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Pursuing Professional Interests at the Local Policy Level: A Comparative Case Study

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Abstract: The relationship between the state and organized occupational groups is a salient issue in the sociology of professions, but it has been changing considerably over recent decades. This paper revisits state-professions dynamics at the local level especially in relation to welfare service professions. The contribution is two-fold: empirically, we investigate how welfare professionals attempt to influence local policies; theoretically, we adapt the notion of social closure introduced by the sociology of professions to local institutional contexts. The analysis is based on a comparative case study of two groups of welfare professionals in two Danish municipalities. Empirically, our study shows that welfare professionals actively consider the local institutional context when acting to promote the interests of their own professional groups. Theoretically, our study identifies three dimensions of local closure strategies; the strategies involve both administrative and practising professionals and within that offensive/defensive as well as direct/indirect means.

Keywords: welfare professionals, closure strategies, local institutional context, health visitors, social workers

The relationship between the state and organized occupational groups is a salient issue in the sociology of professions (Burau, 2014; Macdonald, 1995). However, the face of the state has been changing considerably over recent decades following New Public Management reforms and moves towards decentralisation and market-ization (Osborne, 2010). These reforms have strengthened the responsibility of sub-national levels for the organization and regulation of welfare services (Burau and Kröger 2004; Wrede et al., 2006; Kazepov, 2010). Given this development, it is interesting to revisit state-professions dynamics at the local level especially in relation to the welfare service professions who have historically had close ties to the local levels of government. In the Nordic context, universalist and centralist welfare states have generally offered favourable conditions for the development of welfare professions (Evertsson, 2000; Henriksson et al., 2006). Further, historically some welfare services like child care and elder care have emerged from the local level and continue to be closely connected to the municipalities (Anttonen et al., 2003), where welfare professionals deliver services directly to citizens. At the same time, because welfare professionals are commonly employed by local public authorities, welfare professionals can be assumed to have a strong interest in influencing local political decisions that affect their areas of work (Erichsen, 1996; Moos et al., 2004).

Against this background, the contribution of this paper is two-fold. Empirically, we revisit state-professions relations by investigating how welfare professionals attempt to influence local policies. Here, the more specific aim is: to analyse how welfare professionals act strategically at the sub-national level; and to explain the specific strategies of welfare professionals at the local level by exploring the significance of the local institutional context. Theoretically, we adapt the notion of social closure introduced by the sociology of professions (McDonald, 1995; Murphy, 1988; Parkin, 1979; Saks, 2012) to local institutional contexts.

We use the term professionals rather than the profession when talking about strategic actions at the local level. While a profession may refer to a collective strategic agent, e.g. a professional organization at the national level, professionals are individual members of a profession that may act strategically at the local level to advance the local position of the professional group to which they belong.

The analysis is based on a comparative case study of the strategies employed by groups of welfare professionals in two municipalities in Denmark. The Danish case is interesting in this context, since Denmark—like other Nordic countries—is known for an extensive public service provision delivered by welfare professions at the local level of government. While national law defines the responsibilities of municipalities in terms of delivering welfare services to citizens, Danish municipalities enjoy considerable discretion in terms of the local organization of welfare service delivery and decisions on local budgets and service levels. Insights from the Danish case are also relevant outside the Nordic countries because welfare service professionals are generally based at the local level of government where they deliver welfare services to local citizens (Anttonen et al., 2003).

Conceptualising closure strategies in local institutional contexts

From a neo-Weberian perspective, professions are expected to act strategically to pursue their interests in attaining wealth, status and power through social closure, which is defined as a process whereby one group seeks to monopolize advantages by controlling access to a certain area of work (Macdonald, 1995; Murphy, 1988; Saks, 2012). The neo-Weberian literature identifies two ideal types of social closure at the national level, i.e. exclusion and usurpation (Parkin, 1979). However, these ideal types are abstract and static constructs which make them unsuitable for an explorative analysis of the local closure strategies undertaken by welfare professionals (Henriksson et. al., 2006; Saks, 1983). Inspired by Bøgh Andersen (2005), we define local closure strategies as administrative and practising[1] professionals' actions directed at the local political level with the purpose of protecting or expanding the local jurisdiction (Abbott, 1988) of the profession. As indicated by this definition, we focus on how welfare professionals—post factum—describe and assign meaning to their actions (Mintzberg, 1987; Weick, 1995). Also, we use the notion of strategy to denote certain courses of purposeful action even though these actions may not necessarily be collectively planned or coordinated (Mintzberg and Waters, 1985) as is otherwise often implied by the term strategy. Furthermore, our definition of local closure strategies reflects that we see local groups of professionals as being loosely coupled to the profession as a whole at the national level. Consequently, professionals may develop their own pattern of strategic actions at the

[1] Here we make a distinction between two types of professionals within a profession, i.e. practising and administrative professionals (Burau, 2005; Powell & DiMaggio, 1991). While these professionals have the same educational background, they perform different tasks. Most professionals are practising professionals delivering professional services directly to users, while administrative professionals are occupied with managerial and administrative tasks.

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local level (Mintzberg and Waters, 1985). Thus, our analysis allows for the existence of intra-professional differences in closure strategies across sub-national localities.

The concept of social closure was originally applied to analyse the efforts of professions to achieve a monopoly in their areas of work by acting strategically in relation to the state (Dent et al., 1999; Freidson, 2001; Johnson et al., 1995; Moran, 1999; Witz, 1992). This focus on the national level has usually been accompanied by an interest in how the characteristics of individual professions shape closure strategies at the national level (Murphy, 1988; Parkin, 1979). Further, while recent studies have set focus on local contexts by analysing the interface between professions and organizations (for example, Muzio and Kirkpatrick, 2011), these studies are less interested in the importance of local political arrangements. Still another part of the literature calls attention to the importance of contextual factors for the strategic opportunities available to professions at the national level (Burrage and Torstendahl, 1990; Henriksson et al., 2006; Saks, 1983; Wrede et al., 2005). However, since the opportunities for welfare professions to achieve social closure are also dependent on decisions at the local political level, it is relevant to investigate how *local* contextual factors impact on the local strategic opportunities of welfare professionals.

At this point, it is appropriate to expand on the concept of local context. Following Burau (2005), we conceptualize context as institutions, usually defined broadly as formal and informal procedures, routines and norms embedded in the structure of the political system (Hall and Taylor, 1996). Here, Scott's (2008) distinction among three different types of institutional elements (regulative, normative and cultural-cognitive) is useful in making the concept of institutions more operational. Regulative institutional elements are composed of formal rules, enactment of these rules and hierarchical organizational structures. Normative institutional elements define goals as well as acceptable means to achieve the goals. Cultural-cognitive elements consist of shared cognitive conceptions shaped by broad cultural frameworks (Scott, 2008). However, since cultural-cognitive elements cannot be expected to explain variation in the closure strategies employed in different localities within the same cultural context, only the regulative and normative elements are considered here.

Regulative and normative institutions present actors with different priorities, resources and options (Hall & Taylor, 1996). Institutions may put limitations on some professional projects while empowering others. However, institutions do not determine the actions of professionals independently of how the professionals conceive their institutional environment. Moreover, since decisions at the local political level have important consequences for the local status and work conditions of individual welfare professions, we focus on interpretations of institutional elements at the local level.

Material and methods

The comparative case study includes four cases in total. First, two cases were strategically selected to ensure variation on the explanatory variable, i.e. characteristics of the local institutional context (King et al., 1994). Then, two more cases were added to allow for a comparison across two groups of welfare professionals to make the findings more robust. Thus, the cases comprise the closure strategies of two different groups of welfare professionals, i.e. health visitors and social workers, working in two Danish municipalities, which are given the pseudonyms *Eastern Municipality* and *Western Municipality*.

The two municipalities were chosen to ensure maximum variance on the local institutional variables and comparability on other relevant variables, i.e. geographical size, number of inhabitants, number of professionals employed and local score on a selected indicator for social needs among local children. In this study, we consider both regulative and normative institutional elements, but the cases were selected on the basis of regulative institutional elements since there were no available a priori data on local normative institutional elements. Regulative elements include: 1) formal authority of the administrative professionals as regards to budgetary responsibility, workforce management, and strategic management of the area of work; 2) the administrative professionals' formal access to the political level; 3) the administrative position relative to that of the other professions and 4) type of governance in the area of health visiting/social work. Normative institutional elements include: 1) the degree of match between the norms of practising and administrative professionals; 2) the local norms for communication between professionals and politicians and 3) the local norms regarding the relative importance of social work and health visiting.

Health visitors and social workers are interesting to compare given the differences in their professional characteristics in terms of knowledge base (health vs. social sciences), professional norms (pure voluntarism vs. the option of forced intervention) and core services (support to all families vs. families with special needs). These differences may impact on the use of closure strategies because they are likely to influence how professionals value specific policy initiatives. By maximising the variance between the two groups of welfare professionals the robustness of the study is increased: if the strategies do not differ between the two groups, there is strong support for the importance of local institutional contexts.

The local institutional contexts of health visitors in the two municipalities differ on all regulative institutional elements. In Eastern Municipality, the administrative professional enjoys only limited authority in the area of health visiting, which is governed through hierarchical steering. Additionally, she has an inferior position to that of the administrative social worker, and no direct access to the political level. In Western Municipality, by contrast, the administrative professional enjoys extensive authority in the field of health visiting, which is governed through contract steering. She has direct access to the political level and holds an administrative position equal to that of the administrative social workers.

The local contexts of social workers are more similar across the two municipalities. In Eastern Municipality, the administrative social workers have a superior administrative position relative to that of health visitors, while in Eastern Municipality the two groups have equal positions in the local administrative hierarchy. In terms of the type of political governance in the area of social care, Western Municipality uses contract steering, while Eastern Municipality employs hierarchical steering. In both municipalities the administrative professionals enjoy extensive authority in the area of social work, and they have direct access to the political level. This limited variance between the contexts of social workers was not intended at the outset as we were aiming for maximum variance between cases. Yet, the similarities of the contexts (and professions) in two of the cases provide an opportunity to examine critically the validity of the explanations identified by comparing more different cases. In short, the variation between the four cases offers the opportunity to explore and identify systematic similarities and differences across cases, thus creating a basis on which to improve our understanding of why welfare professionals employ specific local closure strategies (Saks and Allsop, 2007).

The four cases are compared on the basis of data collected through semi-structured interviews and document analysis in 2009. A total of twelve interviews were conducted among key local actors. Nine semi-structured interviews were conducted with welfare professionals—five in Eastern Municipality and four in Western Municipality. This included the administrative professional, the closest

superior of the administrative professional as well as a practising professional, one from each professional group. In addition, three local politicians (two in Eastern Municipality and one in Western Municipality) were interviewed in order to compare the accounts of strategic behaviour given by professionals with the accounts of other relevant actors. All interviews were recorded and transcribed verbatim.

Comparative analysis – the local welfare state as a political arena for welfare professionals

The comparative analysis of the cases combines inductive and deductive perspectives. While the concept of closure strategy was defined prior to the analysis, the definition was broad enough to capture empirical variation. Based on the first analysis of the data, three dimensions of closure strategies employed by health visitors and social workers were identified:

1. The type of professional who carries out the strategy: practising or administrative professional(s).
2. The arena in which the strategy is carried out: political or administrative arena (direct vs. indirect strategy).
3. The immediate purpose of the strategy: to protect or expand jurisdiction (defensive vs. offensive strategy).

The three dimensions form a typology of closure strategies that capture the empirical variations across the four cases. More specifically, our analysis of the closure strategies is based on statements by professionals (rather than observations of actual behaviour), which we interpret based on theoretically informed categories. As Table 1 below shows, similarities and differences can be observed across professional groups as well as across municipalities.

Table 1
Observed types of closure strategies

	Eastern Municipality	Western Municipality
Health visitors	CASE 1 Administrative health visitor employs indirect defensive strategies, while practising health visitors employ direct and indirect defensive strategies.	CASE 2 Administrative health visitor employs direct and indirect offensive strategies.
Social workers	CASE 3 Administrative social workers employ direct and indirect offensive strategies.	CASE 4 Administrative social workers employ direct and indirect offensive strategies.

In both municipalities, administrative health visitors and administrative social workers act strategically, while only practising health visitors in the Eastern municipality act strategically at the local political level. In three of the four cases, the administrative professionals employ offensive strategies, while in Eastern Municipality the administrative health visitor only engages in defensive strategies.

Following the rationale of robustness, we began by considering the influence of characteristics of the individual welfare profession and we initially compared the strategies of health visitors and social workers in each of the two municipalities. However, this shows that even though the two professions are very different, administrative professionals employ the same types of closure strategies, i.e. direct and indirect offensive strategies. This suggests that the employment of specific

closure strategies cannot be explained with reference to characteristics of the welfare professions. Assuming no variation on relevant alternative variables, the study can therefore be expected to give a strong indication of how local institutional contexts influence the closure strategies employed by health visitors and social workers in the two municipalities.

In order to explore the influence of local institutional elements, we first compare the strategies employed by health visitors across the two municipalities (case 1 vs. case 2), and second, we compare the strategies employed by social workers across the two municipalities (case 3 vs. case 4).

Closure strategies employed by health visitors

As Table 2 below demonstrates, closure strategies employed by health visitors vary considerably across the two municipalities. The table lists the specific strategic actions taken and, from this, two particularly interesting questions emerge: 1) why do administrative health visitors employ different types of closure strategies in the two municipalities and 2) why do practising health visitors act strategically in *Eastern Municipality*, while practising health visitors in *Western Municipality* do not?

Table 2

Closure strategies employed by health visitors in the two municipalities

	Practising professionals		Administrative professional	
	Direct	Indirect	Direct	Indirect
Offensive	*Not observed*	*Not observed*	*Western Municipality*: ●Taking advantage of regular appearances at political committee meetings to enter a dialogue with politicians, documenting professional work and 'telling the good stories' regarding the effect of health visiting.	*Western Municipality*: ●Initiating new projects, partly as joint projects with other highly profiled professionals in the health department. ●Focusing resources on projects expanding the portfolio of health visiting. ●Acting proactively to avoid potential criticism of health visiting. ●Maintaining that health visiting is an independent field distinct from social work.
Defensive	*Eastern Municipality*: ●Participating in public hearing over local child policy arguing that health visitors should play a key role in prevention activities.	*Eastern Municipality:* ●Expressing frustration over interprofessional work relations at administrative meetings.	*Not observed*	*Eastern Municipality:* ●Being reluctant to enter time-consuming joint projects with health department. ●Carefully explaining professional views to administrative superior. ●Insisting on keeping office location close to top management.

In *Western Municipality*, the administrative professional engages in direct and indirect offensive closure strategies. In terms of *direct strategies*, she seeks to attract the attention of local politicians to health visiting by enthusiastically describing recent and planned activities within the field. Occasionally, the administrative health visitor invites practising health visitors to the committee meetings to convey "good first-hand stories" from the field. This strategy resonates with local politicians who express an interest in local professional development and innovation:

> It [the appearance of the leading health visitor at committee meetings] is a pleasant, direct form, where we as politicians can enter a dialogue with her... As politicians, we are always fascinated and absorbed when enthusiastic professionals tell about their area... The direct contact is especially valuable... if you get the impression that a professional makes best possible use of the resources, it is almost impossible to reduce budgets in that area.

Clearly, health visiting enjoys positive attention from the political level which is reflected in the willingness of local politicians to support new initiatives with extra funding. The leading health visitor says:

> They [local politicians] are very responsive. They think it [health visiting] is really exciting… They definitely listen to me. Absolutely … I have e.g. received extra funding for follow-up visits to identify risk of obesity among three-year olds [i.e. not part of nationally defined service level] … So we have definitely received funding for our area.

The administrative health visitor underlines the importance of her direct access to the political level, which is granted by her formal hierarchical position just below the administrative top as well as the form of governance through contracts directly negotiated with politicians. She states: "For me as a leader, it is easy to reach the political level... I do not need to go through three different superiors to get there... I do not experience much red tape. I have easy access". The two regulative institutional elements, i.e. hierarchical position and form of governance, are mutually reinforcing in providing the leading health visitor with the opportunity to make use of direct closure strategies. At the same time, the local norms supporting direct communication between professionals and politicians are compatible with direct closure strategies. The administrative health visitor in *Western Municipality* supplements direct strategies with *indirect strategies*. Specifically, she invests resources in joint projects, i.e. planning and implementation of follow-up visits to three-year olds, with other progressive units in the health department to attract positive attention—and resources—to health visiting. She also insists that resources in health visiting are targeted at activities directly related to health visiting, e.g. by maintaining that health visitors only participate in inter-professional meetings in cases where they consider their professional assistance is needed. The administrative health visitor explains:

> [Social management] wants us [health visitors] to participate in all interprofessional meetings… But our focus is to make an effort early [in the life of a child]… we need to keep focusing on the fact that 90 % of our children do not have special needs. I have a lot of development activities that are separate from the area of social work… where he [head of the social workers] thinks it is so important with the 10-15 % of the children… He would like health visitors to be a kind of social workers. But I maintain that we are not, because we are also obliged to fulfill our responsibilities in relation to the Health Act.

Thus, the administrative health visitor seeks to secure the local position of health visiting by making an explicit reference to the distinct role given to health visiting in the national Health Act. Meanwhile, she is well aware that health visitors also need to take seriously their legal obligations to give extra attention to vulnerable children. Specifically, she anticipates potential critique of health visitors in relation to their work with families having social problems and, therefore, she works to optimize the handling of these cases, i.e. she acts proactively to avoid local critique of the profession. She explains:

> At the moment, health visitors are generally criticized for being too reluctant to report on families with social problems… I say 'we need to make those reports whenever necessary.' We are obliged to report in such cases, so the question is "how do we do it the best possible way." We work on that… I have not really been confronted with this critique locally… [But in general] there does not need to be many discussions before I catch the problem and deal with it.

All in all, the leading health visitor feels that she can benefit from a combination of direct and indirect strategies. Local institutional elements, i.e. hierarchical position, form of governance and local norms for direct communication between professionals and politicians, provide a wide range of opportunities to act strategically – both through direct communication with politicians and through administrative initiatives that may be used to draw positive political attention to health visiting in the longer run.

In *Eastern Municipality*, the administrative professional employs solely *indirect defensive strategies*, i.e. she acts at the administrative level to protect the jurisdiction of health visitors. Specifically, she insists on keeping her present office location close to her superiors as she recognizes the importance of being visible to administrative decision makers. This visibility is important in a local context that provides the administrative health visitor with very limited opportunities to act strategically through direct interactions with the political level. First, the administrative professional has superiors with a background in social work. Second, due to her inferior position and due to hierarchy being the local form of governance in the area of health visiting, it is very difficult to make use of direct closure strategies. She states: "I find the distance [to the political level] rather far." At the same time, local norms that support communication only through hierarchical lines of authority leave it locally unacceptable to address politicians directly without regard to hierarchical relations. The leading health visitor recognizes that she depends upon her superiors to be spokespeople for health visiting in their interactions with the political level. She explains:

> I am interpretive in relation to what health visiting involves, because I know that it is not easy to know... We [her superiors and herself] each have our profession ... [I] put an emphasis on those aspects that I see are unknown [outside the profession]... communication is really important.

Accordingly, the administrative health visitor concentrates on building and maintaining good relations to her administrative superiors in an effort to make sure they convey her message that health visiting is important. At the same time, she consciously avoids involvement in joint projects with the health department even if this may be a way of expanding the portfolio of health visiting because she worries that new tasks will take away resources from the core task, i.e. an early effort to support the healthy development of all children and families. This concern for a potential lack of resources to support professional development is augmented by health visitors' recent experiences of being left without office facilities for a long period after the merger into a new municipality in 2007. The leading health visitor also recognizes that local resources are generally scarce and, therefore, expects no

extra funding for her area. She expresses a clear orientation towards administrative norms and goals, e.g. overall cost containment across welfare services, when saying:

> We need to act responsibly in relation to the overall financial situation of the municipality. That is my opinion... I think the [practising] health visitors would say that more resources should be put into our area of work... But I guess I take a more pragmatic view. I believe that things should be balanced.

All in all, the employment of indirect defensive strategies by the administrative health visitor in *Eastern Municipality* makes sense when considering her strong orientation towards administrative goals along with the rather limited strategic opportunities in the local institutional context. Apparently she seems to settle with the view that her hierarchical position under social management with no formal or informal contact to the political level leaves her with no other option than to try to protect the present local position of health visiting.

In *Eastern Municipality*, practising health visitors, however, do not agree with the priority given to general administrative goals of cost containment by their leader. Rather, they are unsatisfied with their current inferior position and the lack of support from top management and the political level. They explain that they need to fight to protect their jurisdiction in relation to social workers. A practising health visitor says:

> That [the inter-professional division of work] is something we discuss [with social workers] over and over again. Social workers may order family consultants or others to enter a case, but our services cannot be ordered. It depends on our professional judgement [whether we engage more resources in a specific case].

In the view of practising professionals, there is a need to attract more resources to the profession. A practising health visitor says: "As health visitors, we believe more resources should be spent on placing an emphasis on the early professional effort in families. We believe our area should be prioritized more than it is." Practising professionals experience a need to attract the attention of top management at the political and administrative level, and they take advantage of the local regulative institutions to employ a combination of direct and indirect defensive closure strategies. Namely, they use administrative meetings with representation of top management to air their frustrations over problems in inter-professional work relations with social workers. Additionally, they make use of the opportunity to contribute with comments to drafts of new local policies, underlining the importance of considering the role of health visiting in early efforts to care for the wellbeing of children. All in all, the practising health visitors have a marginalized position compared to that of social workers', and they see a need to claim their position in relation to the political level.

In *Western Municipality*, by contrast, the practising health visitors recognize the efforts to ensure the interests and identity of their profession made by their leader at the political arena. One practising health visitor says:

> In my view, we are really seen as health visitors, and that is probably thanks to our professional leader, i.e. a health visitor leading us, who is regularly appearing in front of the local politicians ... and who is able to maintain what we are, what we can, what we want and where we are going.

Hence, the practising professionals in *Western Municipality* recognize their leader's commitment to protect and develop their profession and believe that her activities at higher levels of the hierarchy add stability at the working level. Therefore, they see no need to engage in closure strategies on their own. In sum, the observed variation in the closure strategies employed by health visitors in the two municipalities can be explained by considering how local institutional elements affect profes-

sionals' evaluation of their local strategic opportunities. Health visitors in *Western Municipality* experience wide strategic opportunities as their administrative professional employs direct and indirect offensive closure strategies on behalf of the local group of health visitors. By contrast, in *Eastern Municipality*, the local institutional context leaves little room for the administrative health visitor to act strategically on behalf of the professional group, and she solely engages in indirect defensive strategies. Practising health visitors, however, experience constant challenges in protecting their jurisdiction at the working level, and, therefore, they see a need to engage the local political level to protect their local position as a professional group.

Closure strategies employed by social workers

As Table 3 below shows, in both municipalities, administrative social workers act strategically in relation to the local political level, while practising social workers concentrate on delivering services to families with special needs. The administrative professionals employ a combination of direct and indirect offensive closure strategies in both municipalities. The table lists the specific strategic actions taken and here two particularly interesting questions emerge: 1) why do administrative social workers employ these two types of closure strategies in both municipalities and 2) why do only administrative professionals act strategically in the two cases?

Table 3
Closure strategies employed by social workers in the two municipalities

11	Practising professionals		Administrative professionals	
	Direct	Indirect	Direct	Indirect
Offensive	*Not observed*	*Not observed*	*Western Municipality:* •Taking advantage of regular appearances at political committee meetings to enter into a dialogue with politicians regarding expansion of social services. •Including politicians in development of new initiatives in social work.	*Western Municipality*: •Initiating new initiatives beyond contract agreed with politicians. •Developing new methods and guidelines for interprofessional cooperation.
			Eastern Municipality: •Taking advantage of regular appearances at political committee meetings to legitimize overspending and point out new areas of social work.	*Eastern Municipality:* •Developing new methods and guidelines for interprofessional cooperation.
Defensive	*Not observed*	*Not observed*	*Not observed*	*Not observed*

In *Eastern Municipality*, the administrative social workers employ *direct closure strategies*. Specifically, they take advantage of their regular appearances at political committee meetings to explain to politicians the importance of prioritizing the area of social work. For instance, they use committee meetings to carefully explain that periodical overspending in their area is due to external pressures, particularly an increase in the social needs of children and adolescents in the municipality. At these political meetings, two administrative social workers normally participate, i.e. the manager of the Department of Families (DF) and the manager of the Department of Children and Adolescents (DCA). While they manage different administrative areas, they both have a background in social work and generally agree on how the area of social work should be managed and developed. The manager of DCA says:

> [The manager of DF] manages the casework and grants the case investigations that need to be done, and my department carries out the investigations. And the waiting list is a common problem... So in a way, you may say that our tasks are different, but the problem is a common one... [We can both be] present at a committee meeting to explain that we need more resources. The manager of DF explains her budget and I explain my waiting lists, and we both explain what should be done.

Thus, social management enjoys a hierarchical position close to the political level that gives the opportunity to communicate directly with local politicians. In their contact with politicians, administrative social workers can act together and independently of the administrative health visitor who is formally inferior to the manager of DCA.

Administrative social workers also take advantage of their direct contact with politicians to introduce new initiatives in social work that will expand their portfolio of activities, e.g. the establishment of a new type of social advisory function. Administrative social workers note that the local politicians place a strong normative emphasis on their area of work. A local politician says: "We keep a watchful eye on children in need... We [the municipality] need to make an early effort in such cases, and that is what we do. That is our priority."

The administrative social workers in *Eastern Municipality* supplement direct offensive strategies with *indirect offensive strategies*. Specifically, they initiate the development of new guidelines for inter-professional work in relation to children and adolescents with social needs. As is apparent from minutes from administrative meetings (among social management and employees working with children), social workers have been continuously criticized by other professionals, particularly health visitors and teachers, for their lack of communication and cooperation with other professionals involved in cases concerning vulnerable children. To meet this critique proactively, administrative social workers have taken the initiative to develop local guidelines for inter-professional work relations. Although other professional groups are included in the development of new tools for inter-professional cooperation, social management has the formal authority over the process. Hereby, social management retains control of the local division of work in addressing social needs among children and adolescents, which is crucial in being able to protect and expand the jurisdiction of social workers.

In *Western Municipality*, administrative social workers also engage in both direct and indirect offensive closure strategies. In terms of *direct offensive strategies*, administrative social workers take advantage of regular appearances at political committee meetings to enter a dialogue with politicians over how to develop the area of social work. For example, social management has suggested that administrative social workers and local politicians form a working group that is to look into the idea of establishing 'family houses', i.e. a new local function to support

early preventive efforts directed at vulnerable children and their families. One of the two local politicians participating in the working group explains:

> I participate in a working group where we try to develop something called family houses... I participate as a politician... And clearly, I am a living proponent [of this idea] as I have been on study trips to three different cities and I participate in a working group and get excited about the good results we may obtain.

In fact, the committee voted in favour of the introduction of family houses in the municipality, thereby supporting a large budgetary increase to the area of social work.

Administrative social workers combine direct strategies with *indirect offensive strategies*, i.e. they initiate new projects that are beyond the activities defined in the yearly contract agreed upon with local politicians. For example, administrative social workers focus resources on the development of new methods for documenting activities and the effects of social work. As an administrative social worker notes: "They [politicians] will always find it important to see some measures of the effects [of social work]." In terms of local inter-professional work relations, administrative social workers act to take a lead in defining the guidelines for the division of work between professionals. They originally formed local guidelines for handling cases with vulnerable children, and they have taken the responsibility for disseminating and evaluating the guidelines. Even if administrative social workers do not have the formal authority to overrule health visitors in conflicts over the local division of work between the two professional groups, their proactive role in formulating the terms of inter-professional cooperation is strategic in ensuring the position of social workers relative to other professional groups.

All in all, as observed in *Eastern Municipality*, administrative social workers in *Western Municipality* take advantage of the strategic opportunities offered by local institutional elements. In both municipalities, social workers take advantage of their favourable hierarchical position, which grants them direct formal access to the political level. The presence of this regulative institutional element means that two of the institutional elements observed to have an impact in the cases of health visitors, i.e. the local mode of governance in the area of social work (hierarchy or negotiated contract) and the local norms of how professionals and politicians should communicate (through dialogue or through hierarchical lines of authority), become less important in the cases of social workers. Thus, the formal access to the political level is enough to pave the way for direct dialogue with politicians in both cases.

At the same time, administrative social workers in both municipalities benefit from another normative institutional element when approaching local politicians, i.e. local norms regarding the relative importance of social work and health visiting. In *Western Municipality*, administrative professionals take advantage of an explicit political interest in general professional development, while in *Eastern Municipality*, the administrative social workers benefit from a particular political interest in the area of social work. So, in both cases administrative social workers experience accessible and responsive local politicians, and this seems to lead to the formation of direct closure strategies. At the same time, administrative social workers have wide formal authority to manage resources within their area while enjoying a formal position equal to (*Western Municipality*) or superior to (*Eastern Municipality*) the administrative health visitor. These institutional elements provide them with strategic opportunities to engage in indirect offensive closure strategies, e.g. taking a lead in defining inter-professional work relations.

In both *Western Municipality* and *Eastern Municipality*, administrative social workers act strategically in relation to the local political level, while practising professionals concentrate on delivering services to families with special needs.

Two institutional elements seem to be important in explaining this similarity. First, administrative social workers enjoy a favourable hierarchical position relative to that of administrative health visitors. In both municipalities, then, administrative social workers need not attune their strategies with the administrative health visitor, and they, therefore, enjoy wide strategic opportunities. Second, data from both municipalities indicate a match between the professional norms of practising and administrative social workers. In both municipalities, there seems to be a general agreement among social workers that administrative professionals manage strategic planning and contact to the political level, while practising professionals focus on social work in direct relation to citizens.

In *Eastern Municipality*, minutes from staff meetings among social workers show that administrative social workers are careful to inform practising professionals of their strategic priorities and activities in relation to the political level. Practising professionals are also invited by their superiors to comment on new initiatives, but it is clear that they are more concerned with daily professional work (for instance, a practising social worker had difficulties remembering whether strategy was ever a topic at staff meetings).

In *Western Municipality*, there is also a clear division of work between administrative and practising social workers. Staff meetings concentrate on professional issues, while strategic aspects are taken care of by social management. Relative to both politicians and practising social workers, administrative professionals emphasize professional norms, promote the value of social work and ensure continuous professional development among social workers. One of the administrative social workers explains: "We have a [local] vision saying that our goal is professional excellence... And then it becomes an important task for management to ensure that practising social workers develop professionally as individuals and as a group." She also explains that the alignment of norms among administrative and practising professionals in regards to the commitment to a continuous search for professional excellence, partly has been obtained through replacements within the group of practising professionals:

> I think I am starting to see that those [practising professionals] who choose to stay here are also clearly opting for our way of doing things. There are clearly some that have opted us out... and there are some that we have rejected.

The important point is that in *Western Municipality*—as in *Eastern Municipality* — the social workers largely agree on professional goals and on a clear division of work between administrative and practising professionals. Therefore, in neither of the two municipalities, do practising social workers find a need to engage in strategic actions to influence decisions at the political level.

Discussion

We sat out, firstly, to revisit state-professions relations by looking at the strategies welfare professionals use to influence local policies, and secondly, to adapt the notion of social closure strategies to analyze local institutional contexts. In relation to the first point, the empirical contribution, our study shows that welfare professionals actively consider the local institutional context when acting to promote the interests of their own professional groups. More specifically, the involvement of welfare professionals is broad and includes both administrative and practising professionals. Thus, the local level matters a great deal as a political arena for welfare professionals to exert influence (although this in itself says nothing about the relative success of the endeavour). This seems to be at odds with Henriksson and colleagues' (2006, p. 185) observation in relation to Finland, that restructuring has

fragmented the institutional matrix of the welfare state and has resulted in a substantial weakening of policy arena for welfare professions. However, as the authors acknowledge, the influence of welfare professions ultimately is an empirical question and needs to be considered in a multi-level context. So, the situation may look very different depending on country and/or the level and/or the specific local context considered.

In relation to the second point, the theoretical contribution, our study identifies three dimensions of local closure strategies. Thus, the observed strategies of social closure involve both administrative and practising professionals and within that offensive/defensive as well as direct/indirect means. It is notable that among both social workers and health visitors, administrative professionals are particularly active. This can be explained by the fact that these types of professionals are closer to the municipality's political/administrative system that provides them with better opportunities for directly influencing decision processes. Here it is also indicative, that administrative professionals mostly engage in offensive actions that aim at expanding the professional jurisdiction.

While the concept of social closure is useful for directing attention to the interest-based actions of professionals, this perspective also has important limitations. Thus, generally the actions of professionals in local welfare organizations cannot solely be understood as a determined pursuit of stable and shared professional goals. First, individuals within a given profession have different backgrounds, personalities, competencies etc. and these are all factors which influence the daily relations and actions of these individuals. Second, the last two decades of public sector reform have introduced a range of new ideas and technologies for managing public organizations and the professionals they employ, often with the purpose of increasing the transparency of professional work and the accountability of the professionals (Exworthy and Halford, 1999; Gray and Harrison, 2004; Sehestad, 2002). This development has increased the importance of public organizations as arenas for shaping the roles, resources, interests and autonomy of professionals (Liljegren, 2012). Thus, today professional roles are negotiated as part of a close, interdependent interplay between professionals and management, where professional and organizational projects intersect in various ways (Munzio et al., 2013; Munzio and Kirkpatrick, 2011). This also points to a different kind of professionalism, which draws on both professional and organizational controls, and which has been referred to as hybrid professionalism (Nordegraaf, 2007). While these limitations of the social closure perspective do not invalidate the findings of the present study, they do highlight the complexity of the current relations between state and professions and call for further refining the theoretical concepts used to study this relationship.

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References

Abbott, A. (1988). *The system of professions: An essay on the division of expert labour*. Chicago: University of Chicago Press.

Anttonen, A., Baldock, J., & Sipilä, J. (Eds.) (2003). *The young, the old and the state. Social care systems in five industrial nations*. Cheltenham: Edward Elgar.

Bøgh Andersen, L. (2005). Offentligt ansattes strategier: aflønning, arbejdsbelastning og professionel status for dagplejere, folkeskolelærere og tandlæger [The strategies of public employees: pay, workload and professional status of nursery nurses, teachers and dentists]. PhD thesis. Aarhus: University of Aarhus.

Burau, V. (2005). Comparing professions through actor-centred governance: community nursing in Britain and Germany. *Sociology of Health & Illness*, 27 (1), 114-137. http://dx.doi.org/10.1111/j.1467-9566.2005.00434.x

Burau, V. & Kröger, T. (2004). The local and the national in community care: Exploring policy and politics in Finland and Britain. *Social Policy & Administration*, 38(7), 793-810. http://dx.doi.org/10.1111/j.1467-9515.2004.00419.x

Burau, V. (2014). Health professions and the state. In Cockerham, W. C., Dingwall, R. & Quah, S. (eds) *Blackwell encyclopedia on health, illness, behavior and society* (pp. 1054-1059). London: Blackwell. http://dx.doi.org/10.1002/9781118410868.wbehibs278

Burrage, M. & Torstendahl, R. (1990). *Professions in theory and history: rethinking the study of the professions.* London: SAGE.

Dent, M., O'Neill, M., & Bagley, C. (1999). *Professions, new public management and the European welfare state.* Staffordshire: Staffordshire University Press.

Erichsen, V. (Ed.) (1996). *Profesjonsmakt. På sporet af en norsk helsepolitisk tradisjon* [The power of professions. Tracing the traditions of Norwegian health policy]. Oslo: Tano Schehoug.

Evertsson, L. (2000). The Swedish welfare state and the emergence of female welfare state occupations. *Gender Work and Organization*, *7*(4), 230-241. http://dx.doi.org/10.1111/1468-0432.00111

Exworthy, M. & Halford S. (Eds.) (1999). *Professionals and the New Managerialism in the Public Sector*. Buckingham: Open University Press.

Freidson, E. (2001). *Professionalism: the third logic*. Cambridge: Polity.

Gray, A. & Harrison S. (Eds.) (2004). *Governing medicine: Theory and practice*. Maidenhead: Open University Press.

Hall, P. & Taylor, R. (1996). Political science and the three new institutionalisms. *Political Studies*, *44*(5), 936-957. http://dx.doi.org/10.1111/j.1467-9248.1996.tb00343.x

Henriksson, L., Wrede, S. & Burau, V., (2006) Understanding professional projects in welfare service work: revival of old professionalism. *Gender, Work and Organization*, *13*(2), 174-192. http://dx.doi.org/10.1111/j.1468-0432.2006.00302.x

Johnson, T., Larkin, G., & Saks, M. (Eds.) (1995). *Health professions and the state in Europe*. London: Routledge.

Kazepov, Y. (Ed.) (2010). *Rescaling social policies: towards multilevel govern ance in Europe*. Aldershot: Ashgate.

King, G., Keohane, R. O., & Verba, S. (1994). *Designing social inquiry: scientific inference in qualitative research.* Princeton, N.J.: Princeton University Press.

Liljegren, A. (2012). Pragmatic professionalism: micro-level discourse in social work. *European Journal of Social Work*, *15*(3), 295-312. http://dx.doi.org/10.1080/13691457.2010.543888

Macdonald, K. M. (1995). *The sociology of the professions.* London: SAGE.

Mintzberg, H. (1987). The strategy concept I: Five Ps for strategy. *California Management Review*, *30*(1), 11-24. http://dx.doi.org/10.2307/41165263

Mintzberg, H. & Waters, J. A. (1985). Of strategies, deliberate and emergent. *Strategic Management Journal*, *6*(3), 257-272. http://dx.doi.org/10.2307/41165263

Moos, L., Krejsler, J., & Fibæk Laursen, P. (Eds.) (2004). *Relationsprofessioner: lærere, pædagoger, sygeplejersker, sundhedsplejersker, socialrådgivere og mellemledere* [Relations professions: teachers, educators, nurses, health visitors, social workers and middle managers]. København: Danmarks Pædagogiske Universitets Forlag.

Moran, M. (1999). *Governing the health care state. A comparative study of the United Kingdom, the United States and Germany.* Manchester: Manchester University Press.

Murphy, R. (1988). *Social closure: the theory of monopolization and exclusion.* Oxford: Clarendon.

Muzio, D., & Kirkpatrick, I. (2011). Introduction: professions and organizations - a conceptual framework. *Current Sociology*, *59*(4), 389-405 http://dx.doi.org/10.1177/0011392111402584

Muzio, D., Brock, D. & Suddaby, R. (2013). Professions and institutional change. Towards an institutionalist sociology of the professions. *Journal of Managament Studies*, *50*(5), 699-721. http://dx.doi.org/10.1111/joms.12030

Nordegraaf, M. (2007). From "pure" to "hybrid" professionalism. Present-day professionalism in ambiguous public domains. *Administration & Society*, *39*(6), 761-85. http://dx.doi.org/10.1177/0095399707304434

Osborne, S. P. (2010). Introduction. The "new" public governance. A suitable case for treatment? In Osborne, S. P. (Ed.) *The public governance? Emerging perspectives on the theory and practice of public governance* (pp. 1-16). London: Routledge.

Parkin, F. (1979). *Marxism and class theory: a bourgeois critique.* London: Tavistock Publications.

Powell, W.W. & DiMaggio, P.J. (Eds.) (1991). *The new institutionalism in organizational analysis.* Chicago: The University of Chicago Press.

Saks, M. (1983). Removing the blinkers? A critique of recent contributions to the sociology of the professions. *Sociological Review*, *31*(1), 1-21. http://dx.doi.org/10.1111/j.1467-954X.1983.tb00677.x

Saks, M. (2012). Defining a profession: the role of knowledge and expertise. *Professions & Professionalism*, *2*(1), 1-10. http://dx.doi.org/10.7577/pp.v2i1.151

Saks, M. & Allsop, J. (2007). *Researching health: qualitative, quantitative and mixed methods*. London: SAGE.

Scott, W. R. (2008). *Institutions and organizations: ideas and interests*. Los Angeles: SAGE. http://dx.doi.org/10.1177/0170840607088151

Sehestad, K. (2002). How New Public Management reforms challenge the roles of professionals. *International Journal of Public Administration*, *25*(12), 1513-1537. http://dx.doi.org/10.1081/PAD-120014259

Weick, K. E. (1995). *Sensemaking in organizations.* Thousand Oaks, California: SAGE.

Witz, A. (1992). *Professions and patriarchy.* London: Routledge. http://dx.doi.org/10.4324/9780203167786

Wrede, S., Benoit, C., Bourgeault, I., Sandall, J., De Vries, R., & van Teijlingen, E. R. (2005). Understanding the social organisation of maternity care systems: midwifery as a touchstone. *Sociology of Health & Illness*, *27*(6), 722-737. http://dx.doi.org/10.1111/j.1467-9566.2005.00471.x

Wrede, S., Benoit, C., Bourgeault, I., Sandall, J., De Vries, R., & van Teijlingen, E. R. (2006). Decentred comparative research: Context sensitive analysis of maternal health care. *Social Science and Medicine*, *63*(11), 2986-2997. http://dx.doi.org/10.1016/j.socscimed.2006.07.011