Article

When crisis strikes - Changes in work and professional identity among social workers in Norwegian Child Welfare Protection services during COVID-19

by

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Abstract

When the COVID-19 pandemic reached Norway in March 2020, comprehensive action was taken by the government, leading to the lockdown of welfare institutions, schools and kindergartens, and strict restrictions on physical meetings. This had severe consequences for Child Welfare Protection services (CWP). The restrictions stopped child welfare protection home visits and professionals in other welfare institutions, which usually observe children and notify child welfare protection services, were no longer able to identify children at risk. This article, drawing on interviews with 10 social workers, explores their experience during COVID-19. Applying Lipsky's concept of street-level bureaucrats and theories of professional identity, the article documents how COVID-19 not only restricted, but also modified social workers jobs, and led to self-reflection on their professional identity. In turn, the findings suggest the potential for beneficial changes in practices in the aftermath of COVID-19.

Keywords: Child Welfare Protection, Covid-19, Child Welfare Workers, professional identity, case prioritizing

Introduction

When the COVID-19 pandemic hit Norway in March 2020, Norway went into lockdown, which had severe consequences for the municipal Child Welfare and Protection Service (CWP). Restrictions prohibited child welfare workers from carrying out their usual practice in investigating children's care situations.

CWP's work during the pandemic was affected by infection control measures, the dominance of home- rather than office-based working, and primarily using digital communication. Partner organizations such as schools, health services and kindergartens were also affected, thereby disrupting cooperation routines (Bufdir, 2020). During the first weeks of the pandemic, the number of incoming 'reports of concern' was reduced. Even so, both professionals and governments concern for children at risk increased. Even though it was unclear how the pandemic would affect children, knowledge and experience from previous crises suggested that such restrictions could increase poor care situations and contribute to creating new ones (UNICEF, 2021). Both in Norway and internationally, concerns were raised about increasing the numbers of children at risk and a growing uncertainty about whether CWP could reach them (Bufdir, 2020; Welch & Haskins, 2020). A particular worry, both in Norway and internationally, was related to the increased risk of domestic abuse, both to a partner and towards children directly or as witnesses (Unicef, 2021; Tveito, 2021).

Despite the pandemic, CWP's remained committed to helping children at risk (Bufdir, 2020; FN, 1989). The research reported here explores how the changes in work conditions and infection control measures during the pandemic, as well as the emergence of new solutions and approaches, affected CWP work. A recent report suggests that CWPs changed their work routine priorities during the pandemic. However, the report also notes that there is a need to know more about how the pandemic affected frontline workers in CWP (Tveito, 2021). This article contributes to this gap in existing knowledge. The article reports on a qualitative study of the experiences of social workers in Norwegian child protection services during the COVID-19 pandemic, between March and June 2020. The main research question is therefore:

What changes have COVID-19 led to in the child welfare service's work in investigating cases of children at risk?

Background

Norway is known for its comprehensive welfare state, often referred to as the social democratic state. The state provides a wide range of fully tax-funded services to families and children, such as a publicly-funded school system, preventive and medical health services and child welfare and protection services (Kojan, 2011; Hollekim, Anderssen, & Daniel, 2016). Norwegian CWP's work includes investigating and following-up children and families in a wide range of vulnerable life situations based on a set of core principles: support, prevention, early intervention and equality of opportunities (Kojan, 2011), focusing on the needs of the child in what has been named a service-and family-oriented perspective (Berrick, Dickens, Pösö, & Skivenes, 2016). In an international context, the wide mandate of Norwegian CWP differs from many other countries risk-oriented child welfare services (Berrick et al., 2016), in which child welfare services only act when child safety and protection is at risk (Kojan, 2011; Hollekim et al., 2016).

The majority of notifications received by the Norwegian CWP about children potentially at risk come from other welfare institutions such as kindergartens, schools and health services (bufdir, n.d; Breimo et al., 2021). Home visits and meetings with children, families and professionals from other welfare institutions are an essential aspect of the CWP's daily work. However, COVID-19 led to significant changes in the work of both the CWP and their collaboration partners in other welfare institutions. The first cases of coronavirus were confirmed in Norway in February 2020 (Government.no, n.d). The virus spread rapidly, and on March 12th the Government introduced a series of measures intended to stop the spread of the virus. Prime Minister Erna Solberg described the restrictions as "the strongest and most sweeping measures Norway has seen in peacetime" (Government.no., 2020, 24th March). Kindergartens and schools were closed for a month (Government.no, n.d,) and the CWP's daily work changed dramatically. The work of the CWP shifted to an extensive use of home offices, digital meetings and a stricter prioritization of cases (Tveito, 2021).

Previous research has explored Norwegian CWP leaders' experiences during the first weeks of the pandemic (Tveito, 2021). This article explores how the social workers on the front-line, working with families and other welfare services, experienced changes in their investigation of cases during the first phase of the pandemic.

Theoretical framework

Our analytical framework is shaped by Lipsky's notion of 'street-level bureaucrats' (1969), and considers the processes of developing and affirming professional identity. The concept of profession in this article includes those who work in the child welfare service, referred to as child welfare employees or social workers.

For Lipsky, typical street-level bureaucrat work is characterized by a large number of cases relative to their responsibilities, therefore undermining the capacity to meet mandated responsibilities. Street-level bureaucrats often experience a sense of personal inadequacy or lack of competence, even though the inadequacy can be attributed to the nature of the job (Lipsky, 2010). Lipsky (2010, p. 31) notes, 'Some jobs just cannot be done properly, given the ambiguity of goals and the technology of particular social services.' Lipsky claims that the work of on-the-ground bureaucrats is characterized by a high work pressure due to a lack of resources, including time and a shortage of employees. The work of street-level bureaucrats is characterized by conflicting, ambiguous and constantly changing goals. The lack of clarity also makes it more difficult to provide feedback, and correct what works and what does not. This applies not only to employees working directly with clients, but also management's ability to exercise control over the policy the bureaucracy must pursue. Conflicts between, for example, client-oriented goals and organizational goals, can affect and determine social workers' ability to treat clients as individuals. Similarly, resource limitations may constrain the possibility of home-based assistance that is considered best for the clients. Conflicting role expectations also contribute to ambiguity, and shape public expectations of social workers and how they view themselves (Lipsky, 2010).

To deal with these work conditions, Lipsky describes several different coping strategies used by street-level bureaucrats (Lipsky, 2010). Modification is one coping strategy street-level bureaucrats use to cope with ambiguous goals. They develop

perceptions of their work and their clients that make it easier to achieve their goals; they modify their work by using welfare institution's routines, stereotypes and other mechanisms that simplify work tasks (Lipsky, 2010). A lack of resources and difficulties in achieving a goal can lead to the modification of goals to make them more feasible. Another coping mechanism to handle a demanding working condition is the introduction of routines to help ensure an equal treatment of users, and provide an effective way of handling cases (Lipsky, 2010). Routines permit street-level bureaucrats to handle cases with flexibility according to each client's individual needs, hence making their working conditions more manageable. Lipsky (2010) claims most public welfare institutions have their own procedures surrounding acute cases providing an alternative to standard routines. Also, when a case in CWP is considered acute, resources are redirected and there is a common understanding that the priority for other cases will be downgraded.

According to Lipsky's theoretical framework, child welfare workers can be defined as street-level bureaucrats, as their everyday work involves discretionary assessments, e.g., when the child welfare service investigates a child's care situation and assesses whether the care is 'good enough' (Lipsky, 2010, xiii; Bunkholdt & Kvaran, 2015, p. 119). Their common perceptions and coping strategies also form key aspects of a professional identity.

Professional identity refers to an individual's understanding of what it means to be and act as, for example, a social worker. It is a complicated concept that can have several meanings. Identity comes from the Latin word idem, which means 'the same' or identical (Molander & Terum, 2008, p. 17). However, the development of professional identity is not an individual process. Professional identity is developed through interactions with others, both in educational training and in everyday work as part of professional socialization (Almås, Vasset, & Ødegård, 2018). Heggen (2008) describes professional identity as a collective identity that involves a collective that 'recognizes itself' (p. 323), which then creates a collective basis for action. An example of a child welfare workers' collective basis for action is the five professional principles used as norms, and considered fundamental in all child welfare work (Bunkholdt & Kvaran, 2015, pp. 27-31): a child's best interest, attachment and relationship quality, biological ties, least invasive intervention and the child's

participation. A collective identity can be both internal and external. A collective inner definition is predicated on members identifying their own group and what they stand for, while an external definition is based on how others define the common features of a group to which they do not belong. Both these ways of defining a group identity lead to differentiation because they involve a natural distinction between 'we' and 'them' (Heggen, 2008, p. 323).

Professional identity is not constant, but develops and changes with shifting situations and contexts. Heggen (2008) particularly highlights the significance of professional experience and knowledge in situations of fluctuating working conditions, and how individuals apply their knowledge and experience to a new context. For the social workers in CWP, COVID-19 led to significant changes in their working conditions. We can see such changes as *boundary-crossing* (Heggen, 2008, p. 327) in to a new context. Through boundary-crossing, professional identity changes and develops. The collective 'we' develops dynamically as experience and knowledge are applied in new ways in new contexts. At the same time, professionals experience that 'the others' perception of them changes, in turn affecting their own perception of a 'we' (Heggen, 2008).

Methodology

Adopting a qualitative approach, data were collected through semi-structured in-depth interviews with 10 social workers working with investigating cases in the Norwegian child protection service. Interviews explored how measures to prevent the spread of coronavirus affected their investigations, and how staff handled these changes. Due to the pandemic restrictions, all interviews were conducted over the phone. The project was registered with the Norwegian Social Science Data Services (NSD) and approved on 17 April 2020.

Participants were recruited by the first author, contacting municipal Child Welfare Protection Services in all regions of Norway, East, West, North and South, by e-mail. The request for participation was directed to each office manager with a request for permission to recruit employees. Information about, and the purpose of the study, were included in the request, which the managers were asked to pass on to employees interested in participating. The initial phase of the recruitment process

was challenging, as 40 offices were contacted by e-mail, but only four participants responded. To prevent a long interval between recruiting informants, the second part of recruitment involved contacting 75 more offices, leading to a positive response from six additional participants. In total, 115 municipal CWP services were contacted, thus resulting in a sample of 10 social workers: five caseworkers and five professionals who had a leading position relating to the investigation of cases. The participants worked in both small and larger offices, and all were female full-time employees (see Table 1). Due to anonymization, age groups rather than the participant's ages are used.

Participant's id	Age group	Years of experience	Role
Caseworker 1	37-46	8	Caseworker
Caseworker 2	26-36	2	Caseworker
Caseworker 3	37-46	7	Caseworker
Team leader 4	37-46	15	Team leader for investigation cases
Caseworker 5	26-36	1.5	Caseworker
Team leader 6	57-66	22	Team leader for investigation cases
Team leader 7	Unknown	2	Team leader for investigation cases
Team leader 8	26-36	11	Team leader for investigation cases
Team leader 9	47-56	12	Team leader for investigation cases
Caseworker 10	26-36	4	Caseworker

Table 1: Presentation of the participants

The interviews took place between 27 April and 14 May 2020, and lasted between 29 and 44 minutes. The interviews were conducted by telephone and audio-recorded with the secure Nettskjema-dictaphone app (University of Oslo, n.d.), and were fully transcribed by the first author. All interviews started with consent for audio-recording and information about the study. The semi-structured interview guide was used to focus the interviews, provide comparability in data collection, engender trust and provide space for the informant to share their experience.

Data analysis

This study employed a two-stage coding approach to analyse the data (Miles, Huberman, & Saldana, 2014). In the first stage, inductive codes were developed to provide an overview of the interviews (Nilssen, 2014). The codes used described and

summarized parts of the text. Both descriptive and in-vivo codes were also used during this stage (Miles et al., 2014).

The second stage was based on pattern coding to generate deductive codes. Pattern coding had several important functions in the analysis process; it organized larger units of data/codes into smaller analytical units that helped the researcher develop a more integrated understanding of both the events and interactions that shaped the experience of respondents (Miles et al., 2014).

Findings evolved by relating topics from the interview guide to categories and themes relating to priorities and the caseworker role (Miles et al., 2014). Notes of thoughts, ideas, suggestions for categories and questions relating to the data were recorded during the analytical process. This was done deliberately to make sure that the analysis was actually searching for answers to the research question. In such a way, the analysis process went back and forth between inductive and deductive coding, thereby providing opportunities for further refining the codes and developing a more holistic understanding of the data (Nilssen, 2014). The codes were further developed to pattern codes that expressed the same theme or phenomenon (Miles et al., 2014) structured around two primary findings: (1) *Improved case priorities* and (2) *Changed professional identity.*

Findings

Improved case priorities

The informants reported changes in the way they carried out investigations after the infection control measures were implemented, which in turn required them to be more selective and prioritize the cases they managed to a far greater extent. A quote from Caseworker 5 elaborates these changes:

> Limitation in physical meetings [because of national infection control measures] have forced us to prioritize differently [than pre-pandemic]. (..) How to work in the various cases are also a prioritization: for which cases is it enough that the first contact with the families is over the phone, and for which cases do we need [to meet physically] at the office? During the pandemic, we have had a system for risk assessment where we sorted cases in colour categories: red, yellow or green. Red coloured are cases where children's health and life are at risk, yellow coloured are [children and families] in need of preventive measures, and green coloured represents cases which can wait for a bit longer. In each colour category, we also prioritize what needs to be handled first. For example, we may arrange fewer meetings than we would have done in a normal situation, but we still conduct the investigation. (Caseworker 5)

The quotation above represents what most informants experienced. The prioritization was something they were told to do. The Ministry of Children, Youths and Families (2020a) sent an information letter to all Child Welfare Services in Norway at the beginning of the pandemic, setting out how they should both prioritize and handle child welfare work during the lockdown:

> Child Welfare Services may find themselves in situations where it is impossible to solve all the work tasks and challenges. Basic values regarding a child's best interest and services are provided in accordance with sound professional standards that will be put as the test when a service whose mandate is to ensure children that the necessary help, care and protection has to prioritize between tasks which are all important and necessary. At the same time, consideration regarding the general infection control measures from the National Institute of Public Health must be taken, which can affect [Child Welfare Service] priorities. These prioritizations are no easy task to do. (The Ministry of Children, Youths and Families, 2020)

All social workers in the study explained that prioritizing cases was also part of the daily work in CWP before the pandemic. The pandemic and infection control measures, however, forced them to prioritize to a far greater degree. Even though most cases were related to domestic violence and abuse, by definition cases of great concern, the prioritization resulted in only the most acute cases being handled at the beginning of the pandemic. One team leader described how this assessment process led to much more work in trying to assess whether there was a reason to believe that a child was at increased risk, prior to assigning a case a higher or lower priority:

> Only the acute cases were handled in the beginning (of the pandemic), the most serious and concerning cases where there might be exposure to violence and abuse. We spent an insane amount of time trying to contact schools, kindergartens and families [for information] to assess how to prioritize the individual cases. We had never worked like this before; it was a weird and stressful situation not knowing what's going on in children's home. (Team leader 9)

To sift out the most serious cases, the caseworkers spent a lot of time contacting other public services for informal information, and also the families themselves. Information had to be obtained almost entirely by phone. Prior to the pandemic, caseworkers would have sought information by sending out written requests to public services, with a one-month deadline to respond in order to generate enough information for an assessment. But during the pandemic there was no time to wait for written information, and cases had to be assessed as quickly as possible. A stressful factor mentioned by some of the caseworkers related to other public services also being in lockdown, consequently making the usual informal sources limited by working from home. The respondents reported that collaborative public services had

less access to their electronic journal systems while working from home, and that schools and kindergartens were closed and therefore unable to observe children's everyday lives. This left caseworkers with a constant sense of uncertainty about what was actually going on in the lives of children who were possibly at risk, as well as making prioritizing cases harder for child welfare workers, because they had less information on which to base their assessments. Physical meetings, such as home visits, other meeting activities and travelling, were kept to a minimum or replaced with phone calls and digital meetings. The respondents reported that this made the workload feel heavier because they knew children were suffering due to the lockdown of society, and they had to work differently to assess which cases to handle quickly while working from their own homes.

Work within the Norwegian Child Welfare Service altered in step with changes in government guidelines and restrictions between 12 March and 14 May 2020. According to the informants, the stressful period in the beginning of the pandemic was gradual as the restrictions changed, and physical meetings could once again take place and they returned to the office rather than working from home. Despite this process of normalization and the reintroduction of physical meetings, a more extensive prioritization of cases was still necessary.

The prioritization of cases within the CWP is not new. Informants noted that they usually prioritized cases according to severity, and assessed whether each individual case was acute. Even so, the empirical findings show that the pandemic and infection control measures led to changes in the process and a more explicit prioritization of cases. Several of the informants referred to the guidelines provided by the Directorate for Children, Youth and Families for work during COVID-19 (Bufdir, 2020). The 'report of concern' governs how a case is to be conducted, but this has traditionally been prioritized based on different indicators of risk leading to a judgement of the 'severity' of the case. The difficulties in obtaining informal information about children and families from other public services also restricted due to the pandemic, resulted in caseworkers prioritizing cases based on the available information. It made child welfare workers assess each case and decide which cases they should handle first in greater detail than before the pandemic, often based on limited information:

> The priorities have been the ages of the children, children's vulnerability, and of course the content of the message of concern. There have been several reports of concern in the recent past that have been serious. (Team leader 6)

Nine out of 10informants explained how this led to new routines for prioritizing cases after an assessment of the severity of the report of concern. This required that as well as prioritizing how fast a case should be investigated further, a second type of prioritization in relation to which cases should be prioritized for physical meetings:

> It is a prioritization of which issues we must get into quickly and which cases can withstand waiting a bit. And how to work in the various cases is also a matter of priorities; for which cases is it "enough" that we carry out the first conversation as a conference call, and for which cases is there a need for a physical meeting with the parents. (Caseworker 5)

Another consideration during this deliberation process was what information needed to be obtained and from whom, i.e., how extensive the investigation should be. The extension of a CWP investigation is regulated by the Child Welfare Act section 4-4, paragraph two, specifying that to help ensure confidentiality, the investigation shall not be more extensive than the purpose dictates (Barnevernloven, 1992). Given the limited informal information available, the child welfare workers noted that they had become very specific about the information they needed to obtain. Findings in this study show that most of the informants were more careful of where and how information was obtained, and how many meetings with the clients were required before making a decision. As Caseworker 1 explained, 'It is not like we have obtained information "blindly" in the past, but I think we make more accurate assessments of where and from whom we need to obtain information.' One of the team leaders also noted that the pandemic led to improved prioritization:

> I think we have become better at prioritizing and assessing each case, because it is something that we have to do (...) and yes, to do what is good enough in each case. We have had to prioritize so that we do not do more than necessary (…) and I think that is something positive to take with us further. (Team leader 4)

This suggests that previously, prioritization had not been good enough, and that investigations in some cases had been too extensive. While this may have implications for the assertion of pre-existing heavy case-loads and too few staff reported by caseworkers, there are still examples of situations where complex family situations required an extensive and comprehensive investigation. Team leader 7 said:

> From my point of view, I can say that I have become better at prioritizing; what I should do first, and what can wait a little longer, and where information is to be obtained from and about what. I will use it after COVID-19 as well.

This suggests that COVID-19 has led many CWP professionals to reconsider their approach to investigation. Both caseworkers and team leaders explained that the experience of investigating cases during the pandemic has led them to develop a more accurate approach that would continue after the pandemic.

Changed professional identity

The infection control measures imposed during the pandemic led to changes in working conditions for all the informants. A central topic in the interviews was how the changes had been handled by the caseworkers. Most of the informants reported a very rigid working framework before COVID-19. While there had been some variation in how case investigations were handled, the child welfare workers reported that the common framework based on national guidelines was quite rigid. Informants explained that during the pandemic this framework became less rigid, leading to both caseworkers and team leaders developing new approaches, and also developing themselves as social workers. The new ways of working, more often from home, also created new opportunities:

> It is not without challenges to be working from a home office, and you have to do investigation cases and child welfare work from home. But I also experienced that one finds new ways of doing the job one is supposed to. You get more creative. (...) It requires new ways of thinking that you may not be used to, such as digital communication. (…) In our job everything can show up, and you never know what you will meet. (Caseworker 5)

Creativity was a concept that recurred across several of the interviews in relation to new ways of working during the pandemic. The term was also linked to finding new ways to conduct meetings when physical distance had to be maintained due to infection control measures, with one caseworker reporting a home visit conducted by live video. Such practices were totally unimaginable pre-pandemic. Caseworker 2 explained how CWP have realized it is possible to do child welfare work in different ways: '(..) There's something with realizing it's possible to do our work in other ways, like [having meetings over] video calls (..).'

Limitations in physical encounters with clients and working in special circumstances gave professionals more room to think differently than previously, and one informant

said she found it exciting to try new working methods, such as digital contact with clients. Digital communication became the main approach to maintaining contact with clients in requiring professionals to quickly adapt to new forms of engagement. Another informant described it as exciting to work during the pandemic, and emphasized that the restrictions led to positive changes in the way they worked: 'I think this is an eye-opener for us and for digital communication [in child welfare work,] and have to use that resource in other ways than before' (Caseworker 3).

For several of the informants, digital communication was perceived as a working method that could be integrated into normal working practice after the pandemic. Digital communication contributed to an improved daily work routine that probably would never have been adopted without the pandemic. Working from home was emphasized as a change that, despite the disadvantage of being physically isolated from other colleagues, also required greater independent decision-making from the individual caseworker:

> For me, I think that it was 'good timing that the pandemic appeared at this stage. I have been working for only two years. You will be forced to work even more independently despite a good follow-up from the leader. So in that way has the situation affected me; it has given me more confidence in myself. (Caseworker 2)

Despite the limitations caused by the pandemic, such accounts illustrate how the infection control measures and changed working conditions also led to professional growth and a greater perception of themselves as a professional. The infection control measures restricted the child welfare workers work routines, but at the same time they also created opportunities for greater professional freedom and development. Such opportunities build self-confidence through a greater professional independence, and made it possible for them to be part of developing new working methods as the situation forced them to deviate from national guidelines. For several of the child welfare workers, this created a greater sense of professional freedom, which they also experienced as inspiring.

Another finding impacting on social workers' professional identity was their experience of recognition from society and from the government. When Norway went into crisis mode, professionals in the CWP were not an occupational group listed as socially critical personnel (Regjeringen, 2020). The informants reported that the child welfare service was both 'forgotten' and not seen as important by central authorities.

For the child welfare workers, this led to a sense of frustration. As one of the caseworkers explained, 'I think we should have been on the list of critical social tasks from day one, but we were not. They did not even think of us' (Caseworker 10).

During the spring of 2020, professionals in CWP were redefined as socially critical, but this was too late, according to some informants. 'There had to be a crisis before the Government saw that the child welfare service was important' (Caseworker 3). Another informant said:

> We should have been on the list of socially critical occupations from the beginning, and I think that they [the government] may not quite see the importance of the child welfare service. Since they [the government] did not put us there in the beginning, they almost had to be told about us. (Caseworker 10)

Informants also reported that the infection control measures that the government put in place, closing schools and kindergartens, had complicated their work. Informants reported that they believed that not only were child welfare service core competencies not seen as essential, but they were also not heard in relation to important decisions. The restrictions introduced during that pandemic had a significant impact on their work, both in making it more difficult, but also in potentially creating greater need. Despite these foreseeable consequences, CWP professionals were not considered in making such decisions:

> I do not know which resource persons the Government has consulted in the decision, but it is clear that the children and families we work with are difficult to meet with such general measures. (…) I experience that we were neither consulted in such questions, nor heard. (Team leader 6)

Even though several informants disagreed with the government restrictions, most informants reported following the guidelines. However, some informants did conduct home visits and travelled between municipalities, even though these were forbidden by the COVID-19 restrictions. On the one hand, informants had to adhere to the restrictions, but on the other hand they weighed this against their professional judgement and the needs of vulnerable families and children. Statements from both the team leaders and the caseworkers reveal that caseworkers hid their fears and put their health at risk just to do their jobs. Most of the caseworkers in this study also reported that they avoided using personal protective equipment, not because they were not afraid, but because they did not want to scare children and families. 'I have not used personal protective equipment, I believe that would have scared the children. It would have been weird if a strange lady [caseworker] came with a face

mask' (Caseworker 3). The perception of the importance of their work weighed heavily. To be able to build trust in order to conduct an investigation and make children feel comfortable, some caseworkers chose to expose themselves to potential infection.

The informants' frustrations related to their perception of the importance of their work and the lack of recognition prior to, and during, the initial phase of the pandemic. To be assigned to a revised list of socially critical occupations was therefore also an important recognition:

> I think it is crucial what they [the government] say about the child welfare service being important. (…) The child welfare service has been important throughout [the pandemic]. But I think that government (…) suddenly discovered that CWP was important. We experience now that we are actually seen as valuable for the job we do. (Caseworker 3)

Several of the child welfare workers interviewed highlighted the recognition of being put on the list of socially critical functions as an important reason for feeling more recognized as professionals than prior to the pandemic. Other welfare institutions also reached out to child welfare workers. Informants reported increased contact from schools during the pandemic, who contacted the Child Welfare Service due to concerns for children. The issues raised were both small and large, and the typical concern was about children that the schools had been concerned about for a long time, often pre-pandemic. The child welfare workers stated that before the pandemic they thought of their profession as important, but being recognized as important by the government and other welfare institutions strengthened their 'we' as a valuable professional group within the welfare system.

Discussion

Our findings highlight how CWPs faced changes in case prioritization, working conditions and complexity linked to the pandemic restrictions. The changed working environment and work conditions led to innovation in their professional work, and in turn also changed their perception of their collective professional identity, both as a professional 'me and their professional 'we'.

Lipsky's claims that one of the street-level bureaucrats coping strategies is to create routines that ensure an equal treatment of equal cases, and to promote efficiency

(Lipsky, 2010). This is a form of service rationing, and a strategy reported by the caseworkers and leaders in this study. By categorizing the cases, the informants adapted to the consequences of new routines, and thus made it possible to reallocate resources so that resources were deployed where the need was greatest: in acute cases. Only the most serious cases with greatest concern for children were prioritized. In terms of the CWP's role and mandate, this can be seen as a transformation from a service- and family-oriented child welfare service, towards a more risk-oriented child welfare service (Berrick et al., 2016). Several of the informants also said that the guidelines governed their priorities. Applying Lipsky's concept of modification, this can be understood as a psychological withdrawal by the informants, in which they reduced their personal responsibility for the child welfare service performance during the pandemic while infection control measures were most stringent. For the informants, the guidelines that governed their priority-setting can be understood as such a modification, a way to protect themselves during demanding working conditions. By expressing that 'we only follow the guidelines', a certain distance between caseworkers responsibility for conducting child welfare work and the challenging situation (children at risk due to the pandemic) was created, justifying the new practice in contrast to the approach prior to the pandemic.

However, several informants reported that they felt they had become better at conducting investigations and doing so less extensively than before the pandemic, a modification that resulted from the change in prioritization required by operating under the restriction of the pandemic. Lipsky (2010) claims that there is a contradiction in the working conditions for street-level bureaucrats, which means that they must both have the individual's needs in focus, and also treat their clients with regard to the institution's routines, simplifying tasks by, for example, using standard routines. Street-level bureaucrats develop perceptions of their work that make daily work easier; hence, they modify their work so that they manage challenging working conditions (Lipsky, 2010). In adopting a better prioritization process, the informants can be understood as modifying a "taken for granted" institutional routine. By categorizing cases by colour codes to a far greater extent than pre-pandemic, a new routine for investigating cases during the pandemic was created. This led to a more standardized procedure for assessing and conducting the investigation cases. More importantly, the social workers also reported that the new approach to obtaining and

managing information became more accurate. In turn, the new procedures saved time and resources and made social workers better able to cope with the challenges of COVID-19, but also enabled them to look at their previous work in a more detached way. The Infection control measures and restrictions due to the pandemic 'forced' the informants to assess more precisely the sources and nature of information that needed to be obtained. These changes can be seen as modifying institutional routines, and in turn creating an opportunity for new modifications. Even though it takes less time to send out standard-written requests for information than to go deeper into each case and consider exactly what information is needed and from whom, this modification, for informants, resulting in them feeling they were more clearly addressing individual client's needs. In turn, this created a changed institutional context, thereby enabling new and different modifications to their work.

As well as creating new ways of working, the changed institutional context also created room for professional growth. Several informants talked about having greater confidence in themselves as professionals, and that working during the pandemic required greater independence than under 'normal' circumstances. One informant also spoke about the period as exciting because creativity and new ways of working became possible. It is conceivable that the informant's professional identity has developed during the pandemic. 'Me' as a professional social worker had developed as a result of what it constitutes. The context demanded new solutions. Here, it was the pandemic that constituted the context. The informants' internalized action-oriented guide on how to deal with the pandemic did not exist. They had to make a new guide for the situation, and it is the internal affairs of the individual that govern how some will face the situation. For that reason, professional identity must be understood normatively, and as constantly redefined in the individual's encounters with the field of practice (Heggen, 2008, p. 324). Professional identity should be understood on a more individual level than the professional identity related to an entire group, although these two understandings are closely linked to one another.

The informants changed due to prioritization and assessments, and the way that these were ways of doing child welfare work differently and better can be seen in the light of personal identity development related to the execution of their professional role (Heggen, 2008). Entering the changed context of child welfare work, the social

workers can be seen as boundary-crossers (Tuomi-Gröhn et al., in Heggen, 2008, p. 327). As Heggen explains, their professional identity, and their perception of what is characteristic for the identity of a child welfare worker, is constantly redefined through individual encounters in the practice field. During COVID-19, their perceptions of 'me as a professional changed because the new situation required different solutions', but also because 'the others' perception of social workers in CWP changed. As the findings of the study show, many of the social workers experienced for the first time in their career that what they did was considered important, and that they were critical personnel. External definition helps to create, maintain or change professional identity (Heggen, 2008). When child welfare workers were finally considered a socially critical group, the external signals reinforced a professional identity and self-definition that the child welfare service must be operational despite the pandemic, and was important. This external sign influenced the informants' professional identity, and made them deal with the situation accordingly, namely to find good solutions in a challenging situation.

Conclusion

The COVID-19 pandemic appeared unexpectedly, and forced a massive change in the working practice of CWPs. As this article describes, the changes were not all negative. Despite the disadvantages the pandemic entailed, changes in the ways of working also created the context for changing practice creating a more precise and efficient investigation process, and for professional growth. In Norway, there is an ongoing debate about quality and the level of interventions carried out by the CWP, as well as their mandate and responsibilities. The findings of this study engage with this debate, and provide insights into how contextual changes can reveal the potential for changes in practice. Increased prioritizing due to the severity of the cases can be seen as a shift from service- and family oriented towards a more risk-oriented child welfare service, but it might as well also be seen as a step towards a greater focus on more accurate investigation processes. The contextual change propelled by the pandemic also created a possibility for applying knowledge and procedures in a new way, which in turn enabled the social workers to see their previous work more objectively, thus creating further possibilities for changes in practice in the future. As the pandemic is still ongoing, it remains unclear whether these changes will be integrated into mainstream professional practice. However, this

study illustrates how contextual change creates the possibility for bottom–up innovation, changes led by street-level bureaucrats.

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