016: 12). The practices resemble Brodwin's (2013: 29) findings on mental health workers' everyday ethics; these are reflections of actions and things that have disturbed workers and which are related to their clients' needs. It is crucial that these welfare workers have "responsibility for the most disabled and marginalized individuals" and the responsibility to ensure their stability (Brodwin 2013: 3, 69), which is challenged by the changing conditions of their work.

Our aim was to examine and demonstrate how welfare workers talk into being the expectations coming from both the managerialisation of welfare services and professional ethics. It is obvious that welfare workers are expected to balance between efficiency and clients' case-specific needs (Liebenberg *et al.* 2015: 1008). Workers have new responsibilities, and they are in this sense objects of responsabilisation (e.g. Le Bianic 2011); for example, they are expected to make a certain number of home visits and to report the time they have spent with their clients. In addition, these new accountability requirements are evident when workers reflect on trying to comply with the growing amount of recording work and the possibility that their work performances are monitored through these recordings. Even so, the workers' talk regarding their everyday responsibilities also reflects that they are subjects of responsabilisation (e.g. Liebenberg *et al.* 2015). Workers make their clients responsible for assessing their level of commitment, which resonates with the findings from mental health case files where clients are

held accountable for their progress and recovery and how help could only be given for those who are ready to receive it (Liebenberg *et al.* 2015: 1016).

The workers' interview talk reflects everyday ethics work in the sense that ethical issues are constantly discussed, even though the word ethics is not used (Juhila and Raitakari 2010: 68). The extracts demonstrate and make visible how workers are performing ethics work as they are balancing and working out the right course of actions and justifying their roles and duties (Banks 2013: 599–600). Although the workers in the interviews do not represent the strong professions, they nevertheless have space and opportunity to develop “frontline versions” of managerial expectations. According to Lipsky (1980), discretion is essential for street-level bureaucrats to make policies work (Evans 2011: 370). In their focus group talk, workers frequently describe how they use case-sensitive discretion and how they give priority to clients' well-being and safety despite the time limits and resources they could “officially” offer. Thus, when workers are faced with conflicting expectations, they prioritise their clients' needs and well-being.

During the home visits, the welfare workers' task is to check up on the client and their everyday coping, but at the same time they need to respect clients' own territory and wishes. This is similar to the findings from home visit interactions, where workers are managing their identities as a guest and a professional (Juhila *et al.* 2016). When conducting home visits and entering clients' private spaces calls for ethical sensitiveness and continuous discretion from workers. When necessary, the workers negotiate the limits of helping; whether there is a need to narrow or exceed their help towards clients (see Juhila and Raitakari 2010: 69). They are promoting participation and empowerment when they are sensitive to clients' wishes and capabilities to make their own choices regarding their services and commitment. Overall, workers' talk reflects how they are aware of their power and the vulnerability of their clients (Banks and Gallagher 2009).

In welfare services, responsibilities relate closely to accountability (Fournier 1999; Le Bianic 2011: 804). Workers have been traditionally held accountable for their decisions and actions in relation to different stakeholders, such as colleagues, employers and clients, and in relation to legislation (Banks 2004; Hall *et al.* 2006: 16; Juhila 2009) and ethical codes (Juhila 2009: 297; IFSW 2012; Talentia 2012; International Council of Nurses 2012). The welfare workers' everyday responsibilities presented in the extracts show that their accountabilities indeed unfold

in different directions (Juhila 2009: 298). In our view, the welfare workers' focus groups accounts are close to Juhila's (2009: 304–306) notion of critical accountability, which she recognises as an important counterforce for the new accountability requirements. According to her it challenges workers to do the following: 1) to recognise and articulate the impossibilities and boundaries of their work tasks; 2) to recognise the difficulties in measuring and standardising their work, and to 3) accept that professional discretion and human judgment are part of their everyday work. In the focus groups analysed in this chapter, welfare workers reflect all these elements. Critical accountability is demonstrated especially in three responsibilities workers reflect and comment on: regulating the amount of time and resources, assessing the amount and duration of home visits and complying with the increasing amount of recording work.

Although it is not apparent in the selected interview extracts, it has been observed that when workers have little opportunities to influence their work, it may prevent them from doing client-centred work and may cause them work-related stress and anxiety (Tainio and Wrede 2008: 190). When it comes to studying the responsibilities of workers, it is also essential to consider the differences in status and opportunities between different occupational groups and how some groups may be left vulnerable in relation to others (Henriksson *et al.* 2006: 183). When the duties and tasks assigned to different professional groups (some more specialised than others) differ, they are also likely to set certain boundaries between their competences and responsibilities (see Chapter 9).

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