

Professional work in the squeeze:
*Experiences from a new control
regime in residential care for
children and youth in Norway*

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Abstract

This article examines the effects on the professional system of creating a new system for the quality assurance of residential care in the Norwegian child welfare service. Since 2004, all institutions, private as well as governmental, have undergone a quality evaluation process. A set of indicators was given by the Ministry, with the regional authorities expected to assess the institutions according to these indicators.

The main purpose of the article is to discuss to what extent, and in which way, the new control system may exert an impact on the jurisdiction of social work and professional practice in the everyday life of the institutions. The discussion is based on empirical data from a project entitled, "A control regime in transition", which is supported by the previous Ministry for Children and Family Affairs. The project work started at the end of 2004, and followed the new control regime for three and a half years.

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1. Introduction

In January 2004, a child welfare reform was implemented in Norway. The responsibility for and control of child welfare institutions was transferred from the county authorities to five regional authorities established by the Ministry for Children and Family Affairs.

At the same time, a quality regulation was introduced by which all institutions were to be evaluated.¹ The private institutions were to be approved by the regional offices, and the governmental institutions were to be quality evaluated by the same criteria. A massive system was created to implement the approval- and quality assessment demands that the new regulation created.

This article examines the effects on the "system of professions" (Abbott, 1988) of this new control regime in the Norwegian child welfare service. Our main purpose is to discuss to what extent the new control regime may strengthen or weaken the jurisdiction of social work and its implications for the professional practice in child welfare institutions in everyday life. We will describe and analyse the implications of the new system for the professional autonomy in social work in residential care and possible future developments. Through this discussion we also link ourselves to two current debates in the public sector research field. One is the debate regarding the audit society (Power, 1997), while the other is the debate on evidence-based professional performance (Grimen & Terum, 2009). Though these debates may be connected, we will here see them as two separate aspects of the development which represents the background and the context of the child welfare reform.

Our study concerns the child welfare sector as well as other welfare sectors, especially to those in which new systems for quality assurance and for purchasing services from private welfare actors have been implemented.

We will argue that the new control system does have an impact on the professional autonomy and social work's position in the system of professions. However, there are aspects of the new system that pull in different directions, so the picture still appears to be ambiguous.

¹ Forskrift om krav til kvalitet i barneverninstitusjoner. BFD 27.10.2003. (Regulation relating to quality requirements in child welfare institutions.)

2. The empirical basis

The discussion in this article is based on empirical data from a project named “A control regime in transition”, supported by the Ministry for Children and Family Affairs. The project work started at the end of 2004, and we have been following the new control regime for three and a half years.

The data are based on a mix of interviews, observations and document analysis. We started in the spring of 2005 by interviewing key actors in each of the five regions that had the primary responsibility for the management of the new system.² We also conducted interviews with managers, staff and, in some cases, residents at eight private child welfare institutions of various sizes and different organisational structure and ownership. We conducted individual or group discussions with a total of 20 people at these institutions. In addition, we interviewed representatives of the Organisation for Private Institutions (OPB), the Norwegian Directorate for Children, Youth and Family Affairs (Bufdir), a national association for child welfare children and the Federation of Norwegian Commercial and Service Enterprises (HSH), which represents many of the private employers in the child welfare sector. We conducted several interviews with representatives of the county governors, and participated in a networking session for them in one of the regions.

At the same time, we collected documents from the first approval process from all the regional offices and two municipalities. The document analysis also included studies of the annual reports from audits in all counties for 2005 to the Ministry. On this basis, we decided to concentrate on two of the regions for further data collection.

In these two regions, we particularly studied the tendering processes of places in private institutions that were conducted between August 2005 and September 2006. We observed three rounds of negotiations between regional authorities and private actors, thus gaining some insight into the different actors' interests and strategies in these processes.

3. Theoretical perspectives

At an overall level, the new control regime for child welfare institutions may be understood to some extent as part of a more comprehensive reform aimed at modernising and streamlining the public sector, as well as being part of the New Public Management (NPM) (Christensen & Lægreid, 2001; Nordstoga & Støkken, 2005). Among other things, this involves adherence to a number of organisational measures associated with the private sector. Of particular relevance here are outsourcing, quality control and an emphasis on leadership (see for example Johnsen, Sletnes and Vabo (2004: 21)) During the last two decades, both the central government and local authorities in the child welfare sector have been influenced by New Public Management, with an increasing emphasis on quality assurance work and of contracting out services to private actors.

Some aspects, however, break with NPM such as the centralisation of the responsibility for child welfare institutions (Molland & Varden, 2005). When it comes to the actual exposure to competition, there has so far mostly been talk about buying seats that are already privately run, and that the services which have been performed by the governmental institutions are not (yet) exposed to competition. The reform can thus be seen as an attempt to take firmer control of the quality and cost of child welfare services. It may therefore be relevant to ask whether this management reform more appropriately can be linked to a reform phase following NPM, which Lægreid and Christensen (2007) describe as “post-NPM reforms”.

² Similar data were collected in the municipalities of Oslo and Trondheim, which did not participate in the new regime established by the Ministry.

The picture in other words is mixed. Nevertheless, here we are primarily concerned with the implications of this development for professional social work.

The first current debate of the public sector research is about the existence of the audit society. According to Power (1997), we are in “in the middle of a huge and unavoidable social experiment which is conspicuously cross sectional and transnational” (p: xv), and his book, “The Audit Society”, is an attempt to understand and explain this phenomenon. Auditing is “an idea as much as it is a concrete technical practice” (p. 4). Power is not rejecting auditing, although he calls for a critical review of these processes, and recommends that self-reflection, and what he calls a “regulatory sensitivity”, be built into such processes instead of rituals of certification (op. cit.:145).

A regulatory sensitivity means a sensitivity “which involves decisions about how to leave individuals alone to get on with their work as much as about how to monitor them. This in turn will require a recognition of the manner in which practices are perpetuated isomorphically because they have become legitimate and not necessarily because they have been even moderately effective in achieving goals” (p. 145). This development is partly rooted in New Public Management, and during the 1980s, abstract programmes for quality assurance that could be applied in different sectors were developed (p. 12).

In the child welfare sector, this has been reflected in new requirements for the child welfare institutions to have systems that ensure quality, and the institutions are now audited on, among other things, whether the required systems are in place.

The second debate concerns the role of evidence-based professional performance. The evidence debate deals with what should be the knowledge base for services and professional practice. The understanding and definition of the term “evidence” varies, and there are “narrow” as well as “broad” definitions (Hansen & Rieber, 2009). The narrow interpretation primarily emphasises randomised, controlled trials, while more comprehensive definitions include experiential knowledge from practitioners and the users of welfare services. As we shall discuss more in detail later, the connection to our theme is an increased emphasis on the use of so-called recognised methods in child welfare institutions, in which recognition requires an academic presence. The next question regards how the requirement for scientific methods affects the profession’s autonomy and jurisdiction. Furthermore, there may be an emergence of new organisations outside the professional body that will certify and control the knowledge basis of the professions and the use of methods, in addition to undertaking an expert role in professional work, which also will affect professional autonomy (Grimen, 2009).

A greater emphasis on evidence-based knowledge as the basis for professional performance, as well as new requirements for auditing, can be interpreted as an expression of a growing scepticism about the potential of professional discretion to provide a sufficient security for good or correct decisions. Evetts (2009) raises the question of whether a new and different type of professionalism is developing in the wake of NPM. Hence, she highlights the core concepts related to professional work: trust, discretion and competence.

According to Abbott (1988), a professional decision is characterised by three aspects or classifications: the identification of the problem to be solved (diagnosis), the inference of how to handle the problem and the decision on a treatment. The inference process represents the core of professional judgement, which may be put under pressure by the introduction of formal routines and action programmes. What makes Abbott’s perspective of relevance here is that in contrast to many other sociologists, he is more concerned with the actual work that the professionals perform than with the formal definitions of professions.

In Abbott's approach, the practical work of the professionals is in focus, and his overriding question is how expertise is institutionalised in modern societies. It is about control over work tasks in a system in which several professional groups are striving to increase their control.

However, the professionals are not acting alone, as they exist in an interactive system within which they compete with other professions for control of a jurisdiction, which is the link between a profession and its work (op. Cit.: 20): "a profession's success reflects as much the situations of the competitors and the system structure as it does the profession's own efforts" (op. Cit.: 33). In this respect, we see that our theme deals with competition between different actors. One is the competition between the private actors in the tendering processes for running child welfare institutions, which is practical and legally regulated, whereas the other is the competition between professional groups in a system of professions.

In this article, we will explore the usefulness of this perspective in analyses of the work in child welfare institutions.

4. Residential child care in Norway

Child welfare institutions in Norway are regulated by the Child Welfare Act of 1992, and may be run by the state or by private actors.

The decision to subject children to residential care is based on a legal "diagnosis" expressed by specific paragraphs in the Child Welfare Act. The County Committee makes the decisions for placements, while the assessments are run by the municipality and the government is responsible for supplying available places.

The act clearly distinguishes between children who are placed in the institutions because they are in need of care and those who are placed there because of their own misbehaviour. In addition to these groups, some institutions have places for children who need emergency placement, with most institutions offering placements in all three categories.

For the daily life of the institution, these legal categories do not say much about the children's actual needs. There is an element of uncertainty regarding which legal paragraph is used for the decision of placing a child in an institution. For example, children who enter the institutions because of their own behaviour are definitely in need of care as well.

The residential care for children and youth, called milieu therapy, is often characterised by the actors themselves as having an eclectic approach to working methods (Kvaran, 1996: 57), and thereby a weak professional jurisdiction (Abbott, op. cit.). This sector is responsible for some of the most complex tasks of a modern welfare state, handling the difficult borderline between control, care and treatment. It is also a rather unique sector since private actors have had a much stronger position than what is common in most of the other welfare services in Norway, which stands in contrast to what we generally associate with the Nordic welfare states (Kautto et al., 2001).

Before 2004, there was no approval or accreditation system for establishing private residential care for children in Norway. It was often said that it "was easier to start a child welfare institution than a hot dog stall". The new Child Welfare Act, which was implemented in 1993, was influenced by a liberalistic wave and belief in stimulating private engagement in welfare services (Støkken & Nylehn, 2003).

The County Governor had the primary responsibility for supervising the institutions, and this supervision was conducted by visiting the institutions and talking with their residents. During the 1990s, an increasing number of residential private institutions for child care were established in Norway. In reality, the field was divided between public and private institutions, as the former concentrated on the children and youths who primarily needed care. On the other hand, the private institutions mostly admitted youths who had a history of misbehaving, and for whom some sort of treatment was deemed necessary (Støkken & Nylehn, op. cit.).

Private actors have traditionally held a strong position in this part of the welfare field, but this previously meant voluntary or non-profit organisations. During the 1990s, a number of *commercial agents* established institutions, while at the same time some of the non-profit institutions were reorganised and changed their legal status from associations to commercial companies. As a result, there was not only an increase in the number of private institutions, but also a qualitative change and a *market* for residential care developed.

Up to January 1, 2004, the *County Governments*³ were the contractual partners for the private institutions, and even though many of these authorities were quite satisfied with the services provided in the market, the enthusiasm was less pronounced in the *Ministry*, which felt that the prices charged by private actors were excessive. Quite apart from the questions related to economy, there were also concerns regarding the quality of the private institutions. After some years, the field was quite varied, with institutions ranging from small family-based units with just a few youths to organisations resembling business enterprises or corporations, with a number of units in several counties having the capacity to accommodate up to 100 young people.

In addition to the variation in terms of size and ownership, the institutions also varied in regard to their relationship with the county agencies, some of which had developed a close relationship. These institutions were seen as part of the counties' official services and they were mentioned and integrated in the counties' plans for residential care, and may be defined as "semi public" (Støkken & Nylehn, 2003: 38).

The private institutions also differed in terms of professional management and their working methods. From time to time there were some unfortunate incidents in these institutions, and the question of authorisation or initial approval was raised.

The staff composition of the child welfare institutions was quite mixed, with employees coming from various disciplines and professions, as well as staff without any formal higher education. Traditionally, the recruitment of staff has been different in private and public institutions, as the proportion of employees with a formal higher education has been lower in the private institutions. Instead, a substantial proportion of the staff has had other types of qualifications, special experiences or competence in craftsmanship, sports, etc. (Støkken & Nylehn, 2003), with such qualifications considered crucial for establishing good relations with the residents.

The term "institution" is used for large associations with multiple departments that may be spread throughout the regions, in addition to small institutions with just a few children. "Institution" is thereby a concept covering many different phenomena. The size of the institutions varies from small units for only one child up to units with eight to 10 children in each department. Because of this variation, it is difficult to acquire an accurate picture

³ In Norway, the county is an independent political and administrative unit, while the County Governor is the state's representative at the county level.

of the institutional landscape in terms of the number of institutions, although the number of places for children and youth in the respective institutions is a better measure. In 2004, there were a total of 1,918 places in Norwegian welfare institutions, of which 61% were run by private institutions and 38% by the state and the municipalities of Trondheim and Oslo (Nordstoga & Støkken, 2009). In 2009, the total number of places was slightly reduced to 1,868, of which 56% were run by private actors and 44% by the state, including Oslo.⁴

5. The new control regime

Up to 2004, the county authorities, who were responsible for child welfare institutions, were buying a number of places from private actors in addition to running their own institutions. After January 2004, contracts between the child welfare authorities and private institutions should be established on the basis of competition, while they previously were established as bilateral agreements, often based on a long-term cooperation. This change was partially a consequence of a new law for public purchasing that was implemented in 2001 as part of the Norwegian membership in the European Economic Area (EEA) agreement, and not formally a part of the reform. In this article, however, this change is included in what we characterise here as a “new control regime” from 2004.

Since being implemented in 2004, an overall challenge to the regional authorities in relation to child welfare reform has been how to evaluate and accredit the services provided by the institutions. The new control regime represents two or three steps in a process of quality assurance of the institutions so to speak, and in a broader sense, the quality assurance of private residential care for children and youth. The first step is linked to a formal accreditation system and the second to a (more) systematic use of competition when governmental authorities are buying services from private actors. Through these two steps, the authorities (The Norwegian Directorate for Children, Youth and Family Affairs) seek to select those private institutions which may offer the best quality and prices, and to enter into contracts with them. When an institution is approved and gotten a contract with the government, both the County Governors and regional authorities have audit responsibilities, but with slightly different mandates.

As mentioned, only private actors are invited to the competition in residential care for children and youth, as the governmental institutions are not involved in this process. Hence, the situation in child welfare is rather different from other welfare sectors in Norway. In residential care for elderly people, for instance, public and private actors are participating in the competition on equal terms. This difference may be explained by the overall target behind the 2004 child welfare reform: to reduce the activity of the private actors in this field, to replace the private residential care with governmental institutions and to put more emphasis on family and network supported “open” care such as Multi Systemic Therapy (MST), etc.

To accomplish the new control tasks, various bureaucratic procedures have been established, and what we elsewhere have termed a “market bureaucracy” has emerged in the child welfare sector (Nordstoga & Støkken, 2009). A market bureaucracy is the term for a special governmental form. Highly simplified, it covers the development of a fairly extensive bureaucratic system to regulate and control access to and participation in a welfare market of residential care for children and youth. This bureaucracy is in turn influenced by models derived from the private sector largely associated with New Public Management. When these models are implemented in public administration, however, it must be done in accordance with governmental regulations that emphasise equal treatment, transparency and so forth.

⁴ <http://www.ssb.no/barneverni/tab-2010-12-15-01.html>

Even though only private actors are involved in the competition for agreements with the regional authorities, all institutions, including both private and governmental, had to go through the quality evaluation process (the first step).

The authorities make their assessment based on the new regulation from 2004 that consists of 10 paragraphs, which vary with regard to how precise and concrete they are. In practice, the regional authorities have had to operationalise the paragraphs and come to an agreement on how they were to be interpreted. Our material shows that there was room for regional variations in this practice (Nordstoga & Støkken, 2009).

In the initial phase of the new control regime, 154 institutions in private ownership were evaluated,⁵ and each institution had to send an application for approval. Next, the regional authorities visited all of these institutions, and made their decisions on accreditation and approval on the basis of the written applications and visits. The result shows that 44.8% of the institutions needed another three to six months for meeting the requirements as given by the indicators.

As explained in a previous paragraph, the total number of places in child welfare institutions has only slightly been lowered. We also see that the division of places run by the government and by private actors has only slightly changed in favour of the government. Nonetheless, in this article we are interested in less invisible and long-term processes of relevance to the professional work being done with children and youth in the institutions.

It is clearly too early to draw any long-term definitive conclusions on the effects of the new control system. By studying this early period, however, we have been able to identify some of the challenges that different actors have been confronted with, and their attempts to adjust to them. In the following sections, we will concentrate on some aspects of the new control system that are likely to have an impact on the jurisdiction of social work, as well as on the professional work in practice in the child welfare institutions.

5.1. Confidence in formal social work qualifications

The request for professional qualifications among staff members is stated in Paragraph 5 of the new regulation. This states that an institution should have a job plan that ensures proper operation and personnel with a sufficient level and breadth of expertise in relation to the institution's target groups and objectives. During the first year of the new control regime, the administrative authorities in all regions agreed to specify this requirement, requesting that at least one-half of the staff should be educated on a bachelor's level for subjects related to social care. Even so, the regional authorities enforced this specification differently. One of them kept strictly to the standard curriculum of higher education in social work, while other regions accepted a higher education in subjects such as teaching and nursing. Nevertheless, the overall result is a more professionally educated staff in the institutions after the new system was implemented.

In a 2007 letter to the regional authorities, the Directorate explains its views on what should be counted as child welfare and/or social competence. The three professional groups – social workers, child care workers and social educators – are all generally considered to be the best qualified professions in residential work. Nurses with additional training in psychiatry and family therapy, health care nurses, psychologists, teachers trained in special education and preschool teachers are normally accepted under specific conditions. Non-acceptable professions are police officers, trained military persons and prison officers.

⁵ *Eighty-nine institutions were owned by the State.*

To fulfil the requirement for formal qualifications, the existing staff in the institutions has been given the opportunity by their employers to achieve formal qualifications in combination with work. When recruiting new staff members, the institutions have been requesting formal qualifications on a bachelor's level. Consequently, the staff may obtain improved formal qualifications through various procedures.

This new requirement has had the greatest impact on the private institutions, which previously had a smaller proportion of staff with a higher education. At the first quality assessment that we studied, approximately 11% of the private and only 1% of the governmental institutions did not meet this criterion (Nordstoga & Støkken, 2009: 48).

In the end, the tendency is towards a group of younger and better educated staff with less personal and professional experience. During our interviews, some scepticism about this was raised, and the question at stake was whether formal qualifications are sufficient to fill the tasks of a milieu therapist in a child welfare institution. Among the staff members and managers, there is often a common understanding that formal qualifications are not sufficient for actually providing qualifications as a proper milieu therapist. They emphasise the need for personal qualifications and varied life experiences as well, and they generally favour staff with various types of education as well as personal experience. One representative of the management said loud and clear: *Now, they should have both formal qualifications and personal skills.*

In a separate institution in which more than half the staff members have a higher education, the manager emphasises that this is not what is most important:

It's not what you learn in college that makes you stick around or makes you a good milieu therapist. It's all about having credibility in relation to the youth. Youth only need 20 seconds to see if you are a coward (that is, trying to be something that you're not). You might feel insecure, but be honest about it, or the youth will experience the same things they've experienced before.

A third manager at a substance abuse institution that also met the regulatory requirements for formal education is also more concerned with suitability than education:

We hardly think about what kind of education people have here. To understand the collective ideas is more important.

So the problem remains: the administrative authorities could easily control the formal qualifications, but what Larsen called the "integrated milieu therapist" (our translation) has to also fulfil other demands for qualifications (2004:120). They need some life experience, personal skills and experience from supervision, therapy, etc. These various elements have to be integrated into the role of a professional worker in child welfare institutions.

This new indicator, which is used in the approval processes, has implications for the definition of "proper" professional work in this field and, as we have seen, also for which professional groups are considered as being qualified to conduct the work. Both of these questions impact the development of the professional system in this field and the competition between different professional groups. Regarded as a "system of professions" (Abbott, op. cit.), the competition seems not to have been taking place primarily between different groups of staff with formal, higher education, but more between those with a higher education and those without. Also, rather than being perceived as an ongoing conflict at the individual workplace, the ranking of qualifications is being seen and expressed as an element in the policy and administrative procedures and documents of the quality assurance system.

Since a child welfare institution is also the children's home for some time, professional work may be confronted with ideologies and values from staff who claim that they are experts on family and daily life. Fundamentally, this also relates to the understanding of what a child welfare institution is meant to be. The basic dimension in this is whether the institution should be a home for children and youths who are in need of care, or if it should primarily be an organisation that provides treatment, and where a targeted change is taking place. It is in this last perspective that it is relevant to ask for recognised methods of treatment.

The targeted work is going on in a system in which there is also a question of providing daily activities of many sorts and a daily life that is intended to be similar to that of other children and youths. At the same time, however, this is a public home which must safeguard both the public mission and the private home's qualities. A question which we have not seen any answer to is how many aspects of the daily life in the institution and how many relations should be integrated into the treatment system before the quality of the institution as a private home for the residents is compromised.

There are many aspects of life in an institution that are of relevance for the work of a professional and his or her relations with the residents, to other vocational groups and to the outside world. Mutual trust, which is often a precondition in a treatment relationship and which means that the client or patient has to make an effort and behave according to the treatment (Grimen, 2008:2002), does not come easily for children and youths – especially when it comes to those who may have been placed in an institution against their own will.

Whether the competence criteria that are used in the new quality assurance system are useful or not is one thing; another is what kind of implications they may have for professional work and the positions within the professional system.

Expecting half the staff to be at a bachelor level in social work could be understood as a widening of the jurisdictions or the field of work for social workers, child care workers and social educators. It is a way of defining the borders of professional work. Still, the residential work seems to be a relatively open jurisdiction due to the fact that there is room for different types of employees, including staff without any formal higher education. Nevertheless, after the reform in 2004, the social work staff with a bachelor's degree has strengthened their position in the field and in the control of the area, particularly at the expense of those staff members without a formal higher education.

While the Ministry intends to increase the level of competence among the staff in the institutions, this strategy may also be interpreted as an effort to control the diagnoses used in this field and to give them a more pronounced academic expression.

5.2. Professional management as a part of the new control regime

The new regulation also represents new requirements for the management of the institutions. It says that the leader or deputy shall, as a minimum, have a three-year college degree in social work or other relevant education at a similar level, as well as additional education in administration and management. When it comes to the last requirement, the regional authorities agreed to operationalise this to a 15-credit-point post graduate course in management and leadership. As a result, it has been relatively easy to verify this quality in each and every case, and the institutions have responded accordingly. By the end of 2004, the leadership or top management of all residential care institutions had the formal education as required.

This is not just a formal change. There are also substantial changes in the tasks of the management because of far more of an emphasis on written documentation. This applies both in relation to the quality assessment and for the private actors in connection with the competition for contracts with the regional authorities.

The rules and standards are more specific in professional matters and material ways. In response to this, the managing staff has been given responsibility for monitoring these new standards. New procedures and control elements should be implemented in accordance with the systems described in the application documents and for those produced for the tendering and competition process, as well as in connection with selling services (residential care) to regional governmental authorities. The request for documentation and presentation of the institution in a more elaborately written form is new to management. All things considered, one might ask whether proper training in writing skills would be even more relevant than managerial or therapeutic skills.

Generally speaking, management has been allocated new tasks which require both more work and different tasks. In the long term, it probably implies that management will be less involved in professional work directly related to the care of the residents. The written documentation is given priority by pure necessity. One leader exemplified the dilemma she experienced from this situation by describing a hypothetical situation when she was sitting in her office working on documentation, and suddenly observed a resident running away. She says: *it would be better for the institution if I completed my paperwork, rather than me running after the youngster.*

If this comment represents the situation for management in general, it seems like a paradox that the same managers are those who are supposed to document the quality of the professional work with residents.

The request for management training at the expense of social work reflects a strong emphasis on the relevance of leadership in building quality within the institutions. However, it could also reflect an underlying scepticism towards the social work profession.

Another reason for giving priority to management training may simply be that the authorities uncritically adapt to the well-known model of professional leadership, which means keeping a certain distance to staff and residents. This abstract leadership is often referred to as "managerialism" in the discussions on New Public Management (Pollitt, 1989). It may also reflect what Evetts (2009, with reference to Maile, 1995) describes as being "'created' as managers" (p. 251). She writes: "The incorporation of professionals into management is a distinctive strategy aimed at controlling professionals through normative techniques which involve performance review and benchmarking, continuous quality improvement, appraisal and target setting."

In a summary of a Swedish study of control of professions in social care, Svensson and Karlsson (2008) say that the last decades have involved changes which have heavily influenced the control of professional work. This development is characterised by a transition from a vocation-based to organisation-based professionalism. It may also be described as a transition from a responsibility based on mutual trust to a responsibility based on formal accountability. In other words: a new type of responsibility is shaped like a hybrid of traditional bureaucratic rationality and individualised and organisation-based professionalism. Thus far, this description looks relevant to the implementation of the market bureaucracy in the Norwegian children's residential homes.

With reference to Abbott (op. cit.), a central task for the professions is to achieve legitimation within a given scientific tradition. This is probably where the governmental authorities have their vested interest. As long as all Norwegian institutions are managed by formally qualified leadership and half the staff have a higher education in social work, a confidence in residential care will be based on these criteria. However, the formal qualifications are not sufficient. In addition, formal criteria for the actual work performed and the professional judgment in using methods in the institution are needed, as we will discuss in the next section.

5.3. Recognised professional methods

One of the main indicators of the new quality control system is to what extent the institutions have implemented so-called “recognised working methods”. These have been specified by the regional authorities to be “methods that are taught in institutions of higher education”.⁶ In their formal application, the institutions are expected to describe their methods in relation to their target groups.

With respect to their target group and to a specified goal, the necessity for a qualified description of their professional methods seemed to be a challenge for the institutions we studied. The descriptions they usually provided referred to a number of listed professional methods and theories, with acronyms such as ART, MST and PMTO.⁷ The respective authorities often found that the indicated methods and theories were not implemented among the staff, and that the institutions needed another three to six months to obtain their formal approval. Here is an example of the approval authority’s assessment of one such institution:

The institution has in its application explained the methodology they use. During the interview, the institution was asked to give an oral explanation for this methodology. The approval authority’s judgement is that there is not compliance between the methodology the institution has explained in writing, and the methodology actually used. The institution could not explain in which way the milieu staff apply the specified methods, such as Familieferdighetstrening (a special Norwegian method) - Teaching Family Homes (TFH), or “Anger Control Training” (ART) in practical milieu work. Furthermore, in their practice document, XXX describe “CAF” (Common Assessment Framework) as the institution’s quality model. Nor did the institution manage to specify in more detail how the model is used for self-assessment, how XXX work with the quality model, and in which way the listed work models are planned, executed and structured.

During the time the institution has a temporary approval, the development of a correlation between methods, treatment programmes, conducted milieu work, as well as internal self-assessments based on the presented quality model, CAF, is expected.

Terms according to the quality of child care institutions, Section 2, are considered partially fulfilled

The request for target group specifications and a statement as to the claimed connection between aims and methods were seldom reflected in the applications. Often, the institutions

⁶ Approval and quality assurance of child care institutions – regulatory clarification. BFD 11.02.2004.

⁷ Aggression Replacement Training (ART), Multisystemic Therapy (MST) and Parent Management Training – Oregon (PMTO).

have more than one target group, and the use of indicators tends to be complicated by this fact. Moreover, the regions seemed to focus on different aspects of professional work. In one region they tended to stress the plans and procedures of the residential institutions, while in another they underscored the need for evidence-based methods.

Though concepts such as “academic” or “evidence-based” are not used in the guidelines, it is obvious that the Directorate involved is most interested in research-based methods. Their ambition is to develop a child welfare service with knowledge-based methods:⁸

Knowledge from research is to be used to ensure good and safe services to children, youth and families. A systematic investment in R&D and evaluation will contribute to improved quality, higher skills and develop good measures and evidence-based methods. The development of a knowledge-based child and family protection is essential also to ensure transparency and a greater degree of user interaction.⁹

The Directorate may have fallen victim to a tendency to have too much confidence in academic knowledge. According to Abbott, academic knowledge often has a symbolic function by giving the profession the image of having an evidence base (Abbott, 1988:54). The abstract categories for academic knowledge may be quite different from the categories used in the broader individual and contextual understanding of a client’s problems in daily care. These abstract categories may further strengthen a given professional position in competition with other professions. On the other hand, the level of abstraction may enable an established profession to define new problems as logically linked to their domain and field of knowledge.

To require that half the staff in child welfare institutions have three years of higher education in social work may indicate a step towards a more evidence-based work in the sense that those who have a higher education may grasp new ideas and methods more easily, as they are more familiar with general academic language and culture.

When child welfare institutions are requested to communicate their daily work methods in written documents and with reference to “recognised methods”, it may well be a strategy to strengthen the jurisdiction of the social work profession as such. By transforming their routines and practices from tacit to explicit knowledge, it may more easily be linked to academic language.

As mentioned, the requirement for having 50% of the staff with a higher education in social work represents a more demanding challenge to private than governmental institutions since the private actors have a history of recruiting a larger proportion of staff without a higher education. They have deliberately emphasised other qualifications. The requirement of more staff with a higher education in social work will probably make the private institutions more similar to the governmental ones, as will the requirement of “recognised working methods”. In sum, the institutional field may be changed from a set of institutions characterised by differentiation and an eclectic set of working methods to similarity, compatibility and a more comprehensive professional basis. The big question, of course, is whether this change actually represents better service for the children involved.

⁸ <http://www.bufetat.no/engelsk/bufdir/> - section on research and development.

⁹ 2011: <http://www.bufetat.no/bufdir/fou/om/>

5.4. Routinisation and standardisation of professional work

The focus on formal qualifications and job descriptions, including recognised working methods related to specific target groups, can be understood as a governmental strategy for setting a limit to both professional autonomy and professional judgments (Eriksen, 2001).

As long as the professional staff has the opportunity to choose among various kinds of recognised methods in their judgments, “recognised working methods” and “professional judgments” do not have to be in conflict. Similarly, doctors may choose between different medical traditions. This can be considered as an eclectic approach, though still on a scientific basis compared to an ad-hoc procedure. Vocational work could also be a basis for more experience-oriented qualifications that have not yet found their expression in academic terms.

Several of the governmental assessments considered whether there was any *theoretical basis and procedure descriptions in the methodological milieu work*. Referring to Abbott, professional decisions contain classification and identification, interpretation and inference and finally decision-making. The inference process is perhaps the most challenging part since it strongly involves professional judgment. Applying these principles to residential child care, it implies that scientific evidenced-based methods will in turn strengthen professional legitimacy. In the long run, however, the result may be increased instrumentation, or what Abbott calls the routinisation (op. Cit.: 51) of professional work, which will consequently undermine the very same profession’s jurisdiction. If manuals and instructions dominate, professional considerations could, in a given scenario, be limited to a set of procedures, as manuals may be read by everybody. This may be a paradoxical result of a more evidence-based service. The link between professions and science is indeed complicated. Science may legitimise professional work, but if academic knowledge is used for setting up routines for untrained people or related professions, the jurisdiction of the core professions could be weakened. For this reason, the scientific process could turn out to be a double-edged sword for some of the professions involved.

There is also a question of what implications more standardised services may have for the daily life in an institution, as well as for the employees’ relations to individual children and their specific needs. This question is also highlighted by an increased emphasis on legal rights, as will be discussed in the next section.

5.5. More emphasis on legal aspects

Another feature of the new system of control is an increased focus on the legal aspect, as seen in new regulations from 2002 on rights and enforcement in child welfare institutions. These regulations impose a greater responsibility on institutions to register the use of coercive measures for residents. As the guardian of the rights of the children in residential care, it is the task of the County Governor to monitor this practice and to generally supervise that the residents are treated with respect and integrity. Several institutions find it difficult to carry out the daily work at the institution because of the new regulations.

One put it thusly: *If they are very formal about it (human rights regulations) - we struggle*. For example, he thought it was bad if they could not keep the youth from having posters glorifying the Nazis or drugs in their rooms, or to not be able to search the young when they had been out.

A milieu worker at another institution says they have to teach the youth to make good decisions, but at times she feels there is little they can do if the youth make what are considered bad choices because the children’s rights are so strong. If, for example, a youth

will not get up in the morning, there is little they can do, and she feels a bit overwhelmed by the youth making their own decisions. If young people want to use drugs, it is hard to keep them in the institution.

Before the reform, the supervising was primarily conducted through individual encounters with the children. From 2004, the number of the individual audits has been reduced and replaced with system audits. This is implemented by a screening of the plans, procedures and methods involved, as well as through the registration of acts of force and the rights for residents to appeal. The control system is thereby a combination of auditing the systems and conversations with the children in residential care. It is a paradox that the supervision by the County Governor has been oriented towards system auditing at the expense of individual conversations with the children in residence. This may be considered as a tendency towards control of the professional work through system documentation more than evaluating the actual relationships between children and adults.

A manager at a “drug collective” said this regarding the emphasis on residents’ rights:

The quality regulation is too concerned with what can be measured and has too little focus on the interaction and the treatment culture, and whether XXXX (name of the collective) actually keeps it drug-free.

As a result, the professionals could be more occupied with applying the methods that are considered acceptable by the controllers, and by this contribute to securing the rights of the residents, rather than doing the utmost on the basis of their professional judgment in a given situation.

Given Abbott’s perspective, this development could also be understood as strengthening the juridical aspects of the professional work in the field of child welfare as such. This is also evident on the institutional level and through the impact of legislative competence, which has increased in general. The legislative component is inherent in the application procedures and in connection with the tendering processes.

Routinisation, bureaucratisation and an increased emphasis on legal aspects may all limit professional judgment, as this normally takes place in the relationship with each individual child. In our study, several employees at various residential care institutions have expressed a strong concern on such grounds. One of them put it this way:

If the lawyers are to govern the professional content, we might as well close down. We are the ones that have to create the professional content ... safety never lies in the regulations, it lies in the social control.

The question involved is about having the space and freedom to deal with situations in the institution when there is a conflict between what they perceive as the best way and the new set of rules. The problem becomes particularly important when they are dealing with young addicts. The new set of rules has undermined the skill and autonomy of the professional social worker according to some of our informants among the staff. As a result, this may also limit the professional freedom to take into account individual variation among the residents. This is precisely what Eriksen refers to as a lack of confidence in the professional social worker, which is expressed in the ambivalence of the new control system (Eriksen, 2001). In August 2010, the Ministry sent a letter with a clarification of the regulation that emphasised the possibilities that the professionals have to use force within the existing regulations.¹⁰

¹⁰ <http://www.regjeringen.no/nb/dep/bld/aktuelt/nyheter/2010/regelverket-for-bruk-av-tvang-i-barnever>.

6. Professions in transition – concluding remarks

The new control regime for residential child welfare may be interpreted as an example of the audit society that was presented in the introduction of this article. According to Power, “the audit explosion has emerged from deep structural changes in organizational governance” (1997: 142-143). The Norwegian child welfare reform seems to have been influenced by these changes.

The changes that have been implemented as part of the reform have had consequences for professional work and for what Abbott (1988) calls “the system of professions”, although the picture is ambiguous in many ways. On the one hand, one may argue, as we have done here, that the explicit requirements that at least half the staff of the institutions should have an education of three years of higher education in social work or something comparable demonstrates a great belief in the value of a formal competence in social work or child welfare. These requirements have led many of the private institutions to recruit new staff, or at least that their employees have had to take additional education. The institutions have had to change their staff recruitment strategy, which previously put a stronger – or equal – emphasis on qualifications other than formal education. In this way, the social work profession has seen its position strengthened, and it has been viewed with greater respect and trust by the authorities in the field of child care.

On the other hand, new demands have been introduced. Professional work is controlled on the basis of the documentation of plans and procedures, of descriptions of methods and of the formal qualifications of the staff. In other words, it is not sufficient that the institutions have a satisfactory number of professionally educated staff.

How can we interpret these seemingly contradictory attitudes towards professional work? One explanation may be that they are a result of “rituals of verification”, which is the subtitle of the book, “The Audit Society” (Power, 1997), more than of a contextual analysis of the daily life of residential care. The requirements specified in the new regulations are easier to control, while control of the concrete work being done is far more complicated. According to Evetts, there are two requirements from “classic management” that are lacking in many areas of public service involving professionals: “acceptance of the role of management to control work activities and the possibility of standardizing the work” (2009: 250). Both the requirements for a certain percentage of employees with special qualifications and the requirements for recognised methods are examples of indicators, which in a sense are leaving the responsibility for quality assurance to other actors, in this case higher education institutions and research environments, while the actual daily work in the institutions remains more or less a “black box”.

According to Abbott, professional associations will in many cases claim the exclusive right to a jurisdiction. In this case, however, it is the governmental authorities, who, through the new control system, are strengthening the jurisdiction of social work in the field of child welfare. In doing so, they probably also strengthen their own political and administrative position by demonstrating that they are taking the vast problems of this field seriously. An expert committee with members from research and higher education institutions and the child welfare sector recently proposed a system for authorisation for certain positions in this field (NOU, 2009: 8). The committee also proposes that there should be a requirement for a master’s degree for some positions in the child welfare sector, and that there should be an initiation to develop a PhD in child welfare to help ensure a scientific development and education of this sector (Chapter 11). This claim for strengthening the position of the profession probably represents a stronger case than if the professional association was to present this claim on behalf of itself.

html?id=611987.

While the new system seems to have strengthened the social worker profession, it has at the same time weakened the professional autonomy by the introduction of several requirements for procedures and routines. Perhaps these seemingly contradictory features of the new control regime can be interpreted to mean that the profession's jurisdiction is quantitatively strengthened in the sense that it "extends beyond" and is displacing staff without a social work education. At the same time, the jurisdiction "crumbles" from within, or qualitatively, because it is left with less room for independent and individual professional decisions.

Perhaps the different attitudes towards professional work do not belong together in the sense that each of them belongs to a specific – and different – concept or way of understanding, which are both subsumed under child welfare reform. Both the demand for recognised methods and for professional management bear witness to a trust in professionals which is conditional, with one specific condition being that they shall be led by a professional manager, while another is that they work under quite explicit guidelines.

In November 2010, a working group consisting of representatives from the regional authorities, the Oslo Municipality and the Directorate for Children, Youth and Family Affairs delivered a report on quality in child care institutions. The report recommended a clearer differentiation of target groups and categories of institutions with different objectives and functions. It also stressed the requirement of a relationship between specific methods, targets and goals, and for the documentation of the employees' qualifications in relevant techniques and methods. It emphasised that the institution should work with professional targets, measures and evaluation. As we have read the working group's proposal, it represents a further strengthening of the understanding of the child welfare work that was attempted to be implemented with the new control system in 2004.

It is too early to say how professionals will react to the tension between the formal requirements of the new control regime and the tasks of everyday life in the institution in the long run. Maybe two distinct systems will develop and exist side by side. One explicit, formal and written to satisfy the formal requirements, and the other informal and based on more or less tacit knowledge, handling all aspects of day-to-day situations. In that case, the situation would match Mia Vabø's experiences from the home services. She writes that the municipality appears to be bilingual, with one language for planning services and another for its daily practice (Vabø, 2004:194).

However, whether such a bilingual practice in the residential care for children and youth will persist is an open question. Over time, changes in the organisational framework and control systems may perhaps have a marked impact on professional practice, and professional autonomy may be compromised unless a more "regulatory sensitivity" (Power, op. cit.) is built into the auditing processes.

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