

Article

Two tales of community work: Social workers' experiences of role changes in the Netherlands and Norway

by

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Abstract

Community-oriented approaches in social work are highlighted in both social work literature and policy documents in post-financial crisis Europe, and in the Nordic welfare states where professionalized bureaucracy, universal benefits and institutionalized social work have been the norm. The aim of this article is to explore social workers' experiences of role changes in the transition to a more community-oriented approach, characterized by ambulatory work, the facilitation of local resources, multi-disciplinary collaboration and user participation. The empirical data consists of qualitative data from two cases: a political reform in the Netherlands (The Social Support Act), and a user-initialized project in Norway. Ten social workers from nine different organizations were interviewed in the Netherlands, and four social workers from one community-based project in Norway. We analysed these as a multiple case study of a transformation towards community-based practice, but one in which the political and organizational context differs.

A common theme was the changing of the roles of the social worker and the subsequent experiences of challenges in different contextual settings. We present our findings under the topics of identity work, differing organizational expectations and role conflicts. Social workers in both the Norwegian and Dutch sample express experiences of multiple roles, vague roles and conflicting roles, with our analysis showing that role stress was common in both cases, regardless of whether the initiative was top-down or bottom-up. Remedying role stress could be a crucial element in processes aiming at user participation, social cohesion, cross-disciplinary cooperation and strengths perspectives.

Keywords

community work, Netherlands, Norway, social roles, social work, social rules

Introduction

Community-oriented approaches in social work are highlighted in social work literature and policy documents in post-financial crisis Europe (Brady, Schoeneman, & Sawyer, 2014; Hutchinson, 2009; Pyles, 2013; Sudmann & Breivik, 2018).

Although not a specific approach for social work, community-oriented approaches have traditionally developed as a radical practice in countries with small or residual welfare states. Newer calls for community-oriented approaches have originated in radical, neo-liberal and communitarian discourses (Breivik & Sudmann, 2015; Ledwith, 2011; Sudmann & Breivik, 2018). A special focus has been given to community work in the Nordic welfare states, given the special circumstances: professionalized bureaucracy, universal benefits and institutionalized social work (Turunen, 2009).

The aim of this article is to explore social workers' experiences of role changes in the transition to a more community-oriented approach characterized by ambulatory work, the facilitation of local resources, multi-disciplinary collaboration and user participation. The empirical data consist of two cases: a political reform in the Netherlands and a user-initialized project in Norway. The common theme is the changing of the roles of the social worker and their experiences in different contextual settings. The findings will be discussed in relation to theory about social roles. First, we will present theoretical perspectives, our two cases and our methodology. We will then present our findings and discuss the implications.

Background and context

The introduction of neoliberal values impacting social work has been well-documented in research, especially in the UK and other liberal welfare regimes connected to the introduction of New Public Management (NPM) (Garrow & Hasenfeld, 2014; Kamali & Jönsson, 2018; Rugkåsa & Ylvisaker, 2018). Less emphasis has been put on how alternative approaches to management and social work practice are affecting social workers' role and working conditions.

Welfare regimes

The form of social work in different countries is influenced by the welfare regime (Hugman, 2008). Esping-Andersen (1990) introduced three ideal types of welfare

regimes: liberal, conservative and social democratic. The Nordic welfare states usually related to the social democratic ideal type are characterized by a large public sector, highly financed by taxes and with a strong element of universal benefits (Christiansen & Markkola, 2006), although Norway is also characterized by a large sector of non-profit and volunteer welfare agencies, in spite of a widespread public responsibility in the welfare production (Askeland & Strauss, 2014; Salamon & Anheier, 1998). The Netherlands is also usually categorized as a social democratic welfare state, but this is more debated, and it has been called a hybrid state (Ebbinghaus, 2012). Due to more means-tested and company-based programmes, it also has features of the universal and corporatist ideal type (Goodin & Smitsman, 2000). Although both countries have experienced changes related to NPM and contractualization, the circumstances mentioned above by Turunen (2009) have traditionally characterized both. The strong connection between social work and social policy might lead to social workers having a more bureaucratic feature, thereby reducing the scope for action in more collective or community-oriented approaches (Hutchinson, 2009). The significance of the changes to the welfare state model over the past decades has been debated, and whether they signify the end of the model or imply that the welfare state models can adapt successfully to new challenges (Dølvik, Andersen, & Vartiainen, 2015; Kvist & Greve, 2011).

Changes in the Netherlands: Social Support Act and social neighbourhood teams

In 2007, the Dutch social care system underwent a fundamental transformation, with the introduction of the Social Support Act (*Wet Maatschappelijke Ondersteuning*), aiming to reform NPM ideology, achieve new social and administrative goals and make citizens more responsible. Social workers in this context had to take on a new role by not taking care of clients, but making them responsible themselves. Besides that, the self-reliance of citizens, increased participation and strengthened social cohesion became important (Wester, 2013). The shift of responsibility had a large impact on the role of social workers, but turned out to be too ambitious, with few succeeding in the first years (Lub, Sprinkhuizen, & Cromwijk, 2010; RMO, 2011). Equally important as the social goals were the administrative objectives: improved coordination among professionals and greater efficiency and effectiveness (Wester, 2013). In this context, social workers were expected to seek an interdisciplinary collaboration, while they were used to working in a fragmented and rather competitive

NPM-oriented working field. This was also a new role for social workers, and to undergo this transformation proved challenging (Pruim, 2015). Achieving more efficiency and effectiveness proved to be difficult as well (Wester, 2013). With the introduction of the new SSA in 2015, even more emphasis was placed on the self-reliance of citizens and more cooperation among professionals (Teekman, Pruim, Slendebroek-Meints, & Jager-Vreugdenhil, 2015). This new SSA included decentralization; the municipalities therefore became responsible, which was accompanied by major budget cuts. The hope was that a more professional cooperation and more self-reliance of citizens would neutralize these cutbacks. Most of the municipalities chose to implement so-called 'social neighbourhood teams', wherein professionals of diverse backgrounds took part (Van Arum, 2015).

New public management in Norway – user choice and light cutbacks

In Norway, NPM had a smaller impact than in many other Western countries in the 1980s, probably due to a strongly decentralized health and social policy administration. But as other OECD countries turned away from NPM, Norway seemed to overlook the negative experiences of other countries, speeding up reforms in the 1990s and 2000s (Christensen & Lægreid, 2009; Stamsø, 2017). Full privatization has been the exception in Norway when it comes to health and social welfare services, but NPM has had a big impact when it comes to management and financing welfare services (Jantz, Reichborn-Kjennerud, & Vrangbaek, 2015). The most important impact of NPM in Norwegian health and social services has been performance management, decentralization, tendering procedures, 'free user choice', user fees and to some extent, privatization. At the same time, smaller cuts in benefits have occurred (Stamsø, 2017). Norwegian policy has taken a softer approach thus far. Welfare cuts have not been carried out, but there are white papers highlighting the need for change in the future, hence creating a need for more local and volunteer contributions to future welfare. In the social housing sector, the needs for user participation and cooperation with voluntary organizations have been underscored (Ministry of Local Government and Modernisation, 2014).

Already decentralized, the Norwegian policy towards change can represent a softer approach to reform than the Dutch approach, as there have not been cutbacks (although there are signs of them coming), and there have not been high-profile

reorganizations. However, NPM has arguably posed severe challenges to social workers' professional role, including increased administration, standardization and a lack of time to follow up persons in need, thereby hindering social workers in using their problem-solving competencies (Røysum, 2013; Halvorsen & Stjernø, 2008).

Theoretical framework

The use of role theory can clarify changes in expectations when social workers transition from a more 'traditional' street-level bureaucratic- to a more community-based approach. People search for a standardization of complex social behaviour, which implies expectations. These expectations become explicit when someone deviates from the pattern, and explanations are expected, as there is a risk of rejection and conflict (Potting, 2001). Social roles are constructed from the total amount of expectations connected with a social position. A social system consists of several mutually dependent roles, and each person can have many different roles (Eagly & Wood, 2016). Searle (2005) uses a general formula to clarify the relationship between social rules and social roles. Social rules always take the form 'X applies as Y in context C'. These are rules that assign cases or persons a specific function. When it comes to persons: 'person X applies as Y in context C'. With the social role Y, there comes explicit expectations: one expects person X to behave in a specific manner. These role expectations can contain explicit and formal rights and duties, but it can also be about more implicit and informal expectations.

Social roles are continuously renegotiated (Turner, 1985). In society, social rules are often not formally and clearly defined, with informal rules playing an important role. We also deal with several contexts at the same time, which are intertwined in everyday practice. People play different roles in different contexts, e.g., someone who is a social worker can also be a father, volunteer, neighbour, etc. Although this interplay is part of our daily lives, we can say this is a complex process. The role structures are malleable, but since actors are rewarded for conforming to roles and penalized for deviating, people would normally not deviate unless the benefits outweigh the cost. It is therefore both a resource for change and for stability (Eagly & Wood, 2016).

To deal with this complexity, each person has emotional rules that prescribe how he/she should feel when fulfilling a specific role in a specific context. Hochschild (1979, 2003) provides a useful framework to indicate the connection between social rules (which she calls frames), feelings and emotions related to a specific role. People deal with frames (social rules) (Goffman, 1974), which indicate how we should feel (feeling rules). Social workers struggle with these frames and feeling rules. Because of the rapidly changing contexts, they must adapt different social rules and social roles very quickly (Linders, Feringa, Potting, & Jager-Vreugdenhil, 2016). Identity work has been introduced as a requirement for role occupants to draw on previous experience in new professional roles or organizations (Brown, 2015; Beyer & Hannah, 2002), in addition to managing discrepancies between role obligations and their authentic selves (Roberts, 2005). However, Lipsky claimed that because role expectations are located in peers, reference groups and public expectations, street-level bureaucrats are far less likely to respond to role expectations from non-voluntary clients than from the larger public, colleagues or managers (Lipsky, 2010).

The community worker role is under debate, and is often looked upon as an unclear role with various expectations. Earlier research in Norway highlights many roles in community work projects: activist, enabler-catalyst, fact gatherer and analyst, facilitator, negotiator, advocator, programme implementer and coordinator (Hutchinson, 2009; Turunen, 2009). Although the need for flexibility is evident, research has suggested that clear roles and boundaries in community health work are necessary, and that less demarked structures could encourage the boundaries they are supposed to erode (Brown, Crawford, & Darongkamas, 2000).

Presentation of cases

The data for this study was collected in two practice-oriented research projects in the Netherlands and Norway. The case from the Netherlands is a study of a social neighbourhood team conducted in a time frame when social professionals and civil servants were preparing for the introduction of the new Social Support Act. The data was collected a few months before the implementation of this new, decentralized SSA. The social domain was rearranged by installing so-called Social Neighbourhood Teams (sociale wijkteams). The social professionals of these social neighbourhood teams were expected to cooperate more with other professionals, and were also

supposed to meet the expectations to make the citizens more self-reliant. At the same time, the objective and function of different teams varied, as municipalities and organizations interpreted the task differently. However, a common theme was that professionals from various backgrounds took part in these teams, with these professionals working with an integrated approach to promote social change, social cohesion and the empowerment of people. The team where data was collected consisted of 10 professionals from nine different organizations. At the time of the interviews, a temporary layout of these teams was installed. The social workers were members of the teams, but whether these memberships were definitive by the time the new SSA would be implemented was unsure.

In the Norwegian case, the researcher followed the emergence of a project attempting to implement new ways of social work and professional roles for homeless people. The project was initiated by homeless women in collaboration with a welfare non-governmental organization (NGO). The social workers were employed by the NGO to run a housing project that was supposed to be self-organized by former homeless and substance-using citizens. Their tasks were to offer help with the housing facility, facilitate for the growth of businesses and establish democratic systems for self-government of the house. The process included challenges related to boundary-making between the resident board and the employees, as well as negotiations between the initiating activists and the NGO that owned the project. At the same time, they expressed that the change in their work role was highly necessary, and had much faith in the innovative aspects of the role. The notion that they were doing something entirely new and different from orthodox social work was an important motivation. Yet, the social workers also felt that little guidance and support was available from the organization, the social work discipline and other institutions.

Three particular differences are apparent. Firstly, the empirical data from the Netherlands is from the public sector, while the Norwegian data is from an NGO project. Secondly, in this context, the Norwegian example is a counter current in the margins of orthodox social work, whereas the Dutch example is conducted in the (new) mainstream of social work. Thirdly, the Dutch case represents a neighbourhood approach to community work, more common in the Nordic- and

especially the Norwegian community work approach (Hutchinson, 2009), while the Norwegian case represents a project closer to the values of group empowerment (Ledwith, 2011). Nonetheless, in both case studies, the social workers were facing a new situation, and had to cooperate in a completely different manner than they were used to.

Common features of the changes were focusing on ambulatory work, the facilitation of local resources, a multi-disciplinary collaboration and user participation, which relate to a community-oriented practice characterized by an enabling and facilitating role, rather than a more traditional role, such as, e.g., expert, gatekeeper, implementer or therapist (Järvinen & Mik-Meyer, 2012; Lipsky, 2010).

Methods

Characteristic of practice-oriented research is that the research question is prompted by professional practice, and that the acquired knowledge can directly contribute to professional practice (Andriessen, 2014). Research in collaboration with the practice field is particularly relevant in social work research because it generates pragmatic, contextual, variable and practice-relevant knowledge (Nowotny, Scott, & Gibbons, 2013; Uggerhøj, 2012).

In the Dutch study, the researcher was involved with the new social neighbourhood team for three months. Of the 10 professionals, three were male, with their ages varying from 34 to 59. The minimum experience in the working field was four years and the maximum approximately 35 years. The researcher attended several work meetings and interviewed all professionals using a semi-structured schedule (Pruim, 2015). In the Norwegian case, the researcher participated in the process for four years. For this article, data from the first six months of implementing the project was used, consisting of about 50 hours of field visits and interviews with four project employees. These were two men and two women, two experienced and two quite new in the field. Some also had relevant life experiences. The field notes were handwritten during and after the visits; the interviews lasted approximately 1-1.5 hours, and were tape-recorded and transcribed for further analysis.

The aim of this study is not to report on the practice developments of the projects, but to analyse a common theme that emerged from the practical studies, namely the social workers' experiences of role changes. The practical implications of the individual projects and perspectives from citizens and participants are discussed elsewhere (Aaslund, 2020; Aaslund & Seim, 2020; Pruim, 2015). Rather than a comparative study, this study represents different political and organizational contexts, a case of top-down change through political reform and a case of a bottom-up change through advocacy, both leading to a change in the traditional role of social workers. This corresponds with a multiple case study method (Yin, 2013), in which we are studying the phenomenon of role changes for social workers in two different political and organizational contexts.

Our analytical strategy has consisted of a theme-based analysis of the two materials, identifying emerging themes related to the experiences of the social workers (Braun & Clarke, 2006). We then analysed the two cases as a multiple case study, while looking for similar patterns and themes. Following the logic of multiple case studies, recurrent themes in different national and organizational contexts should support our findings as more general-, rather than context-specific findings (Yin, 2017).

Findings

Overall, our impression of the material is that three dimensions are important in understanding the role changes and how to cope with them: identity work, organizational expectations and conflicts between different roles.

Identity work

All the professionals described changes in the role expectations from the professional community, for example, in professional codes of ethics, expected knowledge and skills and values. The new role included more fluidity, the use of new competencies and fine-tuning towards the community or service users. Interestingly, some professionals denounced their educational skills and knowledge as relevant in community work. One of the workers says: 'My role is very fluid (...) Those social work skills have not been used so much here, I guess' (social worker 1, Norway). She continues: 'I alternate between presenting myself as a professional social worker and as a former drug addict. I consider that the audience and the effect are quite

different' (social worker 1, Norway). Although she does not consider this 'social work', she has specific and instrumental thoughts about how she presents herself as a way of managing discrepancies between role obligations and the authentic self (Roberts, 2005). By drawing on earlier experiences and roles, this could be understood as identity work (Brown, 2015; Beyer & Hannah, 2002).

It's about talking about social work in a little different way (...) I don't highlight the knowledge I have inside of me as a professional. I am their friend, but I have the knowledge. (social worker 3, Norway)

The social roles are not created in a vacuum, but instead are complementary (Eagly & Wood, 2016). A change in one role requires a change in the complementary role. This point is also expressed by another employee, thus highlighting the interactional aspect of the professional role:

It is something about maybe how they [the participants] view us. Because they see us as professional, you can then consider whether you are or not. I feel that since I don't have a social work background, I feel that I'm not professional in relation to many things that occur during the day, I don't know how to, what role I should take (...) is it your job or is it my job. (social worker 2, Norway)

This employee experiences a discrepancy between how he feels, and the expectations directed at him. His authentic self does not accord with the frames of the role and the rules of what a professional is (Hochschild, 1979), although he experienced expectations of fulfilling this from participation. This could lead to negotiations of the roles between the employee and the participant (Turner, 1985). Such negotiations are a central part of the community role, aiming to enable and facilitate for participants to take on more active roles themselves (Hutchinson, 2009; Turunen, 2009):

It is not only the professionals who have to change, the users are so used to standing with their hat in their hand, they should be glad for the little they get, and be shameful about how bad they have behaved. They are used to adapting to the role of the paternalistic social worker. (social worker 1, Norway)

Simultaneously, these renegotiations, and the subsequent uncertainty about roles, can lead to very different outcomes as described in these field notes from Norway:

In a house meeting, several of the tenants are complaining about neighbours not cleaning the shared kitchen. They are clearly expressing expectations of the staff to take care of this problem, in accordance with their earlier 'institutional paradigm'. As the discussion is heating up, suddenly a staff member says: 'Now I decide that if this is not solved by a week, I close the kitchen.' (field notes, Norway)

Although the closing of the kitchen was never implemented, this episode demonstrates how expectations are fluid and shifting. The participants expressed

different expectations when asked about control and when problems occur. This also affected the employees, and encouraged the old roles they were supposed to erode (Brown, Crawford, & Darongkamas, 2000)

In the context of the Netherlands the identity work appeared less characterized by negotiations, and more characterized by drawing on earlier experiences (Brown, 2015; Beyer & Hannah, 2002). This social worker describes that a fluid role in the neighbourhood expands the professional understanding in a positive way:

So that whole transition, I find very positive. That will hopefully mean that you are stimulated as a social professional to look very wide, to make you well informed, like going on your bike and going through the neighbourhood. To be aware of what is available. So, I think it's all positive. (social worker A, the Netherlands)

The changes toward a community role were experienced as expanding the professional role. For some, this was detaching them from professional knowledge and values, while for others it was redefining the knowledge for a new context and led to renegotiations (Turner, 1985). To a certain extent, these disparities followed from differences in experience. The theme of professional expectations was evident in both cases, even though it was more underscored in the Norwegian case, which could be explained by the bottom-up approach calling for more discussions to be taken along the way, whereas the Dutch case had a more defined package to implement. This leads us to our next theme in the interviews.

Differing organizational expectations

A lack of organizational expectations and guidance also manifested itself in blurred working roles and ethical stress. Several of the workers expressed differing expectations from the mandate of the project, and their employee organizations. In the Norwegian case, in a project owned by a large donation-based diaconal organization, some felt that the organization presented the participants as needy and the organization as kind and caring. This directly opposed the values of the project.

One of the employees expressed it like this:

You are not allowed to feel pity for the people you are supposed to help. The NGO does that (...) It is about the meeting between people and systems. They [the NGO] are kind people, but there is a difference in power that imposes people in embarrassment. (social worker 3, Norway)

Several of the Norwegian employees felt stressed, and three out of four had a long-term sick leave. They felt unsure about how to take hold of their new role, as large

parts were left to their own devices when it came to forming their new role and managing new tasks.

I hit the wall in November. I had never worked in a project before, and I knew very little about what I should do. I came to work and got to know 'Here's what has been done, figure it out.' I had to go a few rounds with myself and figure out if it was right that I had this job. After some supervision from a colleague, I felt that I had a function. I was supposed to make my own working day. I was supposed to make my own contacts, and I had none. (...) I felt helpless. (social worker 2, Norway)

In the Dutch case study, expectations from the organization (the municipality) were high. It was expected that things would change intensively. But how the change would proceed, nobody knew:

I notice it in my attitude. Because if something is prompted to do ... I think, gosh, once I would have done this. I'm not putting myself out there anymore. I don't feel like doing that at all. That would cost me time and energy. (...) I also notice a kind of resignation in the team. Everyone still serves the clients correctly, but I'm talking about just that little extra. That spirit, the creativity, the energy (...) It does not mean that we do nothing, but you are ... positively critical. (social worker D, the Netherlands)

Again, a lack of clear expectations was challenging, and threatened to uphold the boundaries they were supposed to erode (Brown, Crawford, & Darongkamas, 2000). One way of coping was to stay low and wait for it to pass, or be prepared for new changes: 'I think, I'll just wait and see. Now, I wonder if it's really going to work. I think, in the end it is up and going and, in a few years, something else is the idea, so we'll turn another way.' (social worker F, the Netherlands). Another expressed:

I feel that there is a wave of redundancies to come (...), which I find a little threatening. I'm just not well informed, at least, I feel that I am not well informed. You just know that something is hanging over your head, you know it's coming. Because not everyone can participate again. (social worker D, the Netherlands)

Professionals experienced expectations as something hanging over their heads. Their social role would change, but it was not clear how that would happen. Professionals did not feel they had much influence themselves. One reaction was therefore frustration:

And I do not know what happens on the policy level (...) I find that very threatening. Because things happen but I do not know exactly how. And where are we going? (social worker D, the Netherlands)

I have to say, but that's the thing with municipalities in general; I find that little is communicated. And that disappoints me. Because I feel that in the upper room it is very well known, but it is still not clear in the workplace. (social worker H, the Netherlands)

Obviously, the change had not only frustration or paralysis among professionals as a result, as some professionals also saw positive aspects:

So that's why I think, that the advantage of this new arrangement is that there comes some new impetus. Okay, let's go again! This is fun. But you also throw a lot away. (social worker C, the Netherlands)

The professionals in the Netherlands were having ambivalent thoughts in dealing with expectations. None of the Dutch social workers were solely positive or negative, but reported both positive and negative effects of the change. However, the trend was that more cases like frustration and resignation were exposed. Several had experiences of feeling lonely, inept, frustrated or confused about their role and tasks. In the Netherlands, the social workers mainly directed their frustration at managers and politicians, while the Norwegians tended more to blame themselves. Challenges with organizational expectations were thematized in both cases, although more sharply in the Netherlands. The lack of frames and role expectations from the organization and reference group became a challenge for the employees, thereby leading to resignation and frustration (Lipsky, 2010).

Conflicts between multiple roles

Different and shifting roles are a necessary feature of project work as in the Norwegian case. One employee says: 'One of the participants called me his psychiatrist, his psychologist, his doctor, his colleague, his buddy and his Facebook friend' (social worker, Norway). At the same time, these multiple roles caused challenges. Another employee expressed some difficulties regarding multiple roles and role stress: 'I have several roles and sometimes I forget, and things come out all wrong, or in the wrong place. I have had a few of those. Some things are confidential, some not' (social Worker, Norway).

Conflicts between different roles challenged the values of the social workers. One of the employees expressed that she believes that service user loyalty is challenged by organizational expectations:

I am supposed to be loyal to my employer, in [former employer, a user-led organization], my sole loyalty was with the users. I won't go in front of the marijuana march now. It is me who is sitting with the keys, I must unlock. There is a distinction. Immediately when you are employed by someone, you are not on an equal level. It's like when they are hiring 'experts by experience'. (social Worker, Norway).

Although the social worker has not been given any restrictions by her employers, she feels that the organization expects loyalty, and would not risk that the cost of deviating outweighs the benefits (Early & Wood, 2016; Potting, 2001).

In the Dutch context, role conflicts emerged in the collaboration with other professionals. They felt obliged to work together, because cooperation was one of the primary goals of the new Social Support Act, but were not always motivated to do so. This led to internal conflicts between different roles:

So now you must work together for a noble goal, but at the same time you must fight for the money. To me that is relevant and very hard currently. I know multiple organizations who admit that everybody wants their people to be on the team (...). That's being pushed, pushed, pushed, you must be there for the financial competition. (social worker A, the Netherlands).

The call for integral cooperation is clearly heard by professionals, but is difficult to achieve. Cooperation thus takes place from extrinsic motivation: not because professionals want to work together, but because it is imposed on them. This interferes with the cooperation:

You know where I notice it? As people introduce themselves at an introduction round (...). they are trying to position themselves. (social worker C, the Netherlands).

Yes, people are afraid of losing their job, and from that intention they are working hard. But that's an intention from fear, not the intention from being connected to what is meant to be done. (social worker D, the Netherlands).

As mentioned, community work literature suggests a variety of roles for the community worker (Hutchinson, 2009; Ledwith, 2011). As we see, the change of role towards community-oriented work caused multiple roles and role confusion. In part, this process also reintroduced neoliberal values that the reform and project supposedly tried to change (Brown Crawford, & Darongkamas, 2000). Financial strains, the individualization of responsibility and personal accountability became new challenges for the social workers, hence obscuring the roles and introducing new expectations.

Discussion

The aim of this study was to investigate role changes for social workers within Northern Hemisphere states under pressure, and discuss how they relate to community work roles. We identified examples of identity work by drawing on previous experiences and managing role discrepancies, which are in line with the literature (Brown, 2015; Beyer & Hannah, 2002; Roberts, 2005). We also identified challenges related to role changes in both cases, as a lack of organizational expectations and conflicts between multiple roles; Norwegian social workers to a

lesser degree expressed frustration, although role conflicts were also apparent in the Norwegian case.

There is little guidance for ethical dilemmas appearing in community work (Mendes, 2002). The organizations in our cases offered little guidance, and social workers in the studies were working in rapidly changing environments, attempting to adapt to this by shifting social roles, thereby temporarily eradicating clarity and predictability (Potting, 2001). This can lead to insecurity or frustration. Community workers need to be flexible and inhabit multiple roles, rather than following rules (Hutchinson, 2009). However, in our cases, unclear frames led to difficulties in managing role expectations and personal emotions, as described by Hochschild (2003) and Goffman (1974). Several informants struggled to make use of their former competencies, like the Norwegian social worker who expressed that she could not make use of much social work. We could interpret this as a lack of necessary clear roles and boundaries to do the necessary identity work and to transfer earlier skills and knowledge to the new situation, leading to a narrower view of her own professional knowledge (Brown, Crawford, & Darongkamas, 2000). Even so, the social workers expressed examples of roles being malleable and subject to renegotiations (Turner, 1985; Eagly & Wood, 2016). Clear roles and boundaries are not necessarily a contradiction to flexibility. Boundaries can be both clear and wide, or they can be open for exploration and negotiation, e.g., through supervision (Johnston, Noble, & Gray, 2016). Consequently, denouncing the role could be an example of social roles as a resource for change (Early & Wood, 2016).

Our findings include examples of informants expressing role expectations from service users and also acting upon them, but as Lipsky (2010) proposed, role expectations from peers and community were emphasized more, while a lack of these proved challenging. In the Norwegian case representing an empowerment approach, social workers experienced expectations from collaborators, politicians, directors and others. As suggested by Potting (2001), expectations were both implicit and explicit from multiple others, with a lack of social rules leading to confusion, rejection and conflict. Although they had chosen to work in a user-led project, and thus were presumably more open for challenging the traditional social work role, they expressed difficulties in managing their role, as well as a lack of supervision and

unpredictable work tasks. Some of these issues were addressed to the project management or NGO, whereas others remained unsettled. We can therefore understand this as a role-in-the-making. Because a central aspect of the project was user participation, working out new roles for social workers as participators became important. The Dutch social workers were affected by political reform, and set to implement vague expectations that left much to work out for the individual social worker in collaboration with other professions and agencies. They experienced role conflicts, job insecurity and a lack of influence of policy and organizational changes, thereby fuelling frustration with the government, municipalities and politicians.

Our findings should be considered exploratory. By using a strategical sampling and small number of cases, we cannot claim any kind of generalizability. Yet, by producing contextual data in a collaborative process of change, we believe challenges in role changes when transferring to community work is an important theme, which adds to earlier literature about professional roles and roles in community work. That the theme is apparent in two different cases under different circumstances also suggests that it is transferable to other cases (Yin, 2017), although further empirical research is needed in order to confirm this.

Linders, Feringa, Potting and Jager-Vreugdenhil (2016) suggested that social professionals struggle with role changes, because they must adapt to various social roles and social rules very quickly. Managing different contexts, and the emotions related to different roles, complicated the tasks for the social workers in our study. Changing professional roles was a goal in both cases, but also led to frustration, role stress, emotional stress and multiple roles to fulfil. This might not be possible to remedy solely by institutional expectations, but could possibly be helped by professional guidance, for example, supervision from experienced community workers. If community work shall be a potent solution in social work in the future (Patterson, Cronley, West, & Lantz, 2014), these challenges need to be considered in the practice field – and probably also in education – to support future community workers in their work.

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