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Making an (in)appropriate client: Social workers' use of storylines in gatekeeping processes in the context of collegial case conferences

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ABSTRACT

Research has explored how social workers in team constellations perform assessments of the needs of clients in case conferences. However, the process in which gatekeeping is applied in the categorization of clients as inappropriate receivers of support in collegial discussions has received less attention. This article presents findings from a case study of a complex case where a 64-year-old person with dementia was assessed by two teams of social workers handling the same case under two different forms of legislation (elder care and disability services). The data consist of recordings of two case conferences in one Swedish social work agency. The conferences were analysed using positioning theory. The findings suggest that the conferences contained different storylines where the social workers categorized the client as an inappropriate receiver of support. Furthermore, the discourses for gatekeeping differed depending on how the social workers positioned the client in the different storylines in the case conferences. The study shows that institutional and professional responsibilities are central to the assessments that the social workers perform, and that there is a risk that the client will be subject to gatekeeping when the case is handled on an ambiguous legal basis in different legislations, which may result in the client falling between two stools. The findings suggest that research needs to explore, in a more systematic manner, how social workers' gatekeeping practices are performed in collegial team discussions.

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Introduction

Part of social work practice has historically taken place in the context of case conferences, where teams of social workers discuss clients' needs and the support they require (Ruch 2006). Case conferences are also conducted with other professionals in meetings where colleagues with different professional identities justify judgements and decisions to each other (Dall and Caswell 2017; White and Featherstone 2005). Research on team discussions shows that professionals in these conferences have a significant impact on subsequent decisions and outcomes for clients (Dall and Sarangi 2018; Housley 2018). There is a growing body of research focusing on case conferences in which social workers assess cases with clients (e.g. Hall, Morris, and Juhila 2017; Hitzler 2011). These studies highlight the challenges for social workers as they attempt to navigate between organizational practice, local guidelines and the client group in focus (Dall 2020; Donnelly, Begley, and Obrien 2019; Messmer 2017). This academic preoccupation with client-inclusive meetings is unsurprising,

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as clinical judgements assume that meetings with clients are fundamental to subsequent actions (Taylor and White 2006). In general, case conferences in which social workers discuss complex cases in the absence of clients have attracted less scholarly interest than interactions between social workers and clients (e.g. Bingle and Middleton 2019; Forsberg and Vagli 2006; Riemann 2005). This is an important angle of investigation as these conferences function as an arena for collegial consultation (Taghizadeh Larsson, Olaison, and Österholm 2023; Nikander 2003), where the aim is to build consensus and make informed judgements and decisions about complex cases (Bingle and Middleton 2019; Hall and White 2005). In this article, we examine two different case conferences where two teams of social workers, working under two different legislative frameworks, discussed the same case, focusing on gatekeeping narratives involving the positioning of social workers in relation to the appropriateness of providing services and support in accordance with the legislation in question.

Discourse-based research on client construction in case conferences

Research on the discursive construction of cases in case conferences with clients present has shown that these meetings provide insight into the categorization of cases by clients (Berger and Eskelinen 2016; Raitakari 2019). The categorization of service users has been shown to be part of the decision-making process. For example, once the character of the client has been determined through the positioning of the client in the conversation, the decision to provide or refuse support or services follows (Hall and Dall 2021).

Conferences do not necessarily lead to a shared understanding of the client's situation and shared decision making. Instead, differences in case presentation may lead to the application of categories and different outcomes in terms of proposed decisions about interventions (Hall, Slembrouck, and Sarangi 2020; Housley 2018). Research on social work case conferences has also shown that professionals negotiate between organizational boundaries and responsibilities. In these discussions, different professionals' knowledge is not always treated similarly, with certain types of knowledge being treated as more trustworthy and reliable than others, while other types are downgraded or ignored (Hall and Slembrouck 2021). Hitzler (2011) has shown that in case conferences with young vulnerable girls, social workers construct themselves as working in the best interests of the girls, giving them an identity as clients in need of care. She argues that this creates a relational pair: a caring or even paternalistic professional and a client who needs to be 'cared for' and who does not have the autonomy to advocate for herself. Nikander (2003) shows that in inter-professional case conferences in adult social work, social workers rely on established distinctions of what constitutes good care and the characteristics of ideal conditions for the social care and service situations of older people.

Some recent research has explored the categorization of clients as responsible selves in case conferences (Hall, Morris, and Juhila 2017; Juhila, Mäkitalo, and Noordegraaf 2013), where clients act as consumers and choose or request services, with social workers responding to them in relation to these choices/requests (Matarese 2012). However, Hall et al. (2017) also show that social workers do not always accept the client's choices but respond to clients as non-accepting and categorize them as inappropriate recipients of some services. In these 'non-accepting' sequences, choices are negotiated in interaction between the parties, rather than users acting as autonomous decision-makers. Other studies present a similar analysis of social workers' involvement in processes of categorizing clients as inappropriate recipients of support (Hitzler 2011; Messmer and; Hitzler 2011). Messmer and Hitzler show that 'just as individuals need to be made visible as cases, as legitimate clients of institutional services, a reverse process is needed that enables professionals to delegitimise the client's status and to substantiate their development into mature and self-reliant citizens' (p.794). Overall, there is a lack of research on how positioning takes place in the categorization processes that disqualify individuals as recipients of services.

In summary, studies of case conferences, with and without clients, have shown that there are several challenges for social workers as they attempt to navigate between organizational practice, local policy and the paradigm of the client groups in focus. Few of these studies have acknowledged social workers talking about complex cases and, in particular, the processes by which individuals are deemed inappropriate as recipients of support and, as such, categorized as ‘non-clients’. Thus, to the best of our knowledge, none of these studies have explicitly focused on the categorization and gatekeeping processes in which complex cases are discussed in different teams in adult social work.

Gatekeeping, categorization and positioning

Categorization, or sorting people into groups, is a fundamental part of the interaction between individuals (Bowker and Star 2000; Mäkitalo 2013). As such, categories are shared public and cultural resources through which we construct our understanding of society, ourselves, and others. Categorizing people is part of everyday frontline work in human service organizations (Lipsky 2010). Social work practices are focused on categorizing clients to administer adequate care and support, making context-bound attributes and abilities, such as functional and medical status central (Juhila and Raitakari 2017). A running theme in the debate on categorization has been that social workers use categories as tools in their interactions with clients (Hall, Slembrouck, and Sarangi 2020). Social workers try to match clients by positioning them in interaction in relation to the institutional categories that already exist in the given context, by describing the clients and their needs in ways that fit them into one of these pre-existing categories (Mäkitalo 2013; Matarese and Caswell 2018). As such, categorization makes client resources and problems manageable by and for the system (Jenkins 2000). Hester and Eglin (1997) argue that society and culture must be studied as action in which categorization holds a key role. People induce categories that allow them to act in given situations. This is why categorization should be investigated in local contexts, as is done in our case conferences.

In close connection with the categorization process to determine a client’s eligibility for or entitlement to services is a screening process often referred to as gatekeeping (Swift 1995). This process usually consists of assessing the clients’ needs in relation to legislation and local municipal guidelines for services (Tranekjær 2015). Gatekeeping can thus improve services for clients in relation to decreasing the number of unwarranted investigations. On the other hand, gatekeeping may result in individuals not receiving support and services. In this article, we adopt Erickson and Schultz’s (1982) definition of gatekeeping which includes interactions where one person has ‘authority to make decisions that affect the other’s future’ (p. xi). We find this definition useful for the study of case conferences, where gatekeeping can be seen as a process in which institutional irregularity allows for the sanctioning of individuals whose behaviour does not conform to the normative expectations of the organization.

Gatekeeping also reflects the functional dimension of gatekeeper’s role in relation to their professional description. Where the social workers role includes positioning of clients in the categorization and gatekeeping process (Campbell and Roberts 2007). Tranekjaer (2015) highlights that ‘while the consequences of gatekeeping in the light of institutional discrimination may appear more substantial and tangible, the effect of gatekeeping in the sense of categorical hierarchisation is even more powerful since it forms the basis of implicit processes of power as well as oppression, not only in institutional interactions but also potentially in any kind of interaction’ (pp. 54–55).

Hall et al. (1999) also underline the problematic role of social workers in relation to gatekeeping. They argue that social workers are deployed as executors of the law and as distributors of scarce resources, but they are also qualified helpers, and in the latter sense their main task is to be experts in dealing with clients’ problems. However, as executors of the law and as distributors of scarce resources they also have a restricting function. This conflict has been described in several studies highlighting meetings between social workers and clients (e.g. Broadhurst et al. 2011; Juhila and Raitakari 2017) but has been investigated to a lesser extent in social workers’ internal case

conferences. Tranekjaer (2015) emphasizes that gatekeeping needs to be addressed first and foremost as an institutional phenomenon, which cannot be described in terms of linguistic performance or communication style alone ‘rather it must be illuminated through an investigation of the power inherent in processes of categorization’ (p. 239). In line with her argument, we are therefore concerned with ‘the power of categories (rather than the position of individuals) to position, qualify, disqualify, and sanction individuals in institutional and (non-) institutional encounters’ (p. 239).

Related to categorization and gatekeeping in interaction is positioning. Positioning theory was developed by Davies and Harré (1990) at the intersection of social and discursive psychology building on elements of these discourse analytic approaches. It was advanced as a theory and analytical lens to show how identity development evolves through discourse. Davies and Harré (1990, 47) define positioning as ‘the discursive production of a diversity of selves’. They further distinguish between interactive and reflexive positioning. Interactive positioning refers to the stories another person tells to position another person. Reflexive positioning refers to how a person positions themselves (Davies and Harré 1990). As the focus of our analysis is on how social workers position the client in case conferences as part of the categorization and gatekeeping process, the focus of the analysis was mainly on social workers’ use of interactive positioning in the interaction that occurs in case conferences.

Aim and research questions

In this article, we aim to look more closely into gatekeeping processes in case conferences where clients’ potential care needs, and supportive services are discussed. The focus is on analysing how two teams of social workers, at the same social service office, working under two different legislative frameworks, categorize a person as an inappropriate receiver of services.

The following questions are central:

How do social workers use different storylines to discuss the person’s care needs?

How do social workers discursively use categorization to position the person as an inappropriate receiver of services?

Data and methodology

Data and data collection

The data used in this study is part of a larger research project studying assessment meetings between social workers and persons with dementia from a citizenship perspective (Österholm, Taghizadeh Larsson, and Olaison 2015). Data for the present study consists of audio recordings of two case conferences involving two different groups of social workers ($N = 11$) (working under two different legislative frameworks). The duration of the meetings was in total 67 minutes. The material consists of naturally occurring data, that is a recording of an actual situation that would have occurred regardless of whether it was subject to research or not (Silverman 2015). Naturally occurring data makes it possible to study what happens during these conferences i.e. how professionals’ reason about problems, decisions, and solutions for the client.

For the case in focus, we also had access to background data such as an audio-recorded interview with the social worker responsible for the client’s case, a written assessment of the client’s care needs, as well as details of the following: an assessment meeting between the responsible social worker and the client’s son (who also acted as the client’s trustee), a decision to reject the client’s application for personal assistance, an appeal sent to the administrative court by the client’s children, and the verdict of this appeal, which concluded that the client was not entitled to personal

assistance.¹ This data was utilized to provide the researchers with contextual information about the case.

Before the data was collected, the social workers and the client's trustee were informed about the research project, confidentiality, their right to decline participation, and what was expected of them if they chose to participate. All the social workers and the trustee of the client gave written consent to participate in the present study. Ethical approval was obtained from the Regional Ethical Review Board, Dnr 2011/493–31).

The setting

Case conferences in Swedish social work practice function as a forum for collegial consultations on cases (Österholm, Olaison, and Taghizadeh Larsson 2023). These team meetings are held regularly at the social work agency and give social workers the opportunity to discuss and get advice from their colleagues about cases that they have found difficult to assess. The social workers taking part in the two conferences in the present study belonged to two different teams working at the same Swedish social service agency but handling cases under two different forms of legislation: the Social Service Act (SSA) and the Act Concerning Support and Services to Persons with Certain Functional Impairments (ACSS). The SSA is a framework legislation that provides regulations regarding social services in general which, 'for the sake of democracy and solidarity, should promote the economic and social security of citizens, equality in living conditions and active participation in society'. As stated in the act, services granted by the SSA should ensure 'a reasonable standard of living'. Elder care services such as home help services and residential care are regulated by the SSA, but formally all kinds of services to people of all ages may be granted in accordance with the SSA. Personal assistance can also be granted according to the SSA Act but this type of service is only granted to a limited extent as it is a costly service for the municipalities. The ACSS Act was implemented in 1993 to complement the SSA and to make it possible for people with extensive impairments and support needs 'to live like others' and to ensure 'good living conditions' for such people (SFS 1993, 387). People belonging to any of the three defined target groups of the ACSS may be entitled to 10 specific services, personal assistance being the most well-known. Only people below the age of 65 have the right to be granted personal assistance. In contrast to the home care service, residential care and other services regulated under the SSA, services regulated under the ACSS are free of charge for the individual. In addition to the legislation, in their role as organizational representatives, the social workers are also expected to consider local guidelines. How these guidelines are formulated varies in different municipalities.

In this paper, we will refer to the team responsible for handling cases under the ACSS as 'The Disability Team' and the team responsible for handling cases under the SSA as 'the Elder Care Team'. There are six social workers in each of the two case conferences analysed, including the 'senior social worker' who is responsible for the case, and a member of the Elder Care Team. As a key person in the process analysed, we have named her as 'the senior social worker' in order to separate her from the other participants at the conferences. We chose to name her like this because she is one of the social workers in this agency with the longest experience of working with needs assessments. However, her formal position does not differ from the other social workers who take part in the conferences. In the case conference, she explains the complexities of the case, seeking advice from the other social workers on how to proceed with the assessment. The senior social worker in this case is responsible for final decision-making.

The case

The case in focus was selected from the whole data set as it was the only case where the client's application was difficult to assign to a certain team based on the client's age. Support granted before the age of 65, in relation to the ACSS act, could be kept but not extended. As the client's 65th birthday was imminent, all responsibility would then fall upon the SSA case manager. Therefore, at that time the case could be relevant in relation to both legislations and thereby could be discussed by two different teams working under these two different legislations.

The case subject for this study was a 64-year-old man who in the following weeks was about to turn 65 years of age. The client had migrated to Sweden from Somalia and had been diagnosed with Alzheimer's disease. According to the senior social worker responsible for the case, in the last two years the man, along with his son, who had been appointed as trustee for his father, had made several applications with different social service agencies to get support in the form of the disability service personal assistance. According to the son/trustee the father needed constant supervision and guidance to manage basic daily activities such as eating, getting dressed and toileting. Furthermore, he could not make himself understood – either in Swedish or Somali. Since the man received no formal/public care services, his relatives cared for him throughout the day. An application for personal assistance according to the ACSS legislation had been made by the son for his father. Accordingly, the case was directed to the ACSS team first and thereafter the case was discussed by the SSA team. In the discussions, the person age was a topic for discussion in the ACSS conference. At that conference, the social workers stated that the age limit was a factor in the assessment, i.e. a person can only apply for personal assistance if under 65 years of age.

The criterion for the case to be discussed by both teams in the study was first and foremost that the client by his son (trustee) applied for the service of personal assistance, a service that can be granted according to both legislations. A second criterion was that the person was under the age of 65, which in relation to the ACSS legislation is a formal criterion for applying for services from that legislation. According to the SSA, persons of all ages can apply for personal assistance. A third criterion in the current case was that the senior social worker was unsure if the person was eligible for the service under either of the legislations and therefore wanted to seek advice and support in her assessment from both teams. In both the analysed case conferences the main issue discussed was whether the person was eligible for services and support according to the ACSS Act or the SSA Act.

Analysis

Positioning theory, a stand within discourse analysis, provided the analytical framework for this study (Harré and Van Langenhove 1999). Central to the positioning theory framework is the positioning triangle, whose vertices are positions (a cluster of short-term disputable rights, obligations and duties of a person which varies in different social contexts), speech acts (any meaningful action or speech i.e. something that is performed individually or collectively by interlocutors in interaction) and storylines (as a result of speech acts, storylines are formed. These social episodes come about as an individual and those around them contribute to a pattern of narratives) (Harré and Van Langenhove 1999). A position-oriented analysis can advance with any one of the three aspects of the positioning triad in mind with the aim of revealing the episodic structure of a conversation (Harré and Van Langenhove 2010).

The analysis consisted of three phases. First, an overall assessment of the case conferences was conducted. This process involved a process of all authors listening to the recordings repeatedly. Transcripts were read by all authors individually to reach an overall understanding of existing storylines. After this, the specific sections where the social workers discussed how to meet the person's needs were extracted and analysed according to their storyline structure i.e. the speech acts and interactive positioning that formed the episodic structure of the conversation (Harré and Van Langenhove 1999). In this process we focused on the interactive

positioning the social workers made of the client. This consisted of specific utterances that a participant made in the interaction to position the client. This differed from, a categorization of a client which consisted of a cluster of positionings and meaningful actions i.e. speech acts performed by one or several social workers to define the client as an appropriate or inappropriate receiver of services. The categorization process then in turn formed the basis for how storylines were shaped. In the final phase, the analytical focus was to identify practices of gatekeeping in the identified storylines where the client where categorized as either appropriate or inappropriate of the service of personal assistance. All authors analysed the extracted sequences separately and then met to compare their interpretations and refine the analysis.

The analysis was performed on the original language transcripts in Swedish. The examples used in the article have been translated into English. Translating is not a straightforward process, and our intention when translating was to remain as faithful as possible to the original expressions. In the findings section below, the names of the client and his son, as well as the names of social workers and all references to places that might compromise the confidentiality of the persons involved have been altered.

Findings

The storylines raised as part of the gatekeeping processes in both conferences were related to (i) Organizational and legal storylines including the organization's resources and economic arguments, (ii) Cultural storylines including relatives' involvement in care, language reasons and integration, and (iii) Specific storylines related to the client or a group with the same diagnosis. In all storylines there were subtle but still important differences in both *how* and in what *way* these were discursively performed in relation to specific services. In the next section we will give examples of how these identified storylines were used by the social workers to categorize the person as being non-appropriate for services. We have chosen to analyse in more detail examples from the two main storylines identified in the material (organizational and legal storyline, and cultural storyline). The footnote below describes the third storyline and the identified differences between the conferences in these storylines, 'Specific categories related to the client or a group with the same diagnosis'.²

Organisational and legal storylines

In both case conferences, storylines based on organizational and legal reasoning were frequently used in relation to the legislation that the social workers were working under (either the SSA Act or the ACSS Act). However, how the case was categorized as an inappropriate receiver, by the social workers' use of these storylines, differed somewhat in the conferences. In both conferences, specific references were made to municipal guidelines and regulations that governed the specific field (disability vs. elder care). However, it was only in the ACSS conference where the Disability Team were in the majority, that reasoning about specific legal issues in relation to the rights of the client was applied in the organizational and legal storyline. In the SSA conference, we can see a somewhat different line of reasoning by the Elder Care Team in the organizational and legal storyline. Here the principle of equal treatment was highlighted in relation to the municipalities' guidelines 'as a main claim for, categorizing the client as' an inappropriate receiver of services. Other discussions in this storyline in the SSA conference, which were not visible in the ACSS conference, concerned finances and resources (in terms of different kinds of services). Below, we will give two examples from both conferences of how the client was categorized as an (in)appropriate client by using these storylines.

The ACSS conference – legislation and consensus

Significant for the organizational and legal storyline in the ACSS conference were discussions about municipal guidelines and regulations, jurisdiction, and different considerations in relation to case law.³ In the following example, the social workers are discussing whether the client is entitled to personal assistance and what is required to be eligible for this right. Before we consider the example, the social workers have discussed if the client is entitled to the disability service of personal assistance and end up discussing whether he needs active supervision due to his condition. The Disability Team conclude that the individual would benefit from active supervision as defined in the ACSS legislation before continuing to discuss similar cases that have been assessed in court.

Example 1: SWD = Social workers 1–5 from the Disability Team, SSWE = Senior social worker from the Elder Care Team responsible for the case

- (1) SWD 2: You cannot in ((the)) Court of Appeal judgements here ((refers to existing judgements that are indicative)) state that it is personal assistance. It ((the case in focus)) has not got that character and it is not an invasion of privacy; anyone can do that so to say you do not need personal support. . .
- (2) SWD 5: Mm.
- (3) SWD 2: and I think that is important that we have a discussion like that to discuss exactly these persons with dementia or Alzheimer's.
- (4) SSWE: Mm.
- (5) SWD 2: What kind of help do they need and what do you see are the criteria for assistance?
- (6) SSWE: Mm.
- (7) SWD 2: What is assistance?
- (8) SWD 5: Mm.
- (9) SWD 2: Of course, he ((the client)) needs a lot of help and support.
- (10) SSWE: Mm and supervision as well.
- (11) SWD 2: But to my ears, when you describe his situation, it is not personal assistance.
- (12) SSWE: No.

In line 1 in the example above, SWD 2 refers to an earlier chamber justice judgement of personal assistance according to the ACSS legislation. SWD 2 stresses in line 3 the importance of making collegial decisions that are based on facts on a⁴ juridical level. She is emphasizing that it is difficult to assess the group of clients that have an Alzheimer's diagnosis in relation to personal support and how it is stated in the legislation. In line 5, SWD 2 then addresses the issue of making correct assessments in relation to the criteria stated in the ACSS legislation for personal assistance, highlighting the difficulties for social workers in general in making assessments in these kinds of cases. This statement can be seen as a positioning from SWD2 where she implicitly states that the case in question is difficult to assess in relation to the criteria for personal assistance. She further asks a rhetorical question in line 7, *what is assistance*, indicating that she would like to have a principal discussion of this topic in relation to the case. This question is not considered by the other social workers and only gets an answer mm from SWD5 in line 8. In lines 9–10, SWD2 instead positions the client as a person that needs a lot of help. This positioning is supported by the SSWE, who also highlights supervision as an important factor to take into consideration in the categorization of the client as entitled to personal assistance according to the legislation. SWD2 then in line 11 position the client in this case as inappropriate for the service of personal assistance, by stating when *you describe his situation, it is not personal assistance*. The SSWE does not challenge SWD2's positioning of the client. Instead, she only states that the person is indeed in need of supervision in line 10, but then agrees with SWD2 in line 12 that this is not enough in relation to the juridical criteria stated in

the ACSS. This example highlights how legal claims and references to principal juridical discussions based on case law are at the centre of the social workers' discussion when categorizing the case in focus as a client not entitled to personal assistance. The discussion also highlights the importance that participants attach to following the criteria for personal assistance in the legislation when assessing the group of clients with Alzheimer's disease, i.e. making equivalent assessments. In this example the gatekeeping process is based on both legal criteria for personal assistance and treating the group of clients with the same diagnosis equally in relation to the rights- based ACSS legislation.

The SSA conference – equal treatment principle and guidelines

When the client's needs were discussed in an organizational or legal storyline in the SSA conference, the focus was more directed towards a collegial discussion about categorizing the client based on the equal treatment principle of clients. This discussion focused more on how the municipal guidelines for service and support were formulated in relation to positioning the client as an inappropriate receiver of services. Here, local guidelines and resources for home care within the organization were discussed in relation to the equal treatment principle. Example 2 gives an insight into the process of how the service of personal assistance was negotiated in the conference. This is discussed in relation to resistance from the relatives to applying for residential care facilities for the client as an alternative to personal assistance. In the example below, the application of personal assistance in relation to the SSA act is discussed in relation to the equal treatment principle.

Example 2: SWE = Social workers 1–3 from the Elder Care Team, SSWE = Senior social worker from the Elder Care Team responsible for assessing the case

- (1) SSWE: That it ((granting personal assistance)) is very restrictive.
- (2) SWE 1: Yes, but you experience it exactly like you say that you when you have the case yourself you think it is heart-warming . . .
- (3) SSWE: Mm, mm.
- (4) SWE 1: You can tell that they ((the relatives)) are doing a great job.
- (5) SWE 2: And there is a great risk that they ((the relatives)) will say no to the services; that is kind of frustrating too.
- (6) SSWE: In some cases you can think, in others you can think that there is motivation to solve the situation with other solutions.
- (7) SWE 1: This is what is difficult, that it cannot be like, arbitrary and that emotions come before reason in the principle of equal treatment.
- (8) SSWE: No, noo, noo. Right, no, right.
- (9) SWE 1: Otherwise, I feel like you, that it . . .
- (10) SSWE: Yes, right.
- (11) SWE 2: Then it is really important to mention this like you do so that you like
- (12) SSWE: Yes, right, yes. Oh yes, yes, you have to do that.
- (13) SWE 2: Support in the group.

The SSWE starts by stating in line 1 *that it is very restrictive* (referring to granting personal assistance) according to both the SSA Act but also in relation to the local municipal guidelines. This statement from the SSWE can be considered as her positioning the client as not being entitled to personal assistance according to the SSA. In line 2, SWE 1 agrees with this positioning by saying *Yes* that they as social workers should be restrictive in granting the service of personal assistance in general. She then takes it back to the case in question and the SSWE's earlier description of the family's situation. This is done by using an emotive positioning *you think it is heart-warming*,

stating it is easy to feel for the family in question. In line 4, SWE 2 highlights the strain the relatives undergo by taking the role of unpaid carers for the man. In doing so, she positions the person as an eligible client and as such entitled to the service. In line 5, SWE 1 then addresses the issue in relation to other cases with families from other cultures on a more general level. She is highlighting that there are embedded risks in cases like this that relatives may not be satisfied with the services that social workers can offer, or that they may want other types of services than those that can be offered within the municipalities' local guidelines. The SSWE then takes the discussion back to the case in focus, arguing in line 6, that in other cases there is *motivation to resolve the situation with other solutions*. Here again positioning the case at hand is different to most other cases in that the trustee will not accept any other services than personal assistance. Then SWE 1, in line 7 brings the discussion back to a general level, and positions similar cases to the case in question in relation to the principle of equal treatment. She here highlights that it is important that decisions are not arbitrary and that emotions should not come before reason. The SSWE agrees with this positioning of the case in line 8 saying 'No, noo, noo. right, no, right'. This can be seen as an indication of that she is supportive of making the assessment based on the equal treatment principle. In this case meaning that the older man cannot be categorized as a client in need of personal assistance in relation to the equal treatment principle. In line 11, SWE 1 then addresses the SSWE, telling her that it is important that she discuss these insecurities in assessments and seek support from colleagues in difficult cases like this, hinting that to confirm with an equal treatment principle in this case the SSWE must adapt to the assessments of the majority. The SSWE agrees with the assessment and categorization of the case as an inappropriate receiver of services in the example. The conversational section is finished by the SWE 2 once again emphasizing the importance of the group's support in assessments of difficult cases. In this example, it is evident that the categorization is based on several positionings of that the person's relatives seek support for the person that does not match what is possible to offer according to the SSA and the municipalities' local guidelines. Here we see that the equal treatment principle, in relation to the legislation and guidelines, is applied as a motive for categorizing the client as an inappropriate receiver of personal assistance and thus is used to strengthen the gatekeeping process.

Cultural storylines

Cultural storylines were also commonly used in the conferences to position the client as non-eligible for personal assistance. However, cultural storylines had somewhat different content in the two conferences. Cultural storylines were used to a greater extent in the SSA conference. Common to both the conferences was that the cultural storylines both included topics that addressed issues of language. Also, culture-specific commitments and relatives' participation in care due to the need in 'their culture', to have close relatives as caregivers, were discussed as important factors in both conferences. In the SSA conference, these cultural storylines were based on the social workers' personal beliefs and perceptions of families from different cultures. In the examples from both conferences below, the issue of personal assistance is in focus, but addressed differently, leaning on cultural reasoning in categorizing the client as an inappropriate receiver of services.

The ACSS conference – language reasons for culture-specific needs

In the ACSS conference the SSWE explained that the son explicitly stated that the family wanted to apply for personal assistance as they saw this as the only solution that would work for their father to manage everyday life. One of the reasons they claimed this was language issues. In the following example, the SSWE categorizes the case in question as possible for granting personal assistance, by using the relatives' argument of language issues as a reason why residential care cannot be considered as an alternative.

Example 3: SWD = Social workers 1–5 from the Disability Team, SSWE = Senior social worker from the Elder Care Team responsible for assessing the case

- (1) SWD 2: It is problematic ((to not be able to express oneself and to lose the language)) even if it is personal assistance.
- (2) SSWE: The son claims that it had to do with the language.
- (3) SWD 1: Aa.
- (4) SSWE: If you should be in . . .
- (5) SWD 5: Mm.
- (6) SSWE: Some kind of care home.
- (7) SWD 5: Mm.
- (8) SSWE: Yes, and like many in different cultures it is like, throw them ((older relatives)) out on the street and just leave them ((older relatives)) there.
- (9) SWD 2: Mm.
- (10) SSWE: No they ((older relatives)) are not going to be put in residential care. Because it is like probably relative care, there are very few, that seize on residential care.
- (11) Several social workers: mm.
- (12) SSWE: Oh yes, I think I have experienced two out of 50 cases myself.
- (13) SWD 2: And there is nothing strange about that either because that is how it is in their culture; they take care of each other for generations; that is normal.

In line 1, SWD 2 is positioning the individual as an inappropriate receiver of personal assistance. She argues that there is no guarantee that there will not be problems with language issues in this case, even if the application for personal assistance is granted. Culture-appropriate care is not provided within the organization, which means that the assistant probably will not be able to speak the person's language. SSWE here instead positions the client as a possible candidate for the service by taking sides with the family by emphasizing that this wish is something that the son stresses as important. She then further mentions, in lines 8–10, a stereotypical attitude, based on culture, towards residential care from relatives categorizing the older person and his family as inappropriate receivers of residential care. Here, she is indicating that due to cultural beliefs in the case in question as well as in families from these countries, placing an older relative in residential care means that the family is abandoning them. In line 10 this becomes evident as she introduces care by relatives implicitly working towards that the case could be assessed by the ACSS team in relation to personal assistance. Here she positions the client as a possible candidate for this service (sometimes relatives can be employed as personal assistants by the ACSS legislation) indicating that this is a service that the family would accept. This positioning excludes the client as being categorized as a possible candidate for residential care (according to the SSA). The SSWE then legitimates this positioning of the client as an inappropriate receiver based on language issues by relating her own experiences of foreign families as a homogeneous group. She does this by using culture-specific conceptions highlighting that foreign families are unwilling to accept services that are not adapted to their culture-specific needs. They want to be able to communicate with assistants or staff in their native language. In line 12, she is saying that few respond in a positive way when this matter is raised in discussions about services. SWD 2 in line 13 then backs up SSWE positioning of families from other cultures, adding to the discussion by stating that this is normal, and it can be related to cultural aspects. As such she is also contributing to a general categorization of clients based on culture-specific conceptions that are regarded as representing a specific category, implying that it is a fact that in other cultures there is more of a tradition that families take care of each other over generational boundaries. What characterizes the categorization of the client

based on cultural aspects in the whole ACSS conference is that all social workers join in the categorization of a stereotypical picture of families from other cultures and apply it to the family in question. In other words, the gatekeeping process here is to position the client's family by using a storyline consisting of cultural stereotypes, which results in the client being categorized as an inappropriate recipient of (the SSA service) residential care. In doing so, the social workers also work to shift the responsibility to the other team, i.e. that an assessment by the ACSS team for personal assistance would be more appropriate in this case.

The SSA conference – questioning culture-specific needs

The cultural storyline in the SSA conference consisted of a discussion on granting personal assistance and other services in relation to the case, based on questioning the legitimacy of culture-specific needs in assessments. Before we consider the example, we should understand the context. SWE 1 has asked the SSWE what services she thinks are relevant in relation to the man's needs in the present situation. The SSWE does not answer in terms of services but instead states that the client's care is time-consuming and that it is a huge burden for the son, and thereby categorizes him as a possible recipient of personal assistance. SWE 1 then poses the question of what kind of practical help the son provides. In the example below, the SSWE starts addressing the issue of what kind of practical household tasks the man needs help with, such as food purchases, washing and cleaning.

Example 4: SWE = Social workers 1–3 from the Elder Care Team, SSWE = Senior social workers from the Elder Care Team responsible for assessing the case

- (1) SSWE: Then it is the domestic chores, concerning purchases and laundry and cleaning then (...) Somalians I do not know... because they have quite a special diet, they do not eat, potatoes among other things right, noo, noo. but they... there is a lot of rice and things like that, like casseroles and so on, I heard when I had some Somalians here, here right now in the city a couple of years ago that they have, it is like far from our traditional food so to speak.
- (2) SWE 1: If he were a ((native)) Swede what kind of home care and services would he be granted do you think?
- (3) SSWE: It is like I just said to the sons, it is really like if it was a ((native)) Swede because you lose your own language eh? Pretty much even your own native language, even if you are a Swede having problems with expressing yourself and finding the right word in the right context and so on, right? Yes. So that... the same services so to say...
- (4) SWE 1: With the difference that, aa, that it would be easier to accept other services like daily activity and
- (5) SSWE: Aa, right.
- (6) SWE 1: Relief at home.
- (7) SSWE: Aa, right.
- (8) SWE 1: Maybe these kinds of services will make things work at home a little bit longer.

In line 1, the SSWE addresses the topic of food and uses cultural reasonings, i.e. that people from Somalia have a different diet to Swedish cuisine. This can be seen as a way of positioning families from the specific culture in question as 'different' and unsuitable for the service food distribution as this elder care service normally does not serve culture-specific meals. SWE 1 then responds to the SSWE's positioning in line 2 by asking her the hypothetical question: *If he were a Swede what kind of home care and services would he be granted do you think?* This question from SWE 1 could be interpreted as introducing another perspective to strengthen the categorization already made in the conversation of the man and his family as 'others'. Highlighting, if the man were Swedish, he would

be more likely to be granted food services and home care. The statement is based on the fact that Swedish elder care services granted under the SSA legislation are mainly designed to suit the majority of the population, namely older Swedes. If help with food services were to be granted, based on the client's normal food preferences, it would therefore be considered a departure from the normal assessment process. It is uncommon to grant elder care services based on culture-specific needs. The SSWE continues in line 3, by changing her position on clients from other cultures, to positioning the family in question as 'others' in relation to elder care services. She does this by giving an example, from an earlier conversation with the sons where she explained to them the principle of equal treatment i.e. that the situation was similar when Swedish persons get Alzheimer's. Where the loss of language can make it difficult to express oneself in one's native language, which makes caring difficult. In line 3 she is withholding the positioning of that all clients should be assessed equally by saying: *So yes, it is the same services* regardless of ethnic background. She here highlights that diagnosis in these cases is superior to culture-specific needs in the assessment of whether to grant services. SWE 1 then adds to the discussion in line 4, withholding her positioning of the inappropriateness of assessments based on cultural-specific needs to receive services for families from other cultures. She is here instead making a general statement that persons with a Swedish background more often accept services concerned with relieving the family, such as day-care or relief support. Here she also discusses native Swedish clients as a group that are more appropriate receivers of this support due to cultural aspects. The SSWE agrees with the positioning of native Swedish families based on their culture, in lines 5 and 7, saying: *Yes, just that and exactly*. SWE 1 then finishes the conversation by saying in line 8: *Maybe these kinds of services will make things work at home a little bit longer*, again withholding a positioning of families from other cultures, based on ethnic background and cultural beliefs. She emphasizes here that the responsibility of these families to care for older family members makes a difference to the kind of services that families from other cultures are willing to accept. In this cultural storyline we can see that loss of language, regardless of ethnic background, does not work as a basis for categorizing the person as entitled to services from elder care services. Similarly, culturally specific needs and language difficulties alone are not enough for a person to be considered a client and to receive services. Here the principle of equal treatment of all clients' rights to services, i.e. all clients should be assessed similarly and have access to the same types of services, takes precedence over an individual needs assessment in the gatekeeping process under the SSA Act.

Discussion

The findings suggest that the gatekeeping processes differed somewhat between the teams and that different storylines dominated the social workers' discussions in the case conferences when categorizing the client as an inappropriate recipient of services. In relation to the organizational storylines in the ACSS conference, the discussions tended to be based on basic legal arguments about whether or not the older person fell within the target groups defined in the legislation and was therefore eligible for services. In the organizational storylines in the SSA conference, the discussions left room for different interpretations based on what constituted equal treatment of clients in relation to the SSA and the local guidelines of the municipalities. When it came to the storylines based on cultural aspects, language was used in both conferences as a reason why it was difficult to find solutions to services for the older person in question. However, it was clear that different values guided the social workers' discussions in their positioning of the client. In the ACSS conferences there were more consistent legal frameworks of what could be considered as appropriate needs in order to provide services according to the legislation. In the SSA conferences, the cultural storylines consisted more of the social workers' different perspectives based on personal values and ideas of what culturally specific care should consist of in relation to what could be considered a reasonable standard of living for the client. In the SSA conference, the categorization of the client as an inappropriate recipient of services based on cultural narratives was generally challenged more in

relation to the principle of equal treatment, where it was discussed whether all clients, regardless of background, should receive appropriate services. This finding can be discussed in relation to other studies that have shown that social workers find it challenging to assess the needs of clients from other ethnic backgrounds (Andersson and Johansson 2021; Forssell, Torres, and Olaison 2015). The analysis shows that the person in focus is portrayed as an unusual potential client. This can be seen as a process of ‘othering’, where social workers categorize the person and their family as having different needs related to their culture. This categorization becomes significant in the gatekeeping processes of the specific case.

Taken together, the findings show that the social workers working under the Act on Support and Services for Persons with Certain Functional Impairments (ACSS) were more likely to rely on guidance from legislation and case law when categorizing the person as to whether or not the older person was entitled to services. This finding is perhaps unsurprising, as the social workers in the ACSS conference are subject to rights-based legislation that specifies which clients are entitled to certain specific services (Nedlund and Taghizadeh Larsson 2016). While ACSS was originally designed in this way, with the explicit aim of strengthening the rights and opportunities of (younger) people with severe disabilities ‘to live like others’. The findings show that this gave social workers clearer legal guidelines to follow, as shown in the identified organizational and legal storylines, which strengthened them in their gatekeeping practice. This can be discussed in relation to the SSA conference, where the gatekeeping process in the organizational and legal storylines was based on reasoning that was more negotiable due to the vaguely stated goals of ‘a reasonable standard of living’ in the SSA framework legislation. It can therefore be assumed that the reasoning behind the inappropriate categorization in this case is related to what other studies have also shown, namely that the rationing agenda takes precedence over social justice and the protection of clients’ rights (e.g. Evans 2016; Parton 2017). The exercise of professional autonomy and discretion as street-level bureaucrats can, as such, be difficult to manage in assessment processes (Dias and Maynard-Moody 2007; Lipsky 2010). It highlights social workers’ sense of powerlessness when clients’ needs do not match the way services are designed (Evans and Harris 2004; Messmer and Hitzler 2011), particularly when there is a lack of support to carry out assessments, where social workers often must interpret legislation and local authority policies (Olaison, Torres, and Forssell 2018; Taghizadeh Larsson, Olaison and Österholm 2023).

The present study also supports the critical debate on gatekeeping practices in social work about how categorical hierarchisation has proven to be powerful in institutional interaction (Campbell and Roberts 2007; Hall, Slembrouck, and Sarangi 2020). This is a debate that argues that inequalities are created in the institutional distribution of power generated by categorization, which can be implemented in gatekeeping processes when a client is deemed ineligible for services (Tranekjær 2015). Our study adds new insights to this discussion, as our data show that the process of categorizing a client can be restrictive to social workers’ agency in team discussions, and that this can be even more powerful when a client does not fit the established criteria for services available within the organization. The findings also suggest that gatekeeping can be even more problematic for clients when the case is being handled on an ambiguous legal basis, where there is a risk that the client may fall between two stools.

Limitations and implications for practice

We would like to acknowledge some of the limitations of the study. With a small dataset, consisting of two audio recordings of one case handled by two different teams of social workers who assessed the case in terms of different legislation, the results cannot be generalized and should be interpreted with caution. However, the case is drawn from a larger corpus of data. The role of the contextual data was crucial in providing interpretive access to a larger context of how client categorization unfolds in interaction, which strengthened the reliability of the study. Thus, the strength of the research approach lies in its ability to provide insight into the otherwise invisible work that social workers perform through case conferences when assessing the same case from the perspective of

different forms of legislation. A discursive analysis such as the one presented in this study can provide insight into the existing storylines in social work discourse and the micro-dynamics of categorization processes. This is crucial to our understanding of gatekeeping and can indicate how research in this area might be taken forward.

Finally, the findings have implications for social work practice by highlighting the difficult aspects of client categorization in social workers' everyday practice, where they must balance their institutional and professional competence in team discussions. Perhaps more importantly, the findings also highlight the limitations that gatekeeping practices place on social workers' agency in carrying out assessments. This is particularly evident in discussions based on rights-based legislation, where there are clearer legal guidelines, compared to framework legislation, where it appears more difficult to exclude clients from services. Further research is therefore needed to systematically explore the discursive practices of what remains behind the gates, i.e. how social workers create knowledge in difficult cases through team discussions in case conferences.

Notes

1. In the verdict the court acknowledges that significant care needs exist but that the client can perform necessary activities by cueing and prompting. The court also states that the organization of support is not dependent on a certain person to provide assistance for the client. Instead, it could be administered by staff working in the home care services.
2. The storylines related to the client or a group with the same diagnosis were not as extensive in the material as a whole. However, in these storylines there were differences in how the social workers discursively categorized the client or group with the same diagnosis in the conferences. Positioning of the client related to impairments or diagnosis/health or (dis)ability to dismiss solutions was more common in the ACSS conference in comparison to the SSA conference. In the SSA conference, the issue about personal assistance was more often compared with other clients that had the same diagnosis to position the client as an inappropriate receiver of services.
3. In the ACSS conference, case law (i.e. precedents set by previous judgements in cases that had gone to court) was used to guide the social workers in the assessment process.
4. The ACSS legislation states that to be eligible for personal assistance a person needs to have needs due to major and lasting disabilities, or needs help with breathing, their personal hygiene, meals, getting dressed and undressed, communicating with others or other help that requires in-depth knowledge of the disabled person (basic needs) (SFS 1993:387.).

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