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Managers' Meeting Discussions on Accessibility Problems in Social Services: Decision-Making Through Aligning and Misaligning

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Abstract

The accessibility of health and social services is particularly important for people in vulnerable positions. Knowledge on accessibility from the social service managers' perspective is still scarce, although they play a key role in creating structures, policies, working practices, and cultures that promote accessibility. This article explores social service managers' problem talk regarding service accessibility problems and the expressions of alignment or misalignment therein. Based on content analysis and interaction research methods of 19 recorded adult social service manager teams' meetings, this article provides knowledge on how, amid service system reform, managers' problem talk and cooperation mould service accessibility. According to the results, during the service system reform's first year, managers encountered accessibility problems related to (a) structures and resources, (b) information and knowledge, and (c) factors concerning individuals. The results also indicate that managers' roles and interactions are central to promoting service accessibility. In conclusion, accessibility appears key in producing ethically sustainable adult social services that genuinely promote human rights, social justice, and social integration.

Keywords

accessibility; alignment; institutional interaction; social service management; social services; social work

1. Introduction

Services are accessible when everyone in need has an equal opportunity to seek and get the help they need, regardless of one's own resources (see, e.g., Grymonprez et al., 2017; Vanjusov, 2022). Despite this goal, many shortcomings, such as insufficient service resourcing, incomplete organisational reforms, or complex

service paths, endanger accessibility and thus service user safety and wellbeing (Lähteinen et al., 2022). Easy accessibility to health and social services is particularly important for people in vulnerable positions.

Social services for adults (SSA) in Finland, where this study is located, have an ethical and legal (Constitution of Finland, 1999; Ministry of Social Affairs and Health of Finland, 2014, 2021; Universal Declaration of Human Rights, 1948) responsibility to ensure that every citizen has the necessary livelihood and care, especially to support citizens in vulnerable positions and their easy access to services. Hence, health and social service accessibility is essential in promoting social justice and integration in society (Anderson et al., 2016; Grymonprez et al., 2017; Kriisk & Minas, 2017; Mesiäislehto et al., 2021; Tsui & Cheung, 2009) and is ultimately a part of human rights realisation.

The Finnish government set equal access to services as one of the key objectives of the large-scale service system reform in Finland in 2023, when 308 municipalities and 20 hospital districts where integrated to form 21 centralised wellbeing services counties (*hyvinvointialue* in Finnish) to be responsible for arranging and organising health and social services (including SSA) and rescue services in their own areas (Ministry of Social Affairs and Health of Finland, 2022, 2023). The change extends to, for example, legislation, service system structures, practices, and information systems (Niiranen, 2016; Rautiainen et al., 2020; Taskinen & Hujala, 2020)—this will undoubtedly also impact the accessibility of SSA. Moreover, citizens' unmet service needs have been increasing in Finland even before the reform (Ilmarinen et al., 2019; Mesiäislehto et al., 2021).

Importantly, social service managers (hereafter "managers") have been found to play a key role in promoting accessibility, especially in creating structures, policies, practices, and cultures that enhance social service accessibility (Trnka et al., 2020). However, scientific knowledge of accessibility from the perspective of managers is still scarce. Managers' central role in formulating (accessibility) policies and decisions underlines the importance of studying their meeting interactions and shared decision-making (see also Laapotti & Mikkola, 2019).

This article explores (RQ1) what kinds of accessibility problems can be identified to be discussed in managers' team meeting interactions during the transition to wellbeing services counties, and (RQ2) how managers express alignment or misalignment with expressed accessibility problems and solutions in team meeting interactions. The assumption is that it is not only important how accessibility problems are recognised but also how consistently these problem interpretations are agreed on and shared by the managers. Only those issues on which there is sufficient consensus and an agreed-upon view can be enhanced.

Based on qualitative content analysis (e.g., Drisko & Maschi, 2016) and interaction research methods (e.g., Juhila, Mäkitalo, & Noordegraaf, 2013) of 19 recorded managers' team meetings, this article provides new scientific knowledge on the accessibility of SSA from managers' perspectives. It also sheds light on how managers' problem talk (PT; e.g., Laapotti & Mikkola, 2019) and decision-making affect service accessibility and, through this, the realisation of human rights, social justice, and integration.

2. Key Concepts and Previous Research

2.1. Accessibility in Social Services

Services are described as accessible when everyone's opportunities to access are equal regardless of, for example, individual, financial, physical, or mental limitations (Vanjusov, 2022). Service accessibility is more than the services being available, as it is not automatically that people necessarily seek or can access the services they need. Ultimately, accessibility is about citizens receiving high-quality services that are adequate in relation to their needs (Grymonprez et al., 2017; Vanjusov, 2022) and the question of whether it is actually possible for them to seek and access such services.

In previous research on social services, accessibility problems have been found to be manifold. Inaccessibility is caused, for example, by structural biases in the service system, insufficient financial and personnel resources, long distances, and high service user payments (Anderson et al., 2016; Cortis, 2012; Kriisk & Minas, 2017; Neale et al., 2008; Raitakari, 2023). In addition, informing insufficiently about the services and interruptions in the information flow as well as favouring digital services may create obstacles to service access (Anderson et al., 2016; Mesiäislehto et al., 2021; Raitakari, 2023). Discrimination and bad treatment may also weaken willingness to seek and engage in services (Clarke, 2004; Cortis, 2012; Grymonprez et al., 2017; Maeseele et al., 2013; Neale et al., 2008; Raitakari, 2023). Geographical and demographic heterogeneity can also hamper equal accessibility (Kriisk & Minas, 2017; Li, 2006; Vanjusov, 2022).

It should be noted that even in the middle of change (such as system reform), the task of social services is to promote human rights and equality, as well as inclusion and social justice in society (see also Pohjola, 2019; Pohjola et al., 2019; Satka & Pohjola, 2022). This places an ethical responsibility on social services to support the lives of those in vulnerable positions and to enable their access to services (Anderson et al., 2016; Grymonprez et al., 2017; Kriisk & Minas, 2017; Tsui & Cheung, 2009). Therefore, it is necessary to study the accessibility of SSA, especially from the perspective of people with complex health and social problems (such as poverty and addictions) who do not want or cannot get the services they need.

From the point of view of social inclusion, no changes should be made to the structures or practices of the service system that have a negative impact (temporarily or permanently) on service accessibility. This is particularly crucial for vulnerable adults, whose complex needs, such as homelessness, make it difficult to cope in everyday life (Alho, 2021; Kantsila-Korhonen, 2024; Mesiäislehto et al., 2021; Svenlin et al., 2021). Generally, accessibility is a prerequisite for preventive, effective, and ethically sustainable social services (Kantsila-Korhonen, 2024). Accessibility also supports the realisation of human rights and strengthens social justice and integration (see also Clarke, 2004; Kriisk & Minas, 2017).

2.2. Managers Promoting Accessibility

Research on social service management expanded in the 2000s (Lawler, 2007; Mary, 2005; Peters, 2018; Tafvelin et al., 2014). Yet, research concerning accessibility from the perspective of managers is still almost nonexistent, despite the fact that previous research has shown that managers play a key role in promoting accessibility. Managers' role has been seen as particularly important in creating structures, practices, and work cultures that promote accessibility (Trnka et al., 2020).

Social service managers (hereafter "managers") often operate under the pressure of conflicting expectations (Hyde, 2012). Society, the organisation and its senior management, employees, and service users have divergent expectations from services and their managers (Trnka et al., 2020; Tsui & Cheung, 2009). An essential task of managers is to create such structures, operating methods, and work cultures that support those working at the frontline to perform as well as possible in the best interests of the service users (Kantsila-Korhonen, 2024). Their aim is also to develop services within the boundaries (e.g., given financial frames) set by the government and upper management while ensuring service quality even in the midst of change. Thus, ensuring and promoting accessibility are the managers' strategic tasks (see also Niiranen, 2004; Trnka et al., 2020). Therefore, this study adds to the research on the demanding role of managers in promoting social service accessibility—and thus social justice and inclusion.

3. Methods

3.1. Social Managers' Meetings as Research Material

I utilise naturally occurring data (19 institutional meetings of SSA management) recorded in the research project The Place and Accessibility of Social Workers in Adult Social Work in the Wellbeing Services Counties (AISAPA, 2023–2024) from two medium-sized wellbeing services counties in Finland. Recorded Microsoft Teams meetings from these counties' launch until the end of the first year (2022–2023) comprise the dataset. Permission to record the managers' meetings was received by the research project AISAPA from the wellbeing services counties. In the data, SSA includes social work, last resort financial support, supported housing, and social services aimed at increasing integration and employment. Both video and audio (6 meetings) or only audio (13) were recorded. The meeting duration was 67–168 minutes (a total of 2,285 minutes). The study was carried out in accordance with research integrity (see Finnish National Board on Research Integrity, 2024), and it was assessed not to require a statement from an ethics committee (Tampere University, n.d.).

In institutional meeting interactions, participants have the role of performing institutional tasks in encounters between professionals or professionals and service users (Drew & Heritage, 1992; Haakana et al., 2009; Heritage & Clayman, 2010; Juhila, Mäkitalo, & Noordegraaf, 2013). In the data, senior managers described meetings as arenas for peer support and discussion, with the intention of keeping all managers on a "common map." Managers at various levels (team leaders and their senior managers) attended the meetings and discussed topical themes in their fields of responsibility. In addition, development specialists (without decision-making power) occasionally attended the meetings. The number and composition of the managers varied from one meeting to another (6–19 participants per meeting). The meetings also included presentations on preselected themes, followed by an opportunity for joint discussion. The meetings followed a preset agenda, and talking turns were given by the chair, who was usually a senior manager (on institutional meetings, cf. Asmuß & Svennevig, 2009; Barnes, 2007). A researcher of the research project was a participant observer but did not participate in the meeting discussion. All the participants knew that the recording was taking place.

The meetings took place online in Microsoft Teams (regardless of research purposes), which was common in both wellbeing services counties. In digital video-mediated meetings, the nonverbal reactions (looks and facial expressions) of the co-meeting participants are easily invisible to others or replaced, for example, by emoticons (see also Tidwell & Walther, 2002; Tudini, 2012; Twine & Brown, 2011). Yet, technology-mediated

interactions have been shown to correspond to face-to-face interaction in many ways (e.g., Tidwell & Walther, 2002; Twine & Brown, 2011), which is why it is also suitable to examine technology-mediated interaction as a social interaction process.

3.2. The Analysis Process

To answer the RQs of this study, I applied PT as an analytical concept (see also Laapotti & Mikkola, 2019; Leighter & Black, 2010). A "problem" can be defined as "a discrepancy between a current less desirable state and a future more desirable state" (Laughlin, 2011, p. 1). Therefore, in PT, managers talk about circumstances in which the current state of the issue (accessibility in this context) is perceived not to be what it should be. Thus, I understand PT more broadly than directly talking about individual problems (see also Laapotti & Mikkola, 2019). My approach to PT is that it is not always intended to solve problems (see also Leighter & Black, 2010); it can also be used just to bring up issues that require attention—to be discussed and acknowledged by others.

PT as an analytical concept guides me in my qualitative content analysis (see Drisko & Maschi, 2016) to study what problems related to accessibility are discussed in institutional interaction (RQ1) and how they are constructed and negotiated together interactively (RQ2; see Hall et al., 2013). Previously, PT has been used as an analytical tool in studying how a common understanding of problems and possible solutions is created in health service management meetings (Laapotti & Mikkola, 2019). The ways to bring up problems in social services have been studied more generally, focusing on social work service user encounters and interactions among professionals (e.g., Iversen et al., 2022; Juhila et al., 2010; Kalari, 2024; Morriss, 2015; Nilsson et al., 2024). However, in the context of SSA, interaction research focusing on PT has scarcely been conducted.

When answering RQ2, guided by interaction research, I study talk and other expressions produced in institutional meetings as structured activities (Asmuß & Svennevig, 2009; Flinkfeldt et al., 2022; Juhila, Mäkitalo, & Noordegraaf, 2013). Studying this is important to understand what is happening at an organisation's management level and in decision-making processes (e.g., Drew & Heritage, 1992; Haakana et al., 2009; Heritage & Clayman, 2010; Juhila, Mäkitalo, & Noordegraaf, 2013). Meeting interactions always contain interpretations of and reactions to previous turns of talk (Drew, 2013; Heritage, 1984, pp. 241–242; Juhila, Mäkitalo, & Noordegraaf, 2013; Pomerantz & Heritage, 2013). My analysis (RQ2) is based on the idea of discursive interaction research that managers' common understanding of problems in accessibility is formed through a joint discussion, constructed of word and tone choices, and interpretations within the institutional meeting interaction (cf. Asmuß & Svennevig, 2009; Barnes, 2007; Leung & Lam, 2019).

In particular, the analysis of RQ2 is guided by the concepts of alignment and misalignment that are used as analytical tools (see also Günther, 2022; Kykyri et al., 2019; Raitakari et al., 2021) to gain an understanding of how decision-making plays out in meeting interaction. The definition of "alignment" used in this study comprises affiliation and agreement, as it indicates the interactive orientation of cooperation towards a shared goal. Expressions of alignment are acts of interaction by which the listener supports the message conveyed earlier in the meeting and/or continues to discuss the matter from the same perspective in their own turn of talk (see Raitakari et al., 2021; Steensig & Drew, 2008). In contrast, expressions of misalignment momentarily break interactive cooperation that would promote a common goal (Juhila, Caswell, & Raitakari, 2013). Thus, misaligning represents interaction acts in which the speaker's point of view on the matter is in

some way inconsistent with the previous turn of talk. Therefore, it can be assumed that aligning or misaligning can advance or hinder cooperation and decision-making in meeting interactions. Similar definitions have previously been utilised, for example, in research studying couples therapy (Kykyri et al., 2019) and in social work research studying multiagency interaction (Raitakari et al., 2021) and interprofessional interaction in adult social work (Günther, 2022).

I utilised the qualitative data analysis program Atlas.ti for coding. An overall picture of the data and the three-step analysis process are illustrated in Figure 1.
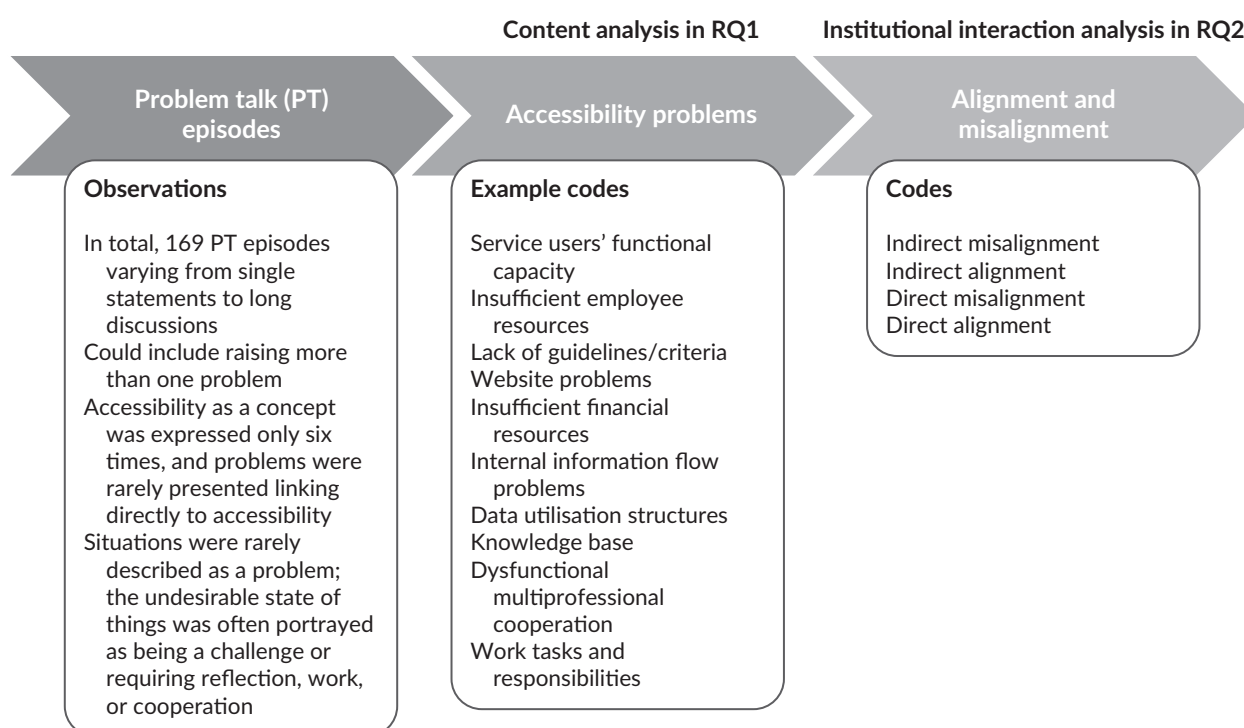
	Content analysis in RQ1	Institutional interaction analysis in RQ2
Problem talk (PT) episodes	**Accessibility problems**	**Alignment and misalignment**
Observations	**Example codes**	**Codes**
In total, 169 PT episodes varying from single statements to long discussions Could include raising more than one problem Accessibility as a concept was expressed only six times, and problems were rarely presented linking directly to accessibility Situations were rarely described as a problem; the undesirable state of things was often portrayed as being a challenge or requiring reflection, work, or cooperation	Service users' functional capacity Insufficient employee resources Lack of guidelines/criteria Website problems Insufficient financial resources Internal information flow problems Data utilisation structures Knowledge base Dysfunctional multiprofessional cooperation Work tasks and responsibilities	Indirect misalignment Indirect alignment Direct misalignment Direct alignment

Figure 1. Analysis process and data observations.

First, I coded 169 PT episodes from the data. Discussions in which several accessibility problems were brought up or examined from different perspectives were coded as one PT episode. Next, to answer RQ1, I coded parts of the PT episodes in which such a problem was highlighted (246 codings) that (a) the managers themselves explicitly identified or (b) that, mirrored by the theoretical basis presented earlier in this article, I interpreted as affecting the accessibility of SSA. To answer RQ1, I used qualitative content analysis to create a data-driven outline of the kinds of accessibility problems that were described (see Table 2 in the results section).

Next, to answer RQ2, I coded 522 alignment or misalignment expressions in the PT episodes concerning accessibility problems. I then separated the observed expressions in a data-driven analysis into direct and indirect expressions of alignment or misalignment. Finally, one data extract from the whole dataset was selected for a detailed interactive analysis. This extract illustrates particularly well the problems in SSA accessibility from the managers' point of view and simultaneously shows how managers' interactions (alignment and misalignment) mould cooperation and decision-making in meeting interactions. The transcription symbols described in Table 1 have been used when combining and deepening the results in Section 4.3.

Table 1. Transcription symbols.

Symbol	Explanation
(1)	Pauses in seconds
(.)	An untimed pause (just hearable)
((utters a laugh))	An additional comment from the transcriber
(text)	Text content removed to anonymise
[	Overlapping starts
]	Overlapping ends
becau-	A cut-off of the preceding sound

The de-identification of meeting participants has been safeguarded by removing identification data from the extracts and by referring to speakers according to their general employee role (senior manager, team leader, or development specialist).

4. Results

4.1. Content of Accessibility Problems in Managers' Meeting Talk

In managers' meeting discussions, the accessibility of SSA appears as an intertwining of structural, informational, and individual factors. In Table 2, I have summarised my analysis of the managers' PT about accessibility.

I found that during the transition to the wellbeing services counties, there have mostly been accessibility problems because resources and structures have not supported the accessibility of SSA (155 codings). This has been due to, for example, insufficient financial or human resources or situations in which the structures of the service system or organisation have not supported accessibility. In these problematic situations, it has been difficult to find new staff (mainly social workers), structures of cooperation have not existed, their inoperability has hampered accessibility, or the division of responsibilities and tasks between services and employees has not been clear.

I also identified problems related to the use or flow of information and knowledge (80 codings). In these situations, the organisation did not have enough knowledge of regional service needs; if it did, it did not know how to utilise it because of a lack of structures. There were also problems in the information flow between authorities or towards those in need of services. In particular, the constant state of change in websites was often brought up in managers' PT. It was described as causing deficiencies and inaccuracy in information.

I also found accessibility problems related to service users' individual factors (11 codings), with which I described a certain specificity in the clientele of SSA and its impact on accessibility. In those situations, the individual financial, physical, mental, or social resources of those in need of services were very limited, and their situations were difficult. As a result, it was difficult to guarantee accessibility even if the resources and structures of the service system supported accessibility and the organisation knew how to collect, utilise, and transport information.

Table 2. Analysis of accessibility problems raised in managers' meeting talk (RQ1).

	Examples of accessibility problems	Data examples

Resources and structures	When insufficient finance and human resources impair accessibility
	
	    When a shortage of social workers is an ongoing problem
	
	    When financial resources are insufficient and cost-effectiveness requirements weigh heavily
	
	    When service tasks are transferred arbitrarily from healthcare to SSA without financial resources
		It's the same old whining that it's really hard to get social workers. It's just that we've had vacancies unfilled (in municipality A), well…today after this, we're interviewing a qualified social worker, but we should also get another one. (meeting 2)
		
		If health care has suddenly just decided that they will no longer grant (the service), but have granted it before, in which case they must have spent some money on it, now we would be interested in this money, so that we can then organise the service on the basis of the Social Welfare Act, but it would be nice to have some money for it. (meeting 14)

	When the service system's or organisation's structures don't support accessibility
	
	    When service access criteria are not outlined, or increased bureaucracy delays decision-making
	
	    When dysfunctional or missing structures hinder cooperation, and the division of responsibilities and tasks between services and employees is not clear
	
	    When the geographical and demographic heterogeneity within the wellbeing services counties complicates harmonising services and practices
		We probably need a group of people to start condensing this a bit and defining and creating the criteria and common rules. (meeting 6)
		
		It feels like it's really unclear to the employees and to myself, what belongs to whom, good that those job descriptions are done for you and hopefully at some point they will also be done for us, because it's unclear to us as well. (meeting 3)
		
		A big thing in general is…how we can harmonise our working methods in adult social work as a whole (in the wellbeing services county) so that we do all the things with the same template. (meeting 4)

Information and knowledge	When there is not enough information/knowledge, or the organisation does not know how to utilise it
	
	    When a larger knowledge base is needed to develop services
	
	    When structures for utilising the collected data are missing
		You can possibly get that kind of information through social reporting, reach the people we wouldn't otherwise be able to reach, and so get information about the service needs and phenomena that are going on in the streets. (meeting 3)
		
		If and when this reporting happens and information is gathered….We should consider how the information is…reported at the municipal level and at the regional government level…so that the knowledge increases there, so that the people who decide on our services…like they have no contact with our customer base and their experiences. (meeting 4)

Table 2. (Cont.) Analysis of accessibility problems raised in managers' meeting talk (RQ1).

	Examples of accessibility problems	Data examples
Information and knowledge	When the flow of information to service users or between authorities is not smooth When communication between different authorities breaks down When websites are constantly changing, the contact information on the pages is inaccurate, or information is lacking	There's completely wrong information on the website. It still says we are reachable by phone from eight to four o'clock…yesterday I sent the latest message that it should be changed…now that the phone is only answered for a few hours a day, there's still information everywhere that the phone is answered all hours. (meeting 3) And it's true that there are still a lot of shortcomings there (in the website). And at the same time, the intranet is being built. And we've also wished for a contact information chart so that we, the employees would also be able to contact the right people. (meeting 1)
Individual factors	When the individual resources of those in need of services are scarce and their situations difficult When limited financial, social, mental, or physical resources make it difficult to seek or commit to services When a person in need of services doesn't have IT skills/equipment to operate in a digital service-oriented world	And we have the idea that…the aspiration is for normal citizenship, that an adult is a tax-paying, working person, but that we have that respect for diversity and the understanding that not everyone is capable. But how do we keep them included in society? That's kind of the other side of the coin. (meeting 8) There must be digital possibilities, but there must also be opportunities for live encounters. Not everyone has the opportunity to call, let alone operate through an app. (meeting 1)

Altogether, the analysis shows SSA accessibility problems to be manifold and include intertwined structural, informational, and individual factors. Next, I will analyse managers' meeting interactions focusing on the expressions of alignment and misalignment in the PT episodes regarding SSA accessibility (RQ2). The results demonstrate how PT is either strengthened or weakened by subtle linguistic actions that imply joint or disjoint interpretation of the situation.

4.2. Alignment and Misalignment in Interactions Related to Accessibility Problems

In meeting discussions, managers expressed alignment or misalignment directly and indirectly; there were considerably more expressions of alignment (387) than expressions of misalignment (135). Alignment was most often expressed directly, while misalignment was mostly expressed indirectly. The analysis indicated that managers' various ways of expressing alignment and misalignment direct the common understanding of accessibility problems and the (dis)cooperation in solving them.

Direct expressions of alignment (366) were classified into three groups: (a) expressing strong alignment without justification, (b) strengthening the alignment by repeating or rewording what was said earlier, and (c) supplementing the previous turn of talk with additional justifications or proposals for action. Strong

unjustified expressions of alignment ranged from short and concise statements (e.g., "Yes," "Exactly," or "This is the case") to longer turns of talk in which alignment was expressed in several words, but no justification was offered for it. The video-mediated meeting format also made it possible to express alignment by displaying the "thumbs up" emoticon. Direct alignment was also expressed by supplementing a short statement in a straightforward manner by repeating or rewording a previously discussed matter (e.g., "Yes, yes I'm seeing eye to eye with (employee's name) that it's…"). The alignment could also be supplemented by providing additional justifications for the direct alignment or by making suggestions on how to proceed with the issue (e.g., "We have the same need to think about the service user process between (services) and everything related to it, so I guess it would be a good idea to set up some workshops, we could make use of each other and our know-how").

Indirect alignment (21) was expressed by highlighting a situational example or point of view that was in line with the previous turn of talk. In these cases, the turn usually began with a word or phrase directly expressing alignment, and it was supplemented by justifying the alignment by means of a situational example or point of view (e.g., "Yes, just that I've come across the same thing lately…"). At times, indirect alignment was expressed by supplementing an earlier turn of talk without there being a direct, even brief, expression of alignment at the beginning of the turn.

Misalignment was expressed less frequently and mainly indirectly. Direct expressions of misalignment (25) were classified into two groups: (a) unjustified and (b) justified. Direct unjustified misalignment was most often expressed in subtle terms (e.g., "I really wouldn't warm up to that thought now"). Unjustified misalignment was also expressed by not reacting in the video-mediated Teams meeting (by taking the floor by starting to talk or using emoticons) when agreement was inquired. In directly expressed justified misalignment, turns of talk mainly began with a sensitive but clearly worded statement of misalignment supplemented by justification (e.g., "I'd like to protest a little that where do we get the money from, that…").

Expressions of indirect misalignment (110) were classified into two groups: (a) misalignment by challenging the previous view with a situational example or by presenting a different point of view, and (b) misalignment presented as a question or suggesting alternative courses of action. Indirect misalignment was expressed by giving a situational example that showed that the speaker was not aligning with the previous view or by presenting a different perspective on the matter at hand (e.g., "And then we have this interesting thing here (name of municipality)…"). Indirect misalignment was also expressed entirely in the question form (e.g., "But we have encryption here in our own email, can't you…?"). Indirect misalignment was sometimes presented hesitantly, beginning with a statement and then adding a short question word at the end (e.g., "Right?"), which also includes the question of whether other managers are aligned with the speaker. Indirect misalignment was also expressed by proposing a different course of action to the situation at hand (e.g., "I would start with teaching that now, when you have this service user, you put these things here and you write this way").

Altogether, the analysis of accessibility problems in SSA (Section 4.1) and the various expressions of alignment and misalignment (Section 4.2) indicate that it is meaningful how managers talk about and negotiate SSA accessibility problems and thus create a common understanding. Next, I will deepen the RQ-specific analyses presented earlier by examining in detail one PT episode.

4.3. Combining and Deepening Results: Managers' PT in Action

The selected extract below shows accessibility problems to be, in real life, complex and contradicting, as intertwining many structural, informational, and individual factors from the managers' point of view. The extract also shows tension between policies and social work ethics (National Association of Social Workers, n.d.), which emphasise helping those in the most vulnerable position.

In the chosen conversation extract from a meeting, managers specifically discuss the accessibility of adult social work, which is part of the public SSA in Finland. For this reason, I use the concept of adult social work in this analysis. The extract was preceded by a presentation by a development specialist on how information is technically entered into the wellbeing services county's website. The presentation led to a discussion on which contact information should be posted on the website for sending social assistance applications or related advice. During the transition to the wellbeing services counties, the granting of financial support was centralised in a separate unit. The intention was that service users would apply for social assistance directly from the service unit granting financial support, either by submitting an electronic application or by sending the application to the unit by post. The plan was not to give service users the opportunity to bring their paper applications directly to the local unit. In the extract, conversation turns are numbered, sections interpreted as accessibility problems bolded, expressions of alignment underlined, and expressions of misalignment italicised. Development specialist 2 starts the conversation with a question:

> 1 DEVELOPMENT SPECIALIST 2: **What about the (supplementary and preventive social assistance) applications that, (1) for example, (municipality F) (.) submits?** Then they're just centrally sent there, (.) or I mean are they scanned there? So that if someone, for example, submits
>
> 2 SENIOR MANAGER: [Well if, for example, some old 99-yea-…
>
> 3 DEVELOPMENT SPECIALIST 2: (to municipality F's) social services?
>
> 4 SENIOR MANAGER: Yes.] If a 99-year-old grandma takes it there ((in person)), then it's of course [scanned.
>
> 5 DEVELOPMENT SPECIALIST 2: Right. Right.]
>
> 6 SENIOR MANAGER: But I mean, (.) this will sound awful, but the idea is (.) that the service users would send it themselves by post. (.) So post is delivered and you [send them forward by post.
>
> 7 DEVELOPMENT SPECIALIST 2: Yes.]

At the beginning of the extract (turns 1 and 3), development specialist 2 asks how social assistance applications submitted to local units of adult social work services are forwarded to a separate service unit granting financial support. This situational example, presented as a question, highlights a potential accessibility problem related to structures (i.e., the structures and organisational policies created for reaching services or, in this case, financial support). Development specialist 2 continues by presenting an alternative operating method for forwarding applications submitted on-site (central mail or scanning).

The statement turns into a more uncertain question towards the end, looking for the alignment of the other meeting participants. They also begin to justify the view with a situational example.

A senior manager responds (turns 2 and 4) by providing an example of a service user (a 99-year-old grandmother who has brought an application to a local adult social work unit), for whom it would be justified to deviate from the decided wellbeing services countywide policy. This displays a categorisation of a service user deserving exceptional procedures to access services. Development specialist 2 supports this by expressing direct alignment briefly (turn 5). Next (turn 6), the senior manager puts into words the county-level policy: Service users should mail their applications straight to a separate service unit granting financial support. The "this will sound awful" statement at the beginning of the turn displays the contradiction between policy and social work ethics. Despite this ethical contradiction, they orient the discussion to the binding nature of the policy by repeating it again, this time using a more descriptive expression. Development specialist 2 supports this by briefly expressing direct alignment (turn 7). A team leader joins the discussion:

8 TEAM LEADER: Right, that's how I have [instructed my employees that

9 SENIOR MANAGER: <u>Yes exactly.</u>]

10 TEAM LEADER: just post it. **But actually just about half an hour ago, a social worker came to tell me that (.) someone who can't, who doesn't have electricity and doesn't have ((utters a laugh)) the ability to make an online application, intends to bring a paper version, so...**I just told them that well, you can of course accept it, it was their client, but (.) apparently the client will bring it here soon. But that's how we've instructed people, just post it.

11 SENIOR MANAGER: <u>Yes, just post it.</u>

12 DEVELOPMENT SPECIALIST 2: <u>Yes.</u>

13 TEAM LEADER: Right. **So also in that sense it's good or I think it's important that we just remove the (.) addresses from under the heading of (service unit granting financial support) because otherwise it sends the message that you can also [leave something here.**

14 SENIOR MANAGER: <u>Yes, you can bring it here. Yes.</u>

15 TEAM LEADER: <u>Right.</u>]

16 SENIOR MANAGER: <u>That's true. This is also a good perspective on this.</u>

The team leader, who joins the discussion (turn 8), states that they have acted in accordance with the policy (i.e., instructed their own employees to follow the policy). The senior manager supports this by aligning strongly (turn 9). To this, the team leader (turn 10) expresses misalignment indirectly—giving a concrete situational example (a service user without electricity or the ability to submit an electronic social assistance application). This situational example indicates that there are service users in adult social work clientele who are unable

to submit their applications in accordance with the policy. This highlights the individual factors related to accessibility problems: The limited individual resources of those in vulnerable situations can impair or hinder service access. The team leader emphasises that, in this case, it is an employee's own service user, not just some occasional person in need of financial support, displaying the discrepancy between the functional capacity of some service users (individual factors) and the policy on submitting social assistance applications. Although the team leader's turn of talk can be interpreted as misaligning, it concludes by repeating the policy decided, which shows commitment to jointly created decisions and operating practices, despite the perceived need to make an exception. The senior manager responds (turn 11) by expressing direct alignment to the last sentence of the team leader's turn of talk by repeating the end of it and so orients the discussion to the binding nature of the policy made. Development specialist 2 (turn 12) supports this by briefly expressing direct alignment.

Next, the team leader brings up an accessibility problem related to information and knowledge (turn 13)—a resident of the wellbeing services county in need of financial support (or another party assisting in applying for it) can interpret from the information on the website that social assistance applications can also be brought to the local adult social work unit, even though this cannot actually be done according to the policy. The team leader states that it is important that the contact information on the website is not misunderstood. The senior manager (turn 14) shows their support for the team leader's view by expressing direct alignment regarding the accessibility problem raised and the solution suggested for it, repeating what has been said concisely. They continue (turn 16) by expressing direct alignment without justification in a stronger and more verbose way, which strengthens the common understanding of the identified accessibility problem. Development specialist 2's following turn is interrupted by development specialist 1:

17 DEVELOPMENT SPECIALIST 2: <u>Yes.</u> Well [I can sho-

18 DEVELOPMENT SPECIALIST 1: But then of course people….Right.]

19 DEVELOPMENT SPECIALIST 2: [Go ahead.

20 DEVELOPMENT SPECIALIST 1: *Of course then] I think that if there's an urgent need for social assistance, (.) then of course, you may sometimes have to make (.) an assessment.*

21 SENIOR MANAGER: <u>Yes, always use common sense and in a sense that if some 90-year-old grandma drags herself there from the backwoods of (name of location) with a taxi, we won't tell them to take it to the post office, that the nearest post office is in (name of location). Go back there. Of course not.</u>

22 TEAM LEADER: <u>Yes (.) and</u> **this (municipality F) ((utters a laugh)) seems to be full of people who drag themselves with their last strength to the office here.**

23 SENIOR MANAGER: <u>Yes.</u>

Development specialist 1 (turns 18 and 20) does not seem to define the problem only as the offered channels to submitting applications, and misaligns indirectly by arguing that a simple application submitted electronically or by post may not serve its purpose if there is an urgent need for social assistance that may

require assessing the service user's situation. The expression is indirect, polite, and careful. The senior manager responds (turn 21), first aligning directly, after which they express indirect alignment by referring again to the service user (grandma in her 90s, who lives "in the backwoods") for whom it would be allowed to deviate from the policy. "Common sense" as a justification allows discretion to be exercised on a case-by-case basis. However, it remains unclear why the senior manager considers it justified to provide exceptionally accessible services in this situation. "Common sense" as a means of argumentation may also protect against the need to justify a view that otherwise satisfies the co-participants of the meeting. The senior manager concludes by emphasising permission to deviate from the general policy in the described case.

The team leader (turn 22) supports the senior manager's view and begins their turn with a direct alignment. They continue expressing alignment indirectly by presenting their area of responsibility as an example where plenty of service users need such exceptionally accessible services. This highlights that accessibility problems may also occur due to the lack of the service user's individual resources. The senior manager's direct alignment (turn 23) displays the recognition of the accessibility problem described by the team leader in that the clientele may include many people in need of help and support who may not be able to submit their social assistance applications either electronically or by post in accordance with the policy decided. The team leader continues the discussion by presenting a situational example:

> 24 TEAM LEADER: **I don't know how, (municipality G) for example has the same thing, but there's no one there to accept anything.**

> 25 SENIOR MANAGER: <u>Yes.</u>

> 26 DEVELOPMENT SPECIALIST 2: <u>Yes.</u>

> 27 SENIOR MANAGER: *This is also a learning experience for the (.) service users, because it has to be so that in the whole (wellbeing services county), everyone has the same systems.* (2) This is what I've been saying for the past three weeks ((utters a laugh))

> 28 DEVELOPMENT SPECIALIST 2 ((laughs))

> 29 SENIOR MANAGER: that everyone has the same systems. And that means that for some, the service will deteriorate, that you can't go see a social worker right away. But (.) yes.

The team leader further points out (turn 24) that similar problems in the accessibility of financial support services may arise in other areas of the wellbeing services county; according to their knowledge, "There is no one to accept anything" in another municipality. This highlights an accessibility problem either in structures (there is no local unit to which the application can be submitted) or resources (the local unit does not have staff to receive the application). The senior manager (turn 25) and development specialist 2 (turn 26) both support the team leader's view of the accessibility problem, expressing direct alignment shortly, which indicates a common understanding of the identified accessibility problem.

Next, the senior manager (turn 27) shifts the direction of the discussion by misaligning indirectly, stating that the entire wellbeing services county must have the same systems for everyone, despite the difficulty of

following the policy for all people in need of help and support. They present this as a learning experience for service users—with the organisational policy, service users are "taught" to follow new wellbeing services countywide operating practices that may ignore individual situations. In this case, the responsibility for service accessibility is shifted to people in need of help and support from SSA, who possibly have few resources and are in difficult life situations, away from service providers' responsibilities. The senior manager (turn 29) emphasises their view by reiterating the objective of harmonising services and operating practices in the wellbeing services county and says that for some of those in need of help and support, the service will deteriorate, and they will no longer be able to see a social worker immediately. This reflects an acknowledgement that the common policies of the wellbeing services county do not always promote accessibility. For some people, harmonising services and operating practices may mean a weakening of services and/or their accessibility. Development specialist 1 takes the floor:

> 30 DEVELOPMENT SPECIALIST 1: *Just (.) one thing (.) then that if...(.) Right. In principle, by post (.) if you send those applications by post, so (.) umm **is there a possibility that there would be some postal envelopes somewhere that state the postage has been paid so that it doesn't prevent people from (.) [applying?***

> 31 DEVELOPMENT SPECIALIST 2: <u>Right or can you use] the (wellbeing services county) envelopes, the postage has been paid on those. So could you, for example, (.) send or give those to service users or?</u>

> 32 SENIOR MANAGER: *I don't think we can send them (.) to service users.* I don't know if that would be possible. (.) [I don't know

> 33 DEVELOPMENT SPECIALIST 1: *Well, I've] sometimes done it in a way that if it's not possible for a person to (.) deliver something (.) or something like that, then I've like sent (.) in a way sent some kind of a...(.) I can't remember now in what case I've done this, but I've sent a cover letter and attached a postal envelope so that is like a return (.) postal (.) envelope to send to us.*

> 34 DEVELOPMENT SPECIALIST 2: <u>We've also done that. Yeah yeah. Because we don't</u>

> 35 SENIOR MANAGER: <u>Yes, definitely do it like that because if that grandma from (name of location), or not from (name of location) but a grandma from the backwoods of (name of location) brings it and she cannot send it and it's a terrible situation, then (.) just put it in our envelope. Because I don't think we have internal mail in the whole (wellbeing services county) yet. So then just put it in our own envelopes and send them.</u> *But like, somehow we should get to a point where service users send it themselves. This sounds absolutely terrible coming out of a social worker's mouth, but that's how it is (.) and that's what other people have decided.*

Development specialist 1 does not support the senior manager's view and responds (turn 30) with delay, sensitivity, and cautious choice of words. They express misalignment indirectly by stating that some people may not apply for financial support if social assistance applications can only be submitted by post in accordance with the policy. Here, they describe a structural accessibility problem—due to the limited number of organisationally structured channels for applying for financial support, some of those in need of it may not apply at all and thus not receive it. They orient the discussion away from the confining objective of harmonisation by expressing misalignment indirectly in question form and proposing that people could apply

for financial support with a prepaid envelope if necessary. Development specialist 2 (turn 31) supports this by expressing direct alignment briefly and further developing the action proposal presented by the previous speaker. They suggest that in such situations, it would be possible to send or give people prepaid envelopes. Their turn of talk ends with a question presented with uncertainty, looking for alignment from co-participants in the meeting.

To this, the senior manager (turn 32) expresses a direct unjustified misalignment, stating that prepaid envelopes probably cannot be sent to service users. However, the misalignment is mitigated by the rather uncertain wording and subsequent reflection, in which they are left verbally pondering the idea of whether it could be possible after all. This shows that the senior manager does not completely reject the proposal. Development specialist 1 (turn 33) does not support the senior manager's view that it is not possible to use prepaid envelopes by expressing misalignment indirectly with a situational example, stating that they have used the previously proposed course of action in similar situations and sent the service user a prepaid return envelope. To this, development specialist 2 (turn 34) expresses alignment directly by stating that they have also done the same. They are also about to start justifying their words, but the argument is interrupted.

The senior manager (turn 35) expresses strong alignment directly and complements it by referring again to the same categorisation of a service user deserving exceptionally accessible services ("backwoods," "grandma") they mentioned earlier (turns 2, 4, and 21). With this, the senior manager again describes a situation in which it would be justified to deviate from the policy. However, they end with an implicit expression of misalignment that underlines the binding nature of the policy and states that the goal is still to reach a situation in which (all) people send their applications themselves, in accordance with the policy. They offer an interesting argument for misaligning: "This sounds absolutely terrible coming out of a social worker's mouth, but that's how it is (.) and that's what other people have decided." This wording displays the recognition of a conflict between general policy and social work ethics. They position themselves as a conveyor of the message rather than a decision-maker and so shift responsibility to "others." It remains unclear whether the policy has come from a higher or parallel level of management, whether the senior manager was involved in the decision-making process, and what opportunities they have to influence the decisions. Development specialist 2 concludes the conversation:

36 DEVELOPMENT SPECIALIST 2: <u>Yes and probably we will advise people more [to apply online</u>

37 SENIOR MANAGER: <u>Exactly.]</u>

38 DEVELOPMENT SPECIALIST 2: <u>who are actually able to do it, so there are also a lot of people who actually know how to do it there ((on the website)).</u>

Development specialist 2 (turn 36) briefly expresses direct alignment with the senior manager's turn and supplements it with a proposal to guide service users in applying for financial support electronically. To this, the senior manager (turn 37) expresses alignment strongly and directly. Development specialist 2 (turn 38) supports the view by pointing out that there are also many people in the clientele who are actually able to apply for financial support electronically. By aligning with each other, the senior manager and the development specialist 2 orient the common understanding towards the policy being suitable for a lot of the people who are in need of financial support from SSA.

Overall, the extract thoroughly examined above produces a detailed description of specific accessibility problems of SSA during the transition to the wellbeing services counties, which appear to be underpinned by many structural, informational, and individual factors. In addition, a detailed interactive examination of the expressions of alignment and misalignment sheds light on the ways in which social service management, through joint negotiations, produces a common or divergent understanding of accessibility problems, the solutions proposed to them, and the role of managers in moulding the accessibility of SSA by setting common policies.

5. Conclusion

In this study, I examined managers' PT (e.g., Laapotti & Mikkola, 2019) in meeting interactions concerning the accessibility (e.g., Anderson et al., 2016) of SSA during a service system reform. I analysed this PT by its content (RQ1) and the expressions of alignment and misalignment (RQ2). By combining these viewpoints, it becomes visible, in a rich manner, how SSA managers (who play a key role in promoting accessibility; see also Trnka et al., 2020) build a common understanding of accessibility problems and ways to solve them. Discussion in managers' meetings plays a key role in the formation of policies and decisions in the county, in which case meetings are also forums for exercising power. That is why it is important to study interactions and shared decision-making at the management level (see also Laapotti & Mikkola, 2019).

My findings show that during the first year of service system reform, managers encounter various problems that directly or indirectly affect SSA accessibility. I categorised these problems into three groups: accessibility problems related to (a) structures and resources, (b) information and knowledge, and (c) individual factors. The identified accessibility problems were most often due to under-resourced services, the service system structures, and organisational structures not supporting accessibility, an inadequate knowledge base (or capabilities to use knowledge), or insufficient information flows. The relationship between system-based accessibility factors and the heterogeneous resources, situations, and experiences of individuals appears to be tense (see also Anderson et al., 2016), creating challenges particularly for the creation of accessible structures. The scarcity of individual resources and the difficulty of the situations of those in need of services may prevent access, even if structures, resources, knowledge base, and information flow support accessibility.

Indeed, my analysis shows that during the wellbeing services counties' first year, SSA managers were in a difficult position; they were expected to make countywide decisions and policies while challenged by the complexity of everyday practice when doing so. Their task is, on the one hand, to ensure service accessibility, and, on the other, to harmonise services in their area of responsibility. According to my observations, the problem is that harmonised "one fit for all" policies and practices can (even substantially) reduce accessibility in individual situations. This is because the clientele of SSA appears so heterogeneous in terms of individuals' functional capacities, resources, situations, and service needs that, in many cases, deviating from the policies is required in day-to-day practice. This creates a need to consider when a person in need of support is in a situation in which deviations from the general policy can or should be made. If this tailoring is not done, harmonised policies will easily hinder rather than promote accessibility—especially for people in vulnerable positions. The question also arises as to who has the power to decide when tailoring can be done to promote accessibility, contrary to the policy guidelines made at the management level (see also Lipsky, 2010). There is a risk that the insensitivity of the service system, organisations, or their employees to the scarcity of resources

and the difficulty of situations of those in need of help and support from SSA prevents social services from fulfilling their statutory and ethical responsibility of supporting the wellbeing of vulnerable people and their service access. Thus, harmonising policies and practices in the wellbeing services counties can, in some cases, impair social service accessibility, and so ultimately weaken human rights and social justice and hinder social integration and inclusion, contrary to social services' purpose.

The data show that managers have observed that not all wellbeing-services-county-level policies are even intended to improve service accessibility but rather to shift responsibility onto the adults in need of SSA and curb service demand. This creates ethical conflict and pressure for SSA managers (see also Hyde, 2012; Trnka et al., 2020) to deviate from the guidelines to ensure service accessibility. Ethical conflict is also caused by managers' cross-pressured position as implementers of orders and policies coming from higher up in the organisation and as decision-makers of concrete operating practices implemented in day-to-day service user encounters. This places managers in a difficult position between "two realities" with conflicting objectives.

My thorough examination of managers' expressions of alignment and misalignment revealed that, in most cases, meeting discussions in which accessibility problems or ways of solving them were aligned progressed into concrete action. For example, a separate working group was formed, or decisions and policies were made during the same meeting. When managers were mostly misaligned, a consensus on the matter was not usually reached during the ongoing meeting. It was usually agreed that the matter would remain for further consideration or be revisited at future meetings. In other words, nothing concrete was often decided upon or acted on when there were differing views on accessibility problems, their causes, or solutions.

With this study, I am filling the knowledge gap associated with the combination of accessibility, SSA, and their management. However, further research into SSA accessibility is needed. This need is underlined by my findings that indicate that accessibility should be a key guideline of the provision of social services, enabling the production of ethically sustainable SSA that genuinely promote human rights, social justice, and social integration.

Conflict of Interests
The author declares no conflict of interests.

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