

# “For his sake”: Sensemaking interaction in collegial team conferences in gerontological social work

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## Abstract

Sensemaking is defined as a psychosocial process that precedes and enhances professional judgement and decision making (Cook & Gregory, 2020). In this article we depart from sensemaking as a process which is accomplished in interaction with others, often colleagues (Helm, 2016). In the sensemaking process, social workers interact with available information to formulate a judgement based on a practice of knowledge and sound reasoning that is carried out collaboratively in dialogue (Taylor & Whittaker, 2020; Platt & Turney, 2014). Although sensemaking relies on interaction naturalistic studies are still rare (Helm, 2013). This paper aim to explore how social workers in interaction accomplish sensemaking and agreement on professional judgement in team conferences about self-determination and elder care services for older people with cognitive decline. Case conferences in Swedish social work setting are team meetings with a consultative function. Here, social workers assess and interpret previously collected information from older people and their families and discuss how to proceed with cases (Taghizadeh Larsson, Olaison & Österholm, 2023). As all adults in Sweden have a formal right to self-determination with regard to care services, these discussions can often be particularly difficult when they concern an older person's cognitive decline due to, for example, dementia. The analytical focus is on how social workers jointly discuss difficult cases involving persons with cognitive decline, specifically regarding self-determination and care needs. We use a conversation analytic methodology to study two out of 39 audio-recorded case conferences collected from four Swedish municipalities. Analyses of how self-determination and care needs are discussed provide insights into of the processes underscoring sensemaking and agreement on professional judgements. In the analysis, we demonstrate how immediate managers make use of ‘Hypothetical active-voicing’ (Simmons & LeCouteur, 2011) and demonstrate deontic authority (Stevanovic & Peräkylä, 2012) through linear statements (Riemann, 2005) in relation to the care managers, but also how care managers make use of expanding techniques which challenge the proposed advice (see Dell & Caswell, 2017). The proposed paper will contribute to the theoretical debate on sensemaking and professional judgement in social work team meetings and will provide valuable insights into how social workers navigate the sensitive issue of self-determination in practice.

## Keywords

Team conference, Cognitive decline, Professional judgement, Sense-making, Gerontological social work, Conversation analysis.

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*/Elin, Anna, Annika and Johannes*

## Introduction

Care management involves ethical and juridical aspects, and decisions regarding if and how services should be granted are tied to how care manager's make use of and interpret professional discretion when making professional judgements (Cook & Gregory 2020). In many Swedish municipalities, cases involving older clients with complex care needs can be focus for so called 'case conferences', in which several care managers jointly discuss and make sense of a client and their care needs, without the presence of the client (Taghizadeh Larsson, Olaison & Österholm, 2023). In Sweden, all adults have legal rights and self-determination regarding matters of their own life, even in case of a dementia<sup>1</sup>. Research shows how care managers in practice use different strategies to balance the needs for persons with dementia with those of their relatives (Nilsson & Olaison, 2022), and the process involves sequences of figuring out the best solution for all. In this process, how self-determination for the person with dementia is understood is not always a clear cut, and how care managers interpret expressions for self-determination and a wish for applying for a social service differs (Nilsson & Olaison, 2022; Other references) There is a growing amount of research of how social workers face 'difficult cases' in interactions with clients, but what precedes these meetings are often backstage interactions or 'case conferences' involving peers and managers (see Taghizadeh Larsson, Olaison & Österholm, 2023).

In case conferences care managers partake in interactions and jointly discuss and make sense of particularly complicated cases with clients. Sensemaking is described as a psychosocial process, necessary when reaching decision and performing professional judgement (Cook & Gregory, 2020). In order to formulate a judgement, care managers need to use the available information and engage in a sensemaking process (Platt & Turney, 2014), which should be preceded by gathering relevant knowledge and using sound reasoning based on it (Taylor & Whittaker, 2020). Munro (1999) argues that professional judgement requires the use of both intuitive and deliberative reasoning, with the limitations of intuitive reasoning balanced by the

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<sup>1</sup> In Sweden, only a person with future power of attorney ('framtidfullmakt') has legal right to override a person's decision.

strengths of deliberative reasoning and as such it is closely connected to sense making. Therefore, in this article we focus on the social aspects of sensemaking, which is a process that takes place in interaction with others (Helm, 2016). We aim to explore how social workers in interaction accomplish sensemaking and agreement on professional judgement in team conferences about self-determination and elder care services for older people with cognitive decline. We will present a detailed conversation analysis (see Sidnell & Stivers, 2013) of two team discussions involving care managers and their immediate manager.

## Research on team discussions

In a research review, Taghizadeh Larsson et al. (2023) categorize and describe different types of team interaction in social work. They found that the most common type is a structured collaboration, where professionals plan and discuss problematic cases. One less common type of team conference is what Taghizadeh Larsson et al. (2023) refer to as unidirectional communication, which often involves several participants, but the talk is dominated by one participant and a specific profession with more status or power in relation to others (see Lewin & Reeves, 2011; Reeves et al., 2009; Riemann, 2005). Reeves et al., (2009) show how medical interactions involving physicians were unidirectional, had a non-negotiated order and were dominated by the physicians, whereas when other medical professionals interacted the conversations were richer and more diverse. Looking at the content of team conferences, Taghizadeh Larsson et al. (2023) describe that often the team jointly explore options, but the use of more ‘linear statements’ are also common. This means that one or several participants present statements as if they were the truth, for instance regarding how something should be done (i.e. Bingle & Middleton, 2019). Linear statements may therefore challenge an explorative approach and disregard a dilemma as simple and straightforward (see Riemann, 2005). Taghizadeh Larsson et al. (2023) also describes different functions of team conferences, where they often have informal functions of being supportive, team-building, and educational.

## Conversation analytic research on team conferences

In her dissertation (2009) Lundgren present analysis of how multiprofessional team conferences at pain rehabilitation centres plays out. She found that talk of ‘virtual participants’ were common, often referring to the non-present patient which was subjected

(Lundgren, 2009). In Lundgren's (2009) study, the professionals' different perspectives were mostly acknowledged by the others, although it did not always lead to consensus. In the team conferences, participants often made use of the communicative practice of "trying out a thought" in relation to a matter, which Lundgren argue not to be a disaffiliative action but rather a way of integrating new perspectives and challenge the taken for granted. In line with conversation analysis, all communicative contributions affect the norms and culture of upcoming similar interactions, i.e future team conferences and practice. New members might be unfamiliar with the norms which guide the practice; hence their contributions might contradict to those and therefore challenge those (see Lundgren, 2009). Lundgren (2009) also found that a common sequence among the teams when making decision were to "place bids" followed by negotiations before reaching agreement. Another finding by Lundgren (2009) was that in the team conferences, the members commonly provided 'accounts' (see Heritage, 1988) for their claims, often delivered with the common ground marker 'ju' (Heinemann, Lindström & Steensig, 2011), thereby presenting themselves as 'knowing' (Heritage, 2012) as well as a messenger of established knowledge.

Schellenberger et al. (2021) studied decision-making in multidisciplinary tumour boards, by means of conversation analysis. When discussing treatment of non-present patients, the communication was presented in a neutral way, which enables a more objective discussion on treatment. This can be contrasted to the "bidding" sequences which foregrounded decisions, found by Lundgren (2009). Further, Schellenberger et al. (2021) found that a leader of a breast cancer centre, commonly presented stances in a collectivized agency, a "we" rather than an "I", which they refer to as a demonstration of power. The authors also discuss the limitations of reaching a consensus regarding a medical treatment, based on their findings that silence or absence of objections were treated as a consent (Schellenberger et al., 2021).

In her dissertation, Tremblett (2021) adopted a conversation analytic approach when studying interaction within Intellectual (Learning) Disability Services' multidisciplinary teams. She found that concerns raised as opinions received more space and advice than those presented from an objective perspective. In relation to professional identity and authority, Tremblett (2021) found that the demonstration of deontic authority (see Stevanovic & Peräkylä, 2012, Heritage & Raymond, 2013) was used as a way of managing conflicts regarding the tasks at hand. However, Tremblett (2021) also found that demonstrations of authority and actions

from different perspectives enabled for the team members to get work done and to share the responsibility for risk decisions.

## Method

### Data

This study is based on naturalistic data (Potter & Shaw, 2018) consisting of thirty-nine audio-recorded intraprofessional case conferences. Data of a naturalistic nature is authentic speech that would have occurred whether it was the subject of research (Potter & Shaw, 2018).

Naturalistic material preserves the phenomenon being studied itself, making it possible to study how a phenomenon occurs in situ (Potter & Wetherell, 1987).

Data were collected in four Swedish municipalities (during 2020- 2021). An initial contact was made with the operational manager of these local social work agencies to inform them of the aim and method of this study. All operational managers gave their consent for us to inform the care managers in their office about this study and ask if they were willing to participate. Information was then given to the care managers verbally in a meeting and in written form. Information was given about the aim, method, what was expected of them, their right to refuse to participate, confidentiality, etc. Written informed consent was given by all care managers individually before data collection began. When care managers were informed about the project, we urged them not to name or give personal information about clients or other professionals that could be traced back to a specific individual. Occasionally personal information was provided, but this was removed from the data and pseudonymised in the examples presented in the findings section.

The original plan was for a member of the research group to be present at all case conferences to make observations and operate the audio recorder. Due to the pandemic, the data collection procedure had to be changed. The group leaders, who were responsible for leading and organising the case conferences, were given an audio recorder. The group leader decided which conferences to include and when to start and stop the audio-recordings. All audio recordings were transcribed verbatim by a professional transcription company. All names of care managers, clients and locations in this paper are fictitious to ensure confidentiality. An ethical review of this study was carried out by the Ethical Review Board (Dnr. 2019-05965).

In total, 49 care managers participated. The experience of working in adult social work ranged from one month to 31 years (average 5.5 years).

The audio recordings of the thirty-nine case conferences ranged from three to 106 minutes (average 33 minutes). A total of 137 cases could be distinguished in the transcriptions. In this study we have focused on two different cases from one of the municipalities, as these cases contained specifically interesting discussions about persons with cognitive decline, relating to self-determination and care needs. *(Note to reader: How should we treat this issue, is this a case analysis? Are there issues related to this?)*

### Analytic procedure

In this article, we benefit from the methodological and theoretical framework of conversation analysis (CA), which is an inductive analysis of how the participants understand and make sense of their interaction (Sidnell & Stivers, 2013). In the analysis, we have adopted CA concepts which regard knowledge claims, ‘epistemics’. In CA, there is a distinction between what is referred to as *epistemic status* and *epistemic stance*. Epistemic status refers to what is known and a person’s rights or obligations for knowing something. Epistemic status on the other hand refer to how a person position oneself in regard to a piece of information, as a ‘knowing’ or an ‘unknowing’ participant (Heritage, 2012; Heritage and Raymond, 2005). Saying that, it is possible to take a stance as ‘knowing’, but not actually having the status as ‘knowing’, i.e. being knowledgeable on a matter. Related to epistemics are concepts related to ‘deontics’ (Stevanovic & Peräkylä, 2012). Having a deontic authority in one specific domain means that the participant has rights to decide and influence future courses of actions as well as the behaviour and actions by co-interactants, however it is still negotiable and has to be interactionally accomplished. Stevanovic and Peräkylä (2012, p. 298) define the relations of epistemic and deontic authority as “epistemic authority is about knowing how the world “is”; deontic authority is about determining how the world “ought to be”. When a participant has deontic authority, it may not be necessary to demonstrate his/her rights regarding a joint future action, instead other participants with weaker rights may claim authority by means of directives (see Stevanovic & Peräkylä, 2012).

The excerpts were transcribed in accordance with the Jeffersonian transcription system (Jefferson, 2004), see appendix, including details such as prosody, pauses and overlaps. In the results, we describe and analyze the different interactional practices used to accomplish an agreement on a matter of a difficult case involving a client with cognitive decline. We involve both the beginning and the end but focus specifically on the contributions in which the talk regards the cognitive state and the care needs of the client and the challenges connected to that in relation to options for action. The analytical procedure was initiated by a process of all authors listening to the recordings repeatedly as well as reading the transcripts. First author was in charge of writing up the analysis, but the findings have been discussed in data-sessions with the co-authors and other colleagues, and revised thereafter. We translated the extracts from Swedish to English and all personal information has been changed. In the analysis, we refer to CA concepts such as epistemics and deontics, as well as findings from previous research on team conferences. The two cases chosen for analysis had a similar sequential organisation in which ‘deontic authority’ (see Stevanovic & Peräkylä, 2012) by an immediate manager highly influence the sensemaking interaction and the concluding agreement of the team conference, which is a focus we have not found in previous research on the topic.

## Results and analysis

The results are structured so that analysis two different dilemmas risen by care managers are presented and analysed. The dilemmas are “What is my role in this?” and “I shall go by myself or?” (*Note to reader: will expand on this text*)

### Ex. 1 What is my role in this?

This first example is from a team conference, in which one immediate manager and seven care managers participated. The topic regards a home visit, and is initiated by a care manager who fills in for her absent colleague ‘Sofie’.

Ex.1. Team conference with caremanagers-K2, konf.3. (00.04.04-00.06.55)

MAN: Immediate manager, CAM1-7: Seven different care managers

#### 1.1 Main question and immediate manager’s advice

01 CAM7:           nå jag ska ju på ett hembesök idag, i eftermiddag.  
                      Sofies besök där (.) hembesök.  
CAM7.eng:       yeah I'm doing a home visit today, this afternoon.

Sofie's visit there (.) home visit.

02 ?:  
m:

03 CAM7: ä::h (1.0) Kurt (.) vad behöver jag (.) ta reda på- vad vad är min roll i det hela?  
CAM7.eng: ehm (1.0) Kurt (.) what do I need to (.) find out- what what's my role in this?

04 MAN: försöka motivera honom till att ansöka om ett annat boende.  
MAN.eng: try and motivate him to apply for a different accomodation.  
05 (3.0)

06 MAN: OCH<sub>↑</sub> försöka (1.0) få fram nån form av samtycke till vem som får föra hans talan om han själv inte kan det (.)  
MAN.eng: AND<sub>↑</sub> try to (1.0) get some kind of consent to who can speak for him if he cannot speak for himself (.)

07 MAN: NÄR han blir såhär sjuk som han har vart nu= vem vill du ska hjälpa dej eller som får prata för dej då.  
MAN.eng: WHEN he gets ill like he has been now= who do you want to p- provide help or who is allowed speak for you then.

08 MAN: de e de viktigaste delarna tycker jag= va säger ni andra?  
MAN.eng: those are the most important parts I feel= what do you the rest of you say?

This case is initiated by care manager 7 who is asking for advice by her colleagues on how to handle a meeting which she will substitute for her absent colleague. Specifically, she is asking for advice on what to investigate on and their views on her role in the situation (lines 1, 3). By taking a stance as unknowing regarding the process and asking for advice, she is also taking a rather downgraded deontic stance compared to her colleagues (see Stevanovic & Peräkylä, 2012). The immediate manager of the team replies with epistemic certainty (Heritage, 2012) when she states that she should 'try and motivate him to apply for a different accommodation.', as well as to try and get some sort of consent for a proxy for when the man cannot speak for himself (line 4-8). In line 7, the immediate manager adds talk of 'Hypothetical active-voicing (HAV)' including a pronoun shift (see Simmons & LeCouteur, 2011) from Eng: 'him' (Swe: 'han') to Eng: individual 'you' (Swe: 'du') when giving her employee advice for how to deal with the upcoming meeting. HAV is often used to pre-empt resistance in institutional interaction, and the use of HAV also tend to disclose epistemic authority and relations (see Simmons & LeCouteur, 2011). In these turns, the immediate manager claims 'deontic status' (Stevanovic & Peräkylä, 2012) according to which she is entitled to decide and also to inform others. Here, the talk by the immediate manager is also in line with what is referred to as 'linear statements', in which she disregards the dilemma part of the matter and provides a simple solution (see Riemann, 2005; Bingle & Middleton, 2019). The immediate manager rounds off by stating that these are the most important parts as she sees it, followed by an invitation for the rest of the team to give their view (line 08).

## 1.2 Care managers raising issues

09 CAM2: ja att man har en plan framåt då.

CAM2.eng: *yes that one has a plan forward.*

10 ? : m:m

11 CAM1: **jag tänker om det blir aktuellt eller att de säger korttid nu rå?, å**  
 CAM1.eng: *I'm thinking if it is in question or that they say 'korttid' ((shortterm stay)) now, and*

12 MAN: **nej då får vi ju ta emot en ansökan å så får vi säga det att vi har inga korttidsplatser just nu men vi tar emot en ansökan,**  
 13 MAN.eng: *right then we have to (ju) accept an application and then say that we have no short-term placements right now but we will accept an application,*

14 MAN: **men det bästa är ju om att försöka motivera och ansöka om särskilt boende.**  
 15 MAN.eng: *but the best is (ju) to try and motivate and apply for 'särskilt boende' ((special accommodation)).*

16 ? : m:

17 ? : m

((3 lines omitted))

21 CAM4: **ja men man kan ju behöva vänta också på särskilt boende så man kanske behöver ha en plan under tiden också=**  
 CAM4.eng: *yes but you might (ju) have to wait for special accommodation so one might have to have a plan in the meantime as well=*

22 CAM4: **ja vet inte har han hjälp nu?**  
 CAM4.eng: *I dunno does he have help now?*

Care manager 2 responds with an affiliative yes, but adds that one would want to have a plan forward (line 9). The design of the turn indicates that she agrees with the immediate manager, but could also be interpreted as an attempt to suggest other options for the future might be possible. Care manager 2 is initiating what would resemble a more collaborative, rather than linear, way of approaching the matter of the client (see Taghizadeh Larsson et al., 2023). The collaborative and explorative approach is continued by care manager 1 as she raises the possibility that the man wants to apply for a short-term accommodation, rather than a special long term accommodation (line 11) which was previously suggested by the immediate manager. The immediate manager responds, again with a linear statement (Riemann, 2005) with no epistemic disclaimers (Heritage, 2012), that they have to accept the application but that they can inform the man that no such accommodation is available at the moment (line 12), delivered yet again by the manager through HAV (Simmons & LeCouteur, 2011). She then repeats her initial stance that the best is (Swe: 'ju') to motivate the man to apply for a special accommodation (Swe: 'Särskilt boende'/'SÄBO'). By using the Swedish epistemic marker 'ju' the manager both indicates that this is common knowledge (Heinemann et al., 2011), yet again disregarding any dilemma connected to the matter. This turn does not receive immediate response by the others, instead care manager 4 questions the option of only pursuing special accommodation and raises the issue of addressing the needs for the client presently as the wait might be long (line 21).

### 1.3 Immediate manager repeats the advice

((16 lines of talk about current home help is omitted))

- 38 MAN: me::n eh (.) j- de viktigaste är tycker ja å få till samtycket= >vem som får föra hans talan om han själv blir så sjuk att han inte kan det själv=  
 MAN.eng: bu::t eh (.) I- the most important thing I find it is to receive consent= >who gets to speak on his behalf if he himself get so ill that he cannot do it himself=  
 39 MAN: och att man får det under nåt,< (1.5) nåt å nåt klart,  
 MAN.eng: and that one get some clarity,< (1.5) some clarity regarding  
 40 ?: m  
 41 MAN: vem han litar mest på i de lägena.  
 MAN.eng: who he trusts the most in these occasions.  
 42 MAN: å sen försöka motivera till en särskilt boendeansökan att att du kan ju få det och sen kan ju (3.0)  
 MAN.eng: an' then try and motivate to an application for a special accommodation and and that you can (ju) get that and then you can (ju)  
 43 (3.0)  
 44 MAN: tar ju det lite tid innan man får en plats†  
 MAN.eng: it takes (ju) some time before you get a placement†  
 45 ?: m m:  
 46 MAN: så att man kan motivera mer att det kanske tar ett par månader [innan du kommer dit.  
 MAN.eng: so one can motivate it more so that it might take a few months [before you get there.  
 47 ?: [m:m  
 48 ?: m:  
 49 (5.0)  
 50 MAN: DE tycker ja är den viktigaste rollen- å sen givetvis se över hans nuvarande hjälpbehov om det är nåt som behöver justeras.  
 MAN.eng: THAT I find to be the most important role- and then of course go through his current need for help if there is something that needs to be adjusted.  
 51 CAM2: men det gör väl hemtjänsten själva tänker jag?  
 CAM2.eng: but 'hemtjänsten' (home care service) does this by themselves right?  
 52 MAN: ja.  
 MAN.eng: yes.

After having talked for a while about the current home help that the client has, the immediate manager returns to the issue that she raised earlier, to bring about a consent for a proxy (lines 38-40). She then adds as a second step to motivate the client to apply for special accommodation (line 42). This turn involves both a verbal description of the advice, followed by talk characterised by HAV (Simmons & LeCouteur, 2011) of how this could sound in the actual meeting 'that you can ('ju') get that and then you can ('ju'), it takes ('ju') some time before you get a placement) (lines 42-43). She then explains that the wait for a placement can rather be used as a strategy to motivate the client (line 46). These turns receive minimal agreement (see Pomerantz, 1984) by two of the care managers, followed by five seconds' silence in which another speaker could claim speakership, (Sacks, Schegloff, & Jefferson, 1974). The immediate manager then summarises her stance again but adds the notion of looking into the client's current care needs (line 50).

## 1.4 Reaching agreement

((10 lines omitted, during which they speak of current care needs and services))

63 (3.0)  
64 **MAN:** **men det tänker jag är prio ett- asså samtycket å försöka motivera till säboansökan.**  
MAN.eng: *but that's what I find to be number one priority- the consent and try to motivate to an application for special accommodation.*  
65 (3.0)  
66 **MAN:** **för HANs skull när det blir såhär snurrikt och rörigt och när han blir sjuk.**  
MAN.eng: *for HIS sake when it gets this messy and confusing when he gets ill.*  
67 (3.0)  
68 ? **mm↑**  
69 **CAM7?** **yes↓**  
70 ? **ja hade lite frågor.**  
71 ? .eng: *I had some questions.*

The discussion about this specific client is coming to an end, and again the immediate manager repeats her stance regarding the approach by care manager seven in her meeting with the client (line 64). This time her stance is followed by an account for why, namely that it is 'for HIS sake, when it gets this messy and confusing when he gets ill' (line 66). This final turn on the topic could indicate that she finds her own stance somewhat problematic, for instance due to principles of self-determination, and therefore would be accountable. However, she does not seek to explore the matter or discuss it further, instead it is presented with the same epistemic certainty (see Heritage, 2012) as her previous statements.

Example 1 shows how an immediate manager, and several care managers give advice to a colleague, who appears to be more novice in the workplace or at least to this type of issues as she asks for advice by her colleague and has a passive role during the talk. Throughout the sequence, it is mainly the immediate manager who provide specific advice for the meeting with the client. The care managers mainly problematize the manager's suggestions, or raise other issues related to the suggested advice by the immediate manager (lines 11, 21, 51). These contributions resemble what Dell and Caswell (2017) refer to as resources for *expanding* as part of a negotiation in interprofessional teams, or "trying out a thought" (see Lundgren, 2009), characterized by participants for instance raising disagreements, asking additional questions, or turning down an invitation to close a sequence (Dell & Caswell, 2017). In this analysis, the issues raised by the care managers are to some extent acknowledged by the immediate manager, but her initial advice still stands towards the end of the sequence as they move on to the next topic.

Throughout this sequence the immediate manager displays deontic authority (see Stevanovic & Peräkylä, 2012) in relation to her employees, which can be seen in how she through linear statements provides clear advice to care manager seven in how to handle the upcoming meeting. Although she leaves room for other care managers to add their views (line 8), their contributions get integrated in the line of reasoning by the immediate manager and do not alter the outcome of the final agreement which remains in line with what was first proposed by the immediate manager (line 64). However, after three seconds' silence the immediate manager accounts for this advice (line 66), which may be the result of the expanding contributions by the care managers. Though, it may also be the result of the long silence during which no other participants claim speakership or express affiliation with the immediate manager's turn. Here, the manager still has responsibility for speakerships (Sacks, Schegloff & Jefferson, 1974), along with dealing with potential expression of disagreement or resistance in the silence (Muntigl et al., 2020; Stokoe et al., 2020).

#### Ex. 2 I shall go by myself or?

In the second example we revisit the same team at a different conference. The topic also regards a home visit and is initiated by the experienced care manager six who asks the (supposedly novice) care manager five how she feels about conducting the home visit to a client with cognitive decline (line 1-2).

Ex. 2 Team conference with caremanagers-K2, konf.5. (00.13.30-00.16.26)

MAN: Immediate manager, CAM1-7: Seven different care managers

### 2.1 Main question and collegial accounts

- 01 CAM6: de e ju Melvin ida vid elva som ja sa i fredas,  
CAM6.eng: it is Melvin today at eleven that I mentioned on friday,  
02 CAM6: frågan e om du ska ta: den elle va känner du?  
CAM6.eng: the question is if you should take it or how do you feel?  
03 (2.0)  
04 CAM5: pt. ja ska ta den sjä:lv eller?  
CAM5.eng: pt. I shall go by myself or?  
05 CAM6: ah ja vet inte- de ja tänker utifrå:n >snart kommer de en so:mmar<  
CAM6.eng: ah I dunno- what I'm thinking regarding >soon there is a summer coming up <  
06 MAN: m  
07 CAM6: de e väl så ja tänker  
CAM6.eng: I guess that's what I'm thinking  
08 ? m  
09 CAM6: ähm (1.0) för jag har ett mö:te uppe på X-plats som jag måste åka  
10 på (.) ah (.) kanske efter lunch.  
CAM6.eng: ehm (1.0) cause I have a meeting up at X-place that I have to go to (.) ah (.) maybe after lunch.

- 11 **CAM6:** sen hade ja ett möte i eftermiddag med X-stad [vid två (1.0)  
*CAM6.eng:* then I had a meeting this afternood with X-town [at two (1.0)  
 12 **CAM6:** äh å en planering vid ett så det är l:ite [tight å få ihop tiden.  
*CAM6.eng:* eh and one planning at one so it's a bi:t [tight to make the time.  
 13 **CAM5:** [m m m  
 14 [m m m

When being asked the question of taking a home visit at Melvin's place, care manager five responds with a question asking if she is supposed to take it by herself (line 4). Care manager six then replies with different reasons, accounts (Heritage, 1988), for why she cannot come with as well; there is soon a summer, having two additional meetings followed by planning to do. The first reason, "soon there is a summer coming up" (line 5) supposedly indicating that care manager five will have to manage meetings by herself during the summer when they are short of staff. Care manager five replies with minimal agreement after the accounts (line 13-14).

## 2.2 The proposal and care manager's resistance

Following the previous sequence, the immediate manager takes speakership and proposes that care manager five can take the meeting and then discusses with the team (Swe: 'bolla', line 15). The turn has a clear preference structure (see Sidnell & Stivers, 2013), according to which a 'yes' would be the most fitted answer from care manager five, however this is not what happens.

- 15 **MAN:** men ska du gö:ra den (mötet) själv å sen att du bo:llar?  
*MAN.eng:* but should you take it (the meeting) yourself and then you can discuss?  
 16 (1.0)  
 17 **CAM5:** för det jag känner de att jag vet inte om han e intresserad av nån  
 18 hjälp  
*CAM5.eng:* cause what I'm feeling is that I don't know if he's interested in any help  
 19 **CAM5:** å det ville väl anhöriga egenklien.  
*CAM5.eng:* and I guess relatives wanted some really.  
 20 **CAM5:** [ja tror han själv inte vill ha nån hjälp å anhöriga ser behovet,  
*CAM5.eng:* [I think that he himself doesn't want any help and that the relatives see the need,  
 21 **CAM6:** [jah  
 22 **CAM5:** så att jag vet inte om den blir små:r.  
*CAM5.eng:* so I dunno if it will be a tri:cky one.  
 24 ? ah

Care manager five takes a disaligning stance (Pomerantz, 1984, Sidnell & Stivers, 2013) by not responding 'yes' to the question posed by the immediate manager on line 15, instead she provides several problematizing issues of the home visit (lines 17-20, 22). She clearly resists the project (Muntigl et al., 2020) initiated by care manager six and the immediate manager, which is to take the meeting herself. In her accounts for not taking on the meeting, care

manager five downgrades her own epistemic status and position (Heritage, 2012), as her talk involves several epistemic markers such as “I **don’t know** if he’s interested in any help” (lines 17-18), “and I **guess** relatives wanted some (help) really” (line 19), “I **think** that he himself” (line 20), and “so I **dunno** if it will be a tricky one” (line 22). So, in a similar way as shown in example one, here care manager five prolongs the sequence by withholding a response to the question of taking the meeting herself, and instead she raises issues regarding the meeting, with several epistemic disclaimers regarding the situation.

### 2.3 Another proposal

Despite the epistemic markers in care manager five’s turns, the immediate manager suggests that if he does not accept help “we can (‘ju’) schedule a home visit” (line 25-26), interestingly framing the matter from a we-perspective and with the Swedish common ground marker ‘ju’.

25 MAN:           men e det så då att han går hem utan hjälp så kan vi ju lägga ett  
26           hembesök  
      MAN.eng:    but if it happens that he goes home without any help then we can  
                    (ju) schedule a home visit  
27 MAN:           i hemmet, ganska snart efter?  
      MAN.eng:    in the home pretty soon after?  
28 CAM5?:        m  
29 MAN:           m

Care manager five is expressing uncertainty and resistance to taking on the meeting by herself, both in words as well as in not responding to the question. The immediate manager proposes a solution for the issue of the client, Melvin, hypothetically not accepting help. She elaborates on strategies for handling this that rather than the expressed resistance by care manager five. Care manager five responds minimally (line 29) to the proposal made by the immediate manager (lines 25-27).

### 2.4 Putting self-determination on the table and concluding

Immediately following the previous sequence, care manager five introduces the matter of self-determination as a principle (line 30). Care manger five receives agreement from both care manager six (line 32) and the immediate manager (line 33), with the addition of the reason that he has no deputy or ‘god man’ yet (lines 35-36).

30 CAM5:           M: (1.0) å det är honom vi måste lyssna på.

CAM5.eng: M: (1.0) and it's him we need to listen to.  
 31 MAN: ja:[ah  
 32 CAM6: [asså de e ju Melv- Mel [Melvin.  
 CAM6.eng: [yeah it's Melv- Mel [Melvin.  
 33 MAN: [de e han det [handlar om.  
 MAN.eng: [it's him [it's about.  
 34 CAM5: [m m  
 35 MAN: så det är honom vi måste lyssna [på så länge det inte finns någon  
 36 god man eller ställföreträdare,  
 MAN.eng: so it's him we need to listen to [as long as there is no 'god man'  
 or deputy

((12 omitted lines of talk about deputy for Melvin))

((26 omitted lines of talk about the dementia team, Melvin's state regarding diagnosis and need for more help))

65 MAN: h. nej men vi ka:n ju inte tvi:nga nån utan vi måste ju [ly:ssna på  
 66 va han säger och sen säger-  
 MAN.eng: h. no but we cannot (ju) force someone instead we must (ju) [listen  
 to what he says and then we say-  
 67 MAN: erbjuder vi att vi kommer he:m till honom istället,  
 MAN.eng: we offer that we come to his house instead,  
 68 ? [m  
 69 m  
 70 MAN: det är lättare att prata om vi kommer hem,  
 MAN.eng: it's easier to talk when if we visit at home,  
 71 ? m  
 72 MAN: asså försök å locka på honom det.  
 MAN.eng: like try and lure him into it.  
 73 m  
 74 (1.5)

((23 omitted lines of talk about 'god man' and need for more help))

101 (3.0)  
 102 MAN: men vi kan ju aldrig tvi:nga nån att ta emot hjälp vi kan bara  
 103 försöka å motivera,  
 MAN.eng: but we can (ju) never fo:rce someone to accept help we can only  
 try and motivate,  
 104 ? m↑  
 105 MAN: å kan vi inte så kan vi säga men kan jag få komma hem och göra ett  
 106 hembesök [till dig  
 MAN.eng: and if we cannot then we can say but can I come and visit you in  
 [your home  
 107 för att se det var så länge sen vi sågs nu kan vi göra det,  
 MAN.eng: cause it's been so long since we saw each other and now it's  
 possible,  
 108 kan jag komma hem till dig i veckan eller (.) så (1.0)  
 109 pocka pocka.  
 MAN.eng: can I come visit you this week or (.) like that (1.0) lure lure.  
 110 ? [m:m  
 111 CAM5: yes (1.0) ja tar det.  
 CAM5.eng: yes (1.0) I'll take it.  
 112 MAN: så bra↑ va hade du mer för planeringar?  
 MAN.eng: great↑ what else did you have regarding planning?

After talking about Melvin's situation, the immediate manager returns to the principle of not forcing a service on to a client and listen to what he says (line 65-66), with the addition of offering a home visit as 'it's easier to talk when if we visit at home' (line 70). Here, the

immediate manager also explicates this home visit as a strategy for trying and ‘lure him into it (accepting the service)’ (line 72). After additional talk about deputy matters, the immediate manager yet again adds the principle of never forcing help to someone, but here with the addition of trying to motivate (lines 102-103). The immediate manager then makes use of HAV (Simmons & LeCouteur, 2011) when formulating what it could sound like when proposed to the client (lines 105-108). Simmons and LeCouteur (2011) argues that when initiating a HAV, the word ‘say’ is often used (Simmons & LeCouteur, 2011, p 3181) followed by a shift in pronouns, as seen on line 105-106, 108, shifting to hypothetical ‘I’ and ‘you’. The immediate manager is rounding off her turn and HAV with the subsequent advice of ‘pocka pocka’ (Eng: ‘coax’/‘lure’) (line 109). Without expressing affiliation with the proposed strategy, care manager five responds to the main question of taking on the meeting by herself, “yes (1.0) I’ll take it” (line 111) receiving a positive assessment by the immediate manager before moving on to the next case.

## Discussion (To be written)

*(Note to reader: see potential points, conclusions if you will, to discuss at Napsa!)*

- Sensemaking interaction involves aspects of hierarchy and deontic status.
- Case conferences provides information on how professional judgements are passed forward to novice colleagues.
- The professional judgements which are put forward in these interactions raises issues regarding morality and social work values, but also the need for a discussion regarding the guiding principles and resources social workers have at hand. Are they enough for their difficult cases?
- We can see a similar pattern in both examples where the immediate manager has a clear idea of how the meeting in focus should play out and emphasizes the principle of self-determination. However, in example two, the main issue for the care managers regards whether the more novice care manager should take the meeting by herself or not. This issue is dealt with by the immediate manager who suggests that she takes the meeting, and through methods of HAV (Simmons & LeCouteur, 2011), enacts how if the client resists help, they will schedule an additional meeting in the home. The issue of care manager five in example 2 not feeling prepared to take the meeting is however not dealt with on an emotional level by the other participants, instead the immediate

manager provides strategies for dealing with potential resistance (see Nilsson & Olason, 2022).

- The use of HAV devices has also been explained as a way of affecting future behaviour (Simmons & LeCouteur, 2011), which become relevant for current analysis as this practice can be framed as a way of socialising into behaving as a care manager. Hence, how the immediate manager uses HAV in both cases to influence the behaviour by the care manager provides evidence of the cultural norms which are pursued by the manager. Looking at both the difficult cases which the care managers raise in the team conferences, they seem to have a solution which is provided by the immediate manager with deontic authority. However, there is no clearly expressed alliance in either case; some or all of the care managers verbally express minimal agreement to the solution or initiate expanding sequences which may challenge to advice by the immediate manager.
- Deontic status (has authority over decisions) is made relevant-immediate manager has the status as well as takes the deontic epistemic stance by providing strong epistemic claims in relation to a dilemma.
- Backstage discussions-characterised by informality and less strict boundaries (see Lewin & Reeves, Lundgren, 2009)
- Every contribution and interaction affect the norms and culture of upcoming similar interactions, i.e future team conferences and practice (see Lundgren, 2009). How can our findings relate to this issue?
- Trainables/take home messages for the practice?

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## Appendix-Transcription key

.hh	In-breath.
oo	Quieter than surrounding speech.
Capital letters	Louder than surrounding speech.
< >	Slower than surrounding speech.
> <	Faster than surrounding speech.

()	Unheard or unclear utterance.
[ ]	Overlapping speech.
(.)	Pause in seconds.
\$	Smiley voice.
=	No discernible silence between utterances.
:	Prolonged speech.
↑ / ↓	Rising/falling intonation.
(( ))	Non-verbal action.