

# Worker collectivity in child welfare: Mobilising action and commitment through team meetings

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## Abstract

The burdens of working in the frontline of the child welfare and protection services are well documented. Studies have identified individual and organisational indicators that lead to burnout, turnover and retention. In this article, I direct attention to enacted local cultures in child welfare teams and explore how embedded social practices contribute to social workers' coping. I apply the concept of worker collectivity to explore how informal social practices in regular team meetings mobilise action and commitment among the team members. The article draws on an ethnographic study of two Norwegian frontline child welfare offices, involving intermittent observation of everyday work practices for two years. My analysis suggests that the collectivity is a crucial condition in bearing the demands of child welfare work.

## Introduction

Whittaker (2011) has described social work with children and families as 'inherently anxiety provoking' (Whittaker, 2011: 482). Studies of child welfare social workers' defence

mechanisms have suggested that social workers are particularly vulnerable to strain, partly because they work in the community, as opposed to controlled and confined spaces, yet more so because the profession is not perceived as having a clearly defined knowledge base, and thus lacks the authority and trust of the public compared to other professions, such as medical doctors or lawyers (Taylor et al., 2008). Moreover, strong public criticism directed towards child welfare workers also contributes to the burden (Taylor et al., 2008). Interestingly, however, features often described as burdens of child welfare work, such as great individual responsibility, imperatives to act despite uncertainty and a demand for strong personal involvement (Skotte, 2018), may also be reasons for perceived job satisfaction (Frost et al., 2018).

In this landscape, a large body of research research has focused on the influence of individual and organisational coping strategies and characteristics, such as social support, supervision and resilience to burnout, turnover and retention of child welfare workers (e.g. Frost et al., 2018; Burns et al., 2020). Studies considering the impact of culture, have identified how specific features of culture shape how caseworkers do and experience their job (Whittaker, 2011; McFadden et al., 2018). While ethnographic studies have contributed to our understanding of the everyday work of child and family social workers (eg. Pithouse, 1987; Vagli, 2009), they have not explicitly addressed how social workers deal with strain. There is a need to explore how coping is embedded in everyday work practises. In this article, I aim at describing how enacted culture contributes to making the work manageable, focusing on mobilising social practices of team meetings.

While social workers in child welfare often act on their own when moving about in the world, they bring doubt and ambiguity, questions and facts, stories and experiences back to the office, which they process with colleagues in different interactional arenas. Following Ferguson et al. (2020), I suggest that these interactions are of great importance to what takes

place in the outer spheres, as elements of intertwined tasks, which constitute the streams of activity of child protection work (Munro, 2005). This article describes and discusses how one particular type of office interaction, namely the regular team meetings, contributes to mobilising meaning, courage, strength and motivation to work both inside and outside of the office. I apply the concept of collectivity, as it is used in literature on sociology of work and of social movements, to emphasise informal, often implicit, cultural and collective practices of working with vulnerable families and children.

My interest in the team meeting evolved as I conducted an ethnographic study of everyday child welfare work in two frontline child welfare agencies in Norway. In agency 1, I followed a team of 14 caseworkers, working with investigation, assessments and follow-up of in-house measures in cases concerning the youngest group of children (0 – 12 years old). In agency 2 I followed a team of 15 caseworkers responsible for all age groups and the whole line of work, from handling incoming cases, to follow-up of out-of-home care.

In both agencies, regular team meetings stood out as explicit arenas for aggregating and elucidating complex combinations of power, uncertainty and action orientation. Observing meetings seemed ideal for studying the caseworkers' negotiation of individual, professional and organisational considerations in casework. Organisational practices, such as decision-making and documentation, appeared to be closely linked to processes that took place in these meeting points between the staff. Moreover, how the caseworkers talked about their work and the cases in these meetings, appeared to differ slightly from how they were talked about outside these settings, which intrigued me.

While the offices I studied differed somewhat in their organisational structure and observed agency culture, e.g. stronger friendship between the staff in one team than in the other, these differences were not apparent in my analysis, contrary to my expectation. The

data itself did not show any systematic difference in how the team meetings were performed. This might indicate that the interactive function of the team meetings does not depend on a tight-knit community. The solidarity and understanding that is expressed in the meetings is instead connected to their shared ideals and sense of 'we'. The meetings seemed to constitute an arena for collective mobilisation, rather than personal relationships.

After presenting the context of the team meetings and describing the theoretical concept of collectivity, the article presents the methodology of the study. I then outline and illustrate how the team meetings contribute to 1) mobilising a drive towards action; and to 2) mobilising commitment to the task. Finally, I summarise the analysis and discuss the consequences of collectivity for child welfare practice.

Throughout the text, I use the following abbreviations in the quotes: Cw is short for Caseworker. These are numbered for the purpose of differentiation. Cw1 in one quote might refer to a different caseworker than cw1 in another quote. TL is short for Team leader.

### Setting the scene

In the child welfare offices that I observed, the caseworkers actively addressed the ambiguities and complexities of their work through talking. In both offices, there was constant communication between colleagues about ongoing cases.

The least formal communication took place in the corridors. Typically, something more or less dramatic had occurred in a case, and the caseworker shared her joy, frustration or bewilderment with a passing colleague or with the colleague in the next office. Another frequent type of informal interaction was caseworkers going to each other's offices to discuss their work, e.g. about how to interpret information or what to do next, or simply to share experiences with a client or another professional. The caseworkers were thus often informed about what was going on in most of the active cases in the office.

More formally, caseworkers met with managers or designated coordinators to deliberate ongoing cases. This would often be at potential turning points in a case, where decisions had to be upheld or new decisions had to be made. All formal administrative decisions needed the approval of the team leader, and if a case was ambiguous or complicated, practical, professional and legal aspects of different positions were clarified through deliberation.

Between these two types of interaction, semi-formal interaction also took place in the form of weekly or daily team meetings. The meetings were characterised by a familiar tone, an emotional way of speaking, mockery and joking, similar to informal corridor talk. However, although the meetings constituted a backstage arena (Goffman, 1956), with clients and office heads out of earshot, the organised formality of gathering the team, sitting around a table, structured by an agenda, the taking of notes and often in the presence of a team leader, suggested that the caseworkers were not entirely free from the formal organisation's social demands. This formal structure combined with the partly informal communication style made the meetings a semi-formal arena that gave structure to the informal, everyday discussions of work in collegial processes of interpreting past events and planning future action. In many ways, this group communication depended on talk taking place in both the corridors and the leader's office, on shared information and knowledge of formal expectations of the organisation.

The team meetings in the two agencies generally had three purposes: 1) To introduce incoming notices of concern and distribute these new cases among the staff, and 2) to deliberate ongoing cases. These deliberations gave the caseworkers the opportunity to present uncertainties and grievances regarding challenging cases, unresolved cases and cases that were perceived as troubling in one way or the other. Lastly the meetings were 3) an arena for

the management to inform staff about organisational and institutional regulations and arrangements.

The meetings represented a still frame of the ever changing and action-oriented work that took place in and out of the office every day. When the team members gathered, they brought with them their experiences and expectations of recent and anticipated activities, responsibilities and concerns. The meetings represented an opportunity to share some of these experiences and expectations with the team. This sharing did not only entail the telling of stories, but also shifting responsibility for decisions and risk from the individual caseworker to the team of colleagues, known as 'the office'.

### *Collectivity*

In the early 1960s, the Norwegian sociologist Sverre Lysgaard developed the concept 'the worker collectivity', through an extensive study and systemic analysis of work in a Norwegian pulp and paper mill. The concept referred to the strong and defensive informal system built by subordinate workers to withstand the insatiable demands of the technical/economic system (Lysgaard, 1961/1985). Lysgaard described the technical/economic system's endless demands for effort, heed, diligence, knowledge, endurance and eloquence. Identification and interaction with colleagues experiencing similar pressure enabled the workers to establish practices to endure and to resist, and the spontaneously organised informal collective was described as a crucial condition for the workers coping with these never-ending demands (Lysgaard, 1961/1985).

Care work can, similarly, be perceived as limitless in its demands of professional and emotional commitment (Rasmussen, 2004). Social workers are drawn between demands from parents, carers and children, legal claims and economic rigour. Their work can always be more just, moral, sensitive, timely, accountable and correct. Setting a limit for how much to

invest in a family and a child's well-being is largely up to the individual caseworker and the resources available to him or her. While this autonomy can be perceived as a privilege, the workers' responsibility to ensure agreement with organisational goals, may put them in a difficult position between the clients' interests and administrative bureaucratic demands (Rasmussen, 2004), creating a need for coping strategies.

In this article, collectivity implies a connection between the individual caseworkers and the team created through shared social practices, language and symbols. Collectivity constitutes a locally *enacted* culture by a group working towards a common goal, made available through shared meanings, expressive symbols and an emotional repertoire (Swidler, 1995).

Such enactment implies intersubjective symbolic boundary work (Lamont and Molnár, 2002), entailing interactional practices that establish and confirm in-group identities in hierarchical structures and in relation to other professions working in the field, building in-group solidarity (Allen, 2001). Boundary work contributes to establishing occupational moral identities, particularly when technical, organisational or procedural guidelines are inadequate to direct what needs to be done (Allen, 2001). Through shared practices and everyday social interaction, the collective contributes to transforming abstract professional ideals into manageable practices, building an ethos and 'a system of rationalizations for the behaviour they consider proper given the hazards and contingencies of their own positions' (Hughes, 1964: 77).

The importance of a collectivity for mobilising action towards a common goal is a central theme in social movement studies (Polletta and Jasper, 2001). A sense of a 'shared we' generates a sense of agency, which motivates collective action (Snow and Corrigall-Brown, 2015). While collective action in social movement studies refers to mobilisation of

action outside of existing institutions, a similar drive for action is crucial to motivate the commitment and energy the caseworkers that I have studied, invest in the children and families they work with. Like members of social movements, social workers share collective values. These are based on the ethos of their profession and are, moreover, shaped by their day-to-day interaction. Swidler (1995) suggested that individual feelings of ambivalence and inability to act may be overcome through collectivity, which ‘give[s] culture a coherent organization and consistent influence that it normally lacks in the minds of most individuals’ (Swidler, 1995: 35).

### The study

This article draws on data from an ethnographic study of work in frontline Norwegian child welfare offices. The study took place in two local child welfare teams where I collected data through observation on and off over a two-year period. The data consists of field notes collected during 21 staff meetings: 9 weekly meetings in Office 1, taken down over a period of three months, and 12 daily meetings in Office 2, taken down over a period of two months. In both offices, all caseworkers who were present at work that day attended meetings, which in this data meant a minimum of seven participants.

Office 1 held weekly meetings in a designated meeting room. These meetings had a somewhat formal structure, always led by the functioning team leader, and lasted between one and three hours. Only the most serious cases were deliberated at these meetings.

Office 2 held staff meetings every morning in a sitting area between the office spaces. The meetings were mostly led by senior staff. Office 2’s daily meetings lasted between 45 minutes and one and a half hour, and everything from practical everyday queries to serious cases were discussed.



I took down the data on a laptop computer using my own shorthand (Vagli, 2009), prioritising verbatim statements. These were elaborated into field notes as soon as possible, for clarification and to provide details of observed moods and actions. I kept commentaries of the perceived atmosphere of the meeting and my own reflections and reactions, reflecting my initial interpretations of the data (Emerson et al., 1995). These were used as active resources in the analysis (Hammersley and Atkinson, 2007).

I structured the data by case deliberations, ordered according to seriousness based on the expressed gravity of the problems, reflected by both what the caseworkers said and through the emotions they expressed. These were then thematically coded by how the teams reacted and acted towards each individual case.

The discussions were then structured according to organisational issues and the part of the meetings during which new cases were distributed among the staff. I emphasised exchanges between the caseworkers and how they negotiated agreement or expressed resistance to or compliance with the organisation's regulations. This part of the analysis contextualised my interpretation of the case deliberations.

I interpreted the data as situated practices, understanding interaction in the meeting as different to, yet closely connected to everything else going on in the child welfare office, actively using my ethnographic knowledge of the context. The process led me to an interpretation of common interactional strategies and accomplishments guided by theories of culture and collectivity at work.

## Ethics

The Norwegian Centre for Research Data approved the study as a part of a larger research project on professional practices and children's participation<sup>1</sup>. I ensured that team leaders and

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<sup>1</sup> For information about the project, see Ulvik and Gulbrandsen (2015).

caseworkers in both offices were informed of the content and purpose of my sub-study, and they actively consented to my presence and the use of data collected in the team meetings. No clients' or caseworkers' personal data were written down while taking notes and full anonymity was ensured.

I took notes rather than tape the meetings in agreement with the team members, to avoid disturbing their natural interaction as much as possible, and to protect vulnerable third-party informants. However, during the study, I encountered situations where I would slow down when I was typing, because I was concerned that the clicking sounds from my computer would disturb intense and emotional interaction between the team members. Since some of these situations were pivotal to my analysis, I took great care in their reconstruction. These situations gave rise to particularly careful observation on my part, and the data is, in general, rich so the quality of the analysis is unlikely to have been compromised.

### Mobilising a drive towards action

#### Turning complexity into manageable problems

Cw1: I have an eight-year-old girl who's been in the system for a LONG time! Now, she doesn't want to go home from her after school programme. She lingers outside...

[...]

Cw3: It's the Jensen case. We've had it for years. Something is not right.

[...]

Cw1: Her teacher had to walk the girl home. Her mother didn't want to pick her up. That was nice of her, but shouldn't that be the responsibility of the emergency child welfare services? Shouldn't it?

Cw3: We really need to get a grip on that case. I've been involved in the case several times, between caseworkers, and she [the mother] has been in the psychiatric ward...

Cw4: If no one has opportunity to walk her home, they should call the emergency services.

(Note 4, office 1)

As the above excerpt illustrates, the conversation in the team meeting constantly moved back and forth between grave problems and practical issues, turning highly dramatic situations into manageable tasks, framed by the practical solutions of child welfare procedures. The team members became involved in the case by being invited to consider how a problem could be resolved or a situation moved forward. In this case, the problem of a frightened little girl who it was indicated might not feel safe at home, became a practical question of whose responsibility it was to walk her home.

This is a typical example of a long-lasting case involving in-house-measures. However, they had ‘had it for years’, several caseworkers had been involved, and they had yet to ‘get a grip’ on the case. When the problem definition in a case is unclear, the team breaks it down into manageable pieces of work, focusing on what can be dealt with.

In the example below, a relatively newly employed caseworker asked the team a seemingly simple question about regular procedures in cases involving suspected drug use.

Cw3: I haven’t been in contact with the drug counsellor and have never referred anyone to the antenatal hospital team. The mother says she is being subjected to violence. The father of the two youngest children says that the mother smokes marihuana and perhaps uses other drugs, she becomes incoherent. And the mother is in her last trimester, her due date is in September. So – I wonder, how do I do a referral to the antenatal hospital team, and how do I contact the drug counsellor?

Cw2: I think it would be best if the health nurse refers her to the antenatal team. What we should do is write an info letter, saying we wish to contact the antenatal team and a drug counsellor.

(note 1, office 2)

The practical issue of referral became contextualised in an increasingly complex case history involving repeated suspicion of drug use, older siblings born with abstinence, a father

without a residence permit and a mother's reluctance to involve the child welfare services in the alleged violence. It emerged that several of the caseworkers had worked on the case in recent years, and this shared knowledge gave rise to a discussion of other emotional aspects of the case processing. Could they trust the father, or was he also taking drugs? Was he the father of the unborn baby?

Doubt, emotion and complexity are accepted as elements of the experience of working in child welfare, yet the team process focuses on the aspects of the case that can be handled and acted upon (Mäkitalo, 2006). While the team responded to cw3's practical question, the team members processed the details complicating the case. There was the moral issue of fatherhood and the parents' credibility, entangled in the practical management of sector responsibility and referral procedures. Two parallel processes took place at the same time. Through the telling of the story, the team established shared interpretations of this and other similar cases, building a shared organizational memory. Simultaneously, the team helped set complicating factors aside.

According to Everett Hughes (1964/2018), a central characteristic of a profession is the need and ability to relativise things and events that for a lay person are highly dramatic, downplaying the emotionally charged and objectifying people's most private and harrowing experiences (Hughes, 1964/2018). Information fits into categories that the team has encountered numerous times. It has been thoroughly documented how the categorisation work of people processing professions turns people into cases (Hall et. al., 2006; White et al., 2009). The potential tragedies facing the family are simplified and relativised. This is a necessary trait of professions. In order to be able to treat problems, they must be framed in the concepts, theories and treatments available to the profession (Abbott, 1988: 40).

A fixed range of tools is available to the caseworkers, and, however rich in detail the story becomes, the common professional concern is that it can be handled using this toolkit. If the problem is drug-related, there are certain measures that can be implemented. If the problem is related to violence, other measures can be applied. Whatever the problem, if it is perceived to be within the realm of the service's professional responsibility, appropriate measures are available. The solutions that are available constitute structural opportunities for action (Swidler, 1986), strongly influencing the professional's perception of a problem, at the same time reinforcing aspects of the professional identity of the group.

These patterns of problem definition were repeated in many of the case deliberations in these meetings. However, some problem situations represented particularly emotional burdens for the caseworkers involved. Stripping the cases down to doable tasks seemed almost impossible, and the team needed to mobilise other mechanisms to make the case bearable.

#### Making the work bearable by assigning responsibility

Difficult decisions were often either taken in a caseworker's stride or in formal arenas, not at the team meetings. However, the meetings constituted an arena for processing decisions that had already been made, and for seeking support and establishing accountability. It was not uncommon for the caseworkers to bring up cases for deliberation that apparently involved some sort of unease and doubt as to whether what had been done was correct and safe. In the excerpt below, a caseworker's unease was reduced by the team narrowing the problem down to the assignment of responsibility.

The caseworker's uncertainty was obvious as she described her meeting with a mother, whose baby they had initially planned to place in an emergency home, which they subsequently decided against after a meeting.

Cw2: We talked briefly in her apartment, perhaps for half an hour. The mother with the baby and a friend of the mother's was there. We agreed that the emergency services should come on home visits, if they have time. The mother seems so tired!

[...]

Cw2: The mother also said she was depressed. Her parents were alcoholics. [...] The mother had some admirable thoughts about needing assistance. I got the impression that she, over time, has not managed to be stable for the kid.

Cw4: I think it was BUP (the child and adolescent psychiatric services) that had said something to that effect.

Cw2: We were confident that the child would be adequately cared for over the weekend, together with the mother and her friend. They had plans to go to the park...I was in the room when they changed nappies. I spent a long time in there. It was quite interesting. Her friend took charge. The mother stood and did nothing. She seemed stressed. [...] She just stood there and nagged like a twelve-year-old child. The friend was steady as rock.

Cw1: Who held the baby during the meeting?

Cw2: I did.

Cw1: You didn't see how the mother carried the baby?

Cw2: Her friend carried the baby. [...] In hindsight I've thought about how she would be alone for four hours with the baby, and we don't really know enough about her mental health. We should call BUP and tell them what we are thinking? Any thoughts?

[...]

Cw4: They [BUP] considered her not to be suicidal, and that she would be able to care for the child for shorter periods.

Cw1: Yes. You did ask, and they considered it ok.

(Note 4, office 1)

Cw2 expressed uncertainty about the decision to leave the baby in the mother's care. Cw1's question about how the mother held the baby could be interpreted as mild criticism of cw2 for not having done her job properly, yet she went on to back up her colleague by emphasising that experts had assessed the situation and concluded that it would be safe. Mild critique or critical questions were often downplayed, expressing support for colleagues' decisions. Through these deliberations, the caseworkers were made to feel that the team had their back, providing details and arguments for the accountability of decisions.

The team leaned on expert advice when necessary and convenient. I asked a caseworker in a different setting, whether she trusted the evaluation of a service they had commissioned to carry out an assessment of a young parent's ability to care for a new-born. She replied, 'Yes, I do. I have to. What else could I do?'. Yet, at other times, in other cases, external expertise seemed to be perceived as a nuisance or with ambivalence. At one point, a caseworker had been instructed by the municipal foster care services to explain a difficult decision to a five-year-old. She brought this up with the team, expressing her doubt and unease, and said, 'I do have respect for them as professionals in the field, but...', continuing to say that the child was clearly not mature enough to understand the situation, and that their instruction was wrong.

The limits of their own responsibility are negotiated in each individual case. As such, it is also a negotiation of the child welfare ethos, which I will come back to later.

#### Making the work bearable by using humour

The meeting data illustrate how the child welfare workers constantly grapple with complex problems, atrocities and human tragedies. Working on these cases makes caseworkers vulnerable as they have to deal with situations where children and families are at risk of being hurt, embarrassed, disgraced and stigmatised. It is the designated task of the child welfare

caseworkers to protect clients from these risks, by protecting their guilty secrets (Hughes, 1964/2018). However, they do not only need to protect clients' secrets, they also need to protect themselves.

When talking about challenging situations, relations and cases, the tone of the conversation was sometimes harsh, including crude humour, which seemed to be at the clients' expense. The caseworkers made jokes and laughed about things that for an outsider like me, seemed improper, whether it concerned the vulnerability or misfortune of their clients, or agonising challenges in their work. In the middle of accounts of particularly difficult cases, the team could suddenly start giggling, and state things like, 'What a mess!', or 'What a joyous bunch of people!' (note 4, office 2).

They appeared to be able to laugh at just about anything. When recounting a mother's screams of despair when she was told that her new-born baby, whom she had not seen or held, was being kept from her and was being taken into care, the team started laughing out loud as the caseworker described the loose-fitting suits the policemen guarding the baby wore in order to look inconspicuous (note 4, office 2).

Studies of humour in work settings have shown how humour relieves anxiety and fear, and acts as a 'safety valve' for difficult subjects and feelings (Palmer, 1994: 60). Studies of social work settings link humour to tension relief and capacities to endure horrifying events (Wormer and Boes, 1997). Crude humour can be interpreted as a means of expressing despair without giving up, allowing caseworkers to keep their professional distance and maintain their ability to handle a case, however impossible it may seem. Instead of saying, 'This is impossible. I can't cope', the caseworker says jokingly to the team, 'What else can we expect from a boy whose father is an axe murderer?!' (Note 2, Office 2).



In the context of the team meeting, certain types of mockery seemed acceptable and intrinsic to the situation. However, some situations suggested that not everyone was entrusted with the right to joke. At one point, a less respected team leader called a client a derogatory name. This was frowned upon by the team. Joking requires a defined relationship between the joker and the audience, which confers the joker the right to make a joke, and also the right to get away with it (Fine and de Soucey, 2005). The relationship between the caseworkers appeared to be built on shared experiences of hardship and frustration and a trust in colleagues' professional aptitude. The practice of joking thus constitutes an important symbolic boundary.

Laughter and mockery may also contribute to relativising dramatic cases. A mother's screams become less emotionally intrusive when the situation is presented through a humorous lens involving ridiculous looking policemen.

### Mobilising common commitment to the task

#### 'The professional assessment'

The team members' interaction throughout the meetings was permeated by an explicit and implicit shared understanding of a common commitment to the mandate of the child welfare services. This commitment was aggregated into the idea of the professional 'child welfare assessment' ['barnevernfaglige vurdering']. When the team was in doubt about how to advise on or interpret a situation set out by a caseworker, the question repeatedly asked was, 'What is your child welfare assessment?'. This appeared to denote more than simply how the caseworker assessed the situation. Both the way the question was answered and how the team responded to it indicated that the 'professional assessment' had a moral dimension and should consider the correct response to the presented dilemma.

This is illustrated by the following excerpt. After introducing a case by saying, ‘I don’t know how to act on this!’, a caseworker described a situation where siblings were in practice left without legal guardians as their father had a non-molestation order and the mother was hospitalised. The children were living with their maternal grandparents. There were legal issues to be resolved, lawyers to deal with and negotiations with difficult family members. The description led to an emotionally charged discussion.

Cw1: You understand that this was difficult for me??

[...]

Cw4: The responsibility is much more correct [with the children living with their grandparents].

Cw1: And if something was to happen??

Cw4: The mother has placed the children in her private network, it’s not formally correct, but it’s *right*.

Cw1: But the formalities are missing.

Cw4: Yes...

Cw2: In court, the formalities weigh heaviest. [...]

Cw5: But if we look at the professional assessments here. If we look at the best interest of the child...

Cw4: That is our guiding principle...

Cw5: It is our professional assessment that counts.

(Note 12, office 2)

At one point, cw4 argued that the current solution was ‘not formally correct, but [...] *right*.’ Strong professional conviction is required to overrule the formal criteria of the courts. In this case, the team’s shared professional assessment constituted such a strong conviction. ‘Right’ in this context refers to morally good or just. The moral standard of the ‘child welfare professional assessment’ as a guiding principle for the caseworkers’ work, ensuring, in this case, ‘the best interest of the child’, may overrule other interests or regulations. Moreover, it may resolve professional dilemmas and uncertainties.

The team did not always agree on what was to be considered ‘right’, however. During a session where the team evaluated work in a particularly strenuous case, the responsible caseworker described her frustration resulting from ‘critical comments thrown out over lunch’. She wanted the team to agree on how to interpret the most difficult cases, ‘Where do we draw the line? This platform is lacking. Where do we stand, as an office?’ (note 2, office 2). Wanting ‘the office’ to indicate the correct assessment, indicates a desire to find absolution in the collective.

However, strong professional conviction can also be a source of frustration, and challenge caseworkers’ professional stance towards a case, particularly if the system does not allow the caseworkers to work according to their own conviction.

During a team meeting, cw1 described a case involving three girls who had been subjected to violence by both their parents. The office management had decided that cw1 and cw2 should prepare an out-of-home care order for the appropriate legal authority. Cw1 was distressed because she feared for the well-being of the children, since these board decisions could take weeks. She believed this was an emergency and was distressed that the management would not act on her child welfare professional assessment.

*(Cw1 has tears in her eyes)* I’m so tired when I get home to my kids. I’m so miserable! I can’t stand listening to... These girls, they are *my* responsibility! I can’t understand this incessant denial. These girls are in an awful situation, and we have to keep calm! When is it serious enough?! [...]

I’m a trained and experienced social worker. I have a lot of knowledge, I have loads of experience, but it’s set aside. I feel like I’m being treated like a little kid!

(Note 4, Office 1)

By intensely conveying her feelings, and at the same time, documenting her competence, both through long working experience and extensive education, she clearly emphasised that her

assessments were valid and should be listened to. Her arguments were emotional reactions, distress and anger, rather than an explicit reference to the child welfare ethos.

The emotional outbursts I witnessed were met with understanding by colleagues, yet it was obvious to me as an onlooker that such strong outbursts were not common at meetings. However, similar outbursts were not infrequent in informal corridor talk, where caseworkers implicitly or explicitly expressed a lack of trust in the management's judgements. The caseworkers needed to vent frustration and to be met with sympathy and solidarity by colleagues. Within the framework of the team meetings, strong emotional outbursts could cause an imbalance in the somewhat controlled professional arena. The extreme despair of the situation is untenable if the caseworker is to move on and do the job. The commitment that unites the caseworkers and mobilises a drive for action in the most difficult cases can sometimes cause great frustration when legal and bureaucratic requirements seem to stand in the way. In such cases, the collective constitutes a support rather than a mobilising force.

## Discussion

This study suggests that the professional collective plays an important part in child welfare work practices. The collective is constituted, enacted and reinforced in every day work practices in the child welfare offices, and the regular team meetings play a pivotal part in this constitutive process. The team meetings entail collegial interaction that both link and separate professional practices to the organization's formal procedures, mobilizing courage and ability to act in situations that challenge the individual human practitioner. Although the ethos and the practices of two different child welfare offices may in many ways be similar, the child welfare collective is constituted through local practices and cannot simply be seen as a professional collective dependent on their connection to a particular status and educational background. These are local collectives consisting of professionals with a shared moral conviction, constituted locally through common practice and shared responsibilities.

The every-day practical operationalisation of rules and regulations that never comply completely with the actual world, is somehow achieved by structuring ambiguity and uncertainty into manageable tasks, interpreting complexity as typified problems and ensuring compliance with a common moral understanding of the best interest of the child. Czarniawska (2005) suggested that such sensemaking is constituted by ‘creating commitment and manipulating the world’ (272), as my data also illustrate.

Typically, the case deliberations that I witnessed implied justification and reasoning based on shared understanding of child welfare practice. Requirements of accountability and justifiability call for explicit reasoning. I argue that the team meetings constitute an arena for linking situation and sequence specific reasoning with accountability principles, negotiating the relationship between informal, often implicit, and formal, explicit argumentation. As such, the team meetings help the caseworkers to make a connection between the practical, emotional and relational work in interaction with children and families, which often takes place outside of the office, with the procedural and bureaucratic demands of the organisation. The interaction in these meetings, moreover, transforms the informal case talk of the corridors and offices, and prepares the caseworkers for formal case talk with office management and authorities on the outside.

Jørgensen and Heggen (2020) have described two contrasting types of case deliberations in child welfare meetings, ‘the stabilising’ and ‘the corrective’. In my material, I mostly found the stabilising type, where cases are swiftly categorised, often based on earlier experiences or paradigmatic cases, and measures or lines of action efficiently proposed. There is little room for discussion of different opinions, and the purpose of the deliberations often seems to be to support the responsible caseworker rather than to look at the case from different angles and challenge the initial assessments, which characterise the corrective type of deliberations. Riemann (2005) suggested that social workers avoid voicing potentially

painful comments as an expression of solidarity, leading to a pragmatic take on casework, thus closing the door on disagreement. This is in line with my analysis. The collectivity might thus both generate committed and motivated child welfare work in the best interest of children and families, and, at the same time, stand in the way of new insight and informed decisions.

Social practises of dealing with ambiguity and complexity in team meetings, create and enhance connections between the caseworkers, and my data illustrate how the work context allows highly consequential professional judgements to be made with ‘disquieting ease’ (White and Wastell, 2011: 272). Like Lysgaard’s pulp and papermill workers (1961/1985), the caseworkers establish informal, collective practises to endure and resist. In order to develop quality services to families and children in vulnerable and marginalised situations we need to take this into account. In-depth qualitative studies of cultures of child welfare work is necessary to develop our understanding of the human conditions for working in this ‘inherently anxiety provoking’ (Whittaker, 2011: 482) field.

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