

## FROM CARE TO FELLOWSHIP AND BACK

Interpretative repertoires used by the social welfare workers when describing their relationship with homeless women

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### SUMMARY

The study asks, *what kinds of interpretative repertoires do social welfare workers use and produce when describing their work, and how is the practitioner-client relationship described in the different repertoires?* Social welfare work is approached through a single organization targeted for homeless women. The research data consist of a free-form diary kept by the workers. The analysis shows that the workers construct six different interpretative repertoires: repertoire of care, repertoire of assessment, repertoire of control, repertoire of therapy, repertoire of service provision and repertoire of fellowship. The repertoires are not anchored to given workers or homeless women. Individual workers adopt different repertoires, and a single homeless woman may be encountered in several ways. The variation in the repertoires and the movement between them make the work flexible. The quantitatively most frequent repertoire is the repertoire of care based on the ethics of care. As a carrying principle of the daily work it may create a climate of trust and confidence which makes the other repertoires possible. Due to its variation and commitment to long-term care, the work with homeless women can be said to challenge predominant policies that emphasize the citizen's own responsibility and the managerialist mode of operation.

**Keywords:** social welfare work, homeless women, interpretative repertoire, variation, care

## INTRODUCTION

The dominant way of approaching professional social welfare work is the normative one. This means defining good work, for example, as client-centred, participatory, caring, supporting and non-controlling. On the other hand, welfare work is criticized for not attaining these criteria of good work. It is regarded as stigmatizing, controlling, patronizing, bureaucratic, etc. This article takes a serious look at the controversy in defining social welfare work. It does not start out from one definition or bind itself to either the normative or the critical approach, but attempts to use a single context of welfare work, that is, work with homeless women, to reveal the multiplicity of the work. The focus lies on the different interpretative repertoires which the social welfare workers may adopt in their relationships to their clients.

The study underlying the article anchors to a research genre which focuses on the everyday practices of social and welfare work, of their interaction and of the (linguistic) constructions generated in them (e.g., Jokinen *et al.*, 1999; Taylor and White, 2000; Nijnatten *et al.*, 2001; Hall *et al.*, 2003; White and Stancombe, 2003; Hall *et al.*, 2006). The roots of this genre lie in ethnomethodology and social constructionism, both of which emphasize the interaction that generates and reproduces social order (see Garfinkel, 1967; Gergen, 1999; Francis and Hester, 2004). The core concept of this research, the interpretative repertoire, is derived from critical discursive psychology (Potter and Wetherell, 1987; Wetherell, 1998; Edley, 2001; Reynolds and Wetherell, 2003; Seymor-Smith and Wetherell, 2006).

## **THE ORGANIZATION UNDER STUDY AND DIARIES AS DATA**

The work with homeless women is approached through a single organization. This is situated in a building in a large Scandinavian city, with a support point located downstairs that is open to all homeless women, and an upstairs accommodation unit for women, consisting of 18 small flats. The support point is open on weekdays. The homeless women can drop in to take a rest, talk to people, deal with their personal business, fetch clothing donations and do their laundry. The women living upstairs often drop in and thus form the nucleus of the clientele. The organization is non-governmental, but its services are purchased by the city for its residents. The accommodation unit has a longer history, but the support point started in 2000.

The research data consist of a diary kept by the workers. The workers, three in number, are in charge of both the support point and the accommodation unit. They are all women with a long experience of work with homeless women. The workers started keeping the diary in 2000. The purpose of the diary is to describe and process the practices of social welfare work with homeless women. The workers have been writing it for their own professional interests. All the workers have participated in the writing, so the entity can be read as producing shared local culture or working understandings (Gubrium, 1992). The diary is not used as an official document or as a systematic daily report of the organization. Before this research the diary has been read only by the workers involved in writing it.

The ethical approval for conducting the study was received from the research committee of the main organization producing the social welfare services studied. The workers were informed thoroughly about the research and supported it from the very beginning. They did not participate

in the analysis, but joined in discussions on the research results. In these discussions they reported that they could recognize their own work in the results.

The diary is free-form and written by hand. Its text is rich, especially as regards descriptions of homeless women and encounters with them. It creates a vivid picture of the daily life at the support point and accommodation unit, with its ups and downs. This study focuses on the diary during the period from 21 August 2000 to 21 September 2001 (the two first, thick exercise books, size A5). During this period, there are diary entries on 258 days, or almost every weekday. The average length of the entries is half a page of handwriting.

During the period under scrutiny, the diary mentions a total of 57 women by name. Of these, 21 lived in the accommodation unit, while 36 only used the services of the support point. Using the European typology on homelessness and housing exclusion (2006), a smaller share of the homeless women visiting the support point may be classified as roofless (without a shelter of any kind), while a major share are houseless, i.e., have a temporary place to sleep in institutions or shelters, such as the accommodation unit studied here.

## **RESEARCH QUESTION AND THE PROCESS OF ANALYSIS**

The study asks, *what kinds of interpretative repertoires do the workers write into being in the diary, and how is the relationship between the practitioners and the homeless women described in the different repertoires?* Interpretative repertoires are ‘relatively coherent ways of talking about objects and events in the world’ (Edley, 2001, p. 198); in this case, ways of talking about homeless women and the work with them. When studying repertoires, variability is a starting point. People tend not to use only one repertoire, but many, activated in different situations

(Reynolds and Wetherell, 1998). Repertoires are like books on the shelves in the public library to be borrowed when needed (Edley, 2001). People do not have an unlimited freedom of choice as to which repertoire they may take up – the public library is not endless. The taking up of a repertoire is governed by culturally available resources. In this study, essential resources are those related to professional social work. They are the building blocks of the repertoires used and produced by the workers when describing their work. Besides variability, the concept of position is another important tool in the analysis of interpretative repertoires (Reynolds and Wetherell, 1998). Each repertoire provides access to specific speaking and acting positions with certain roles and rights. Thus, every repertoire used in the diary creates a specific position for the workers and produces a certain kind of relationship between the workers and the homeless women.

The workers do not label their work in any given way, let alone using the concept of interpretative repertoire in the diary, but provide vivid descriptions of the homeless women and encounters with them. This being so, the interpretative repertoires have been identified by analysing the descriptions in detail. During the period under scrutiny, the diary contained a total of 739 descriptions of homeless women and encounters with them. The descriptions were coded into different categories depending on their content. The coding produced six repertoires, listed in the following table together with their frequency of occurrence.

**Table: Interpretative repertoires used by workers in the diary**

Repertoire of care	353
Repertoire of assessment	275
Repertoire of control	190
Repertoire of therapy	83
Repertoire of service provision	156
Repertoire of fellowship	169
<b>Total</b>	<b>1,226</b>

One description may contain elements of different repertoires, which is why the number of occurrences (1,226) is greater than the number of descriptions (739). The fact that repertoires are interwoven with each other in talk and text is not unusual in any research data. People use language skilfully and can move from one repertoire to another even within one sentence. It is part of the researcher's 'craft skill' to be able to distinguish different repertoires from each other in these quick shifts.

The following, empirical part of the article provides a close look at what each repertoire contains. The main role is given to the data and to a detailed analysis of them. The purpose is to explicate how richly and skilfully the workers construct and characterize their relationship to the homeless women. The analysis is not arranged according to the frequency of occurrence of each repertoire. The order is based on a plot with content: the first repertoire to be discussed is the repertoire of care, and the last one the repertoire of fellowship.

The data extracts from the diary are selected to represent, as well as possible, all the descriptions within each interpretative repertoire. As the repertoires are often interwoven with each other, the extracts may contain elements of other repertoires as well. If such is the case, this is pointed out in the analysis. The extracts were transcribed from the handwritten diary. They have not been edited in any way, except by changing the names of women and localities, to ensure anonymity. A few additions in square brackets were made by the researcher to facilitate the understanding of the extracts. The diary entries were written in Finnish, but have been translated for the purposes of this paper.

## INTERPRETATIVE REPERTOIRES

### **Repertoire of care**

In the repertoire of care, the workers first of all construct their relationship to the women as consisting of helping the women in coping with their daily lives. This concerns the basic issues and needs in life, such as making sure that the women eat properly, are clothed, and look after their health adequately. Ultimately, this is a matter of safeguarding the survival of the women. Matters of life and death are literally present in encounters with the women:

*I called Anna, using the mail as pretext, and asked how she was doing. Not well, once again. She'd forgotten to eat and had gone on drinking since the weekend. Pity, that. She'll drink herself to death, she will.*

The worker writes that she had used a pretext to phone Anna, who is a resident at the accommodation unit. She justifies this act by a concern over how Anna is doing. This is why the

emphasis in this description lies more on the repertoire of care than on those of control and assessment. The worker produces the concern as well-founded: Anna has forgotten to eat and has continued drinking since the weekend. Anna's situation has caused concern for some time. This can be inferred from the words 'once again' in reference to Anna's not feeling well. The worker is present with her own emotions, she comments on Anna's situation by calling it 'a pity'. Similarly, despair over the difficulty of helping is present here. The lack of means is localized in Anna's own activity, the fact that she is 'drinking herself to death'. However, the worker does not give up or withhold her support, even if she defines the causes of the situation to be found in the woman herself. Caring is unconditional. Nor is caring limited by the sort of reception that it meets with:

*Throughout the day, we tried to phone Ida, but there was no reply. We went to her door and met with a brusque reception when asking about her health and offering to run to the shop for her. The door was banged shut to the accompaniment of angry words.*

The worker writes that they have been worried over Ida. She reports having become more concerned as Ida has not answered her phone despite repeated attempts. The repertoire of care is easily readable in the continuation of the narrative: the workers did not leave the matter there, but went to see for themselves. The line between the repertoires of care and control is a very fine one here, for it is a matter of approaching Ida's private space. However, the event may be interpreted as caring, for the worker writes that they only inquired after Ida's condition and offered their help. At the same time, they were able to make sure that Ida was all right. Although the worker describes Ida's behaviour as brusque and angry, the visit achieved its purpose.



Important elements of the repertoire of care are descriptions that stress advocacy on behalf of the clients towards the social and health authorities. The workers write that they speak for the women and attempt to take care of their issues in situations where these appear not to be moving forward or not managed properly:

*The matter of Leila's visit to the doctor appears to be stuck, despite promises the health care centre has not phoned and I just can't get hold of the nurse who's been in charge of this.*

*Informed the hospital that Kristiina lives on her own, so they shouldn't discharge her at once. They'd been planning it for tomorrow, but will get back about it. I think home nursing will be needed. Right hand (fingers) not working properly, needs help showering, and broken skin on knees (showers + patches). Blister on heel (protective pads).*

Both extracts describe the management of the homeless women's affairs towards the health care authorities. Leila is constructed as being in need of an advocate to set up a necessary doctor's appointment. As a patient, she has been left waiting for a phone call which is never coming. Persistence is needed, since the nurse in charge proves impossible to get hold of. The worker produces herself as having better knowledge about Kristiina's circumstances than the hospital personnel. The concern is localized in the fear that Kristiina will be discharged too early and will be out of reach of proper care. The final part of this extract contains elements of the repertoire of assessment, for the worker lists reasons why home nursing will be needed in the event that Kristiina is discharged from hospital.

To conclude, the repertoire of care produces for the workers the following position in relation to the homeless women: they help women in coping with daily life and ensure their adequate survival, they understand the women's situations and feel concern over them even on the emotional level, they provide unconditional, comprehensive and continuous care for the women and advocate for them towards authorities.

### **Repertoire of assessment**

In the repertoire of assessment, the workers describe the women's condition. The repertoire emphasizes traditional expertise, in which it is part of the worker's role to assess the clients' situation and simultaneously their condition, and then to think of methods of intervention. The assessments of the homeless women's condition are based on observing the women as they visit the support point or as the workers visit the women's accommodation unit.

*Eva was in a miserable state. Confused, tired, depressed, and couldn't remember where she'd spent the couple last weeks.*

*Hanna came back from the hospital feeling quite happy. An independent woman needs no one to fuss over her, although she won't say no to help with shopping. Retired upstairs, apparently quite contented.*

The contents of these two descriptions represent two opposite ends, negative and positive observations on the women's condition. Thus, the repertoire of assessment does not only focus on problems, as is often the case in expert talk. Eva is defined as being in a miserable state, that is, confused, tired, depressed and forgetful. In contrast, Hanna is defined as happy, independent

and satisfied. Subsequently the workers' concern will most probably focus on Eva (cf. repertoire of care). Her condition will be monitored and an intervention might be considered (cf. repertoire of control). Hanna, on the other hand, is described as a person that causes no concern, she can manage without the workers fussing over her.

The workers often bring in a narrative dimension when describing the women's condition. The situation here and now is contrasted with how things were before:

*Essi appears more ill and melancholy than before. She seems somehow to sink into a slowness. On several Mondays, she has looked listless, and today she said she'd been ill all weekend. She still takes good care of her affairs and, apart from today, has visited the support point daily and with pleasure. Talked about her medication with Mattila [physician], we'll keep an eye on whether the fatiguing effect of Deprakine [medication] will leave off. They already cut down on Trusal [medication]. I've a feeling that we need to look after Essi extra well now.*

*Nora S. suddenly appeared at the support point after a long absence. The hospital period has really worked wonders. She's no longer so obsessive about getting attention, no longer externalizes, observes some limits in her behaviour. A controlled, pleasant, charming woman.*

The first extract describes Essi through a regressive narrative. She is 'more ill' and 'melancholy' than before. The assessment is based on a deduction made on her appearance: Essi looks listless. The assessment is also supported by referring to Essi's own report of having been ill over the weekend. Nevertheless, the assessment is not completely negative, for Essi is described as still

capable of looking after herself and as actively visiting the support point. Still, the assessment comes to the conclusion that some intervention is needed. In the last sentence of the extract, the repertoire of assessment shifts into the repertoire of care: 'I've a feeling that we need to look after Essi extra well now'. The narrative concerning Nora is different, a progressive one. The worker writes that Nora's whole appearance has changed. An attention-seeking, uncontrolled woman has become controlled, pleasant and charming. Attention-seeking and uncontrollability are concepts which belong to problem-defining expert language. Another example of expert talk is that a professional intervention, in this case a hospitalization period, is defined as the cause of the change.

To conclude, the repertoire of assessment produces for the workers the following position in relation to the homeless women: they observe the condition of the homeless women and the changes in it, they make negative and positive expert assessments of their condition, they discuss and plan necessary professional interventions into the women's lives on the basis of the assessments.

### **Repertoire of control**

The workers' diary also contains descriptions of relationships which may be characterized as involving control. The repertoire of control includes descriptions in which the workers employ monitoring, intervening, normalizing and disciplinary power over the homeless women. Control may be seen, for example, in how the workers report contacting other authorities to establish the whereabouts or the comings and goings of the women:

*I called the hospital to make sure that Vilma had returned to the ward yesterday. She had not returned, as I'd more or less thought. Vilma was found at her home, groggy with sleep but cheerful.*

The above extract allows the conclusion that the workers have been finding out the whereabouts and movements of Vilma without her knowledge or specific permission. This is justified in a manner that contains elements of the repertoire of care: the worker wants to ensure that Vilma gets the necessary medical treatment in hospital. The emphasis in this description, however, lies on control, because the worker considers it her right to know and monitor the woman's whereabouts and movements. The worker writes that Vilma was supposed to have returned to the hospital ward the previous day. The worker suspects that she has not done so, however. The suspicion proves right as the worker phones the hospital. The fact that Vilma had failed to show up justifies a visit in Vilma's flat, where she is actually found.

The repertoire of control is also visible in the diary as descriptions of interventions with the women's way of life, down to details of personal hygiene:

*We still haven't been able to persuade Lisa to take a shower. Today, I took her a blackmailing letter from Aila [social worker]: Take a shower in the morning or you'll get no allowance. I hope it works. I'm beginning to believe that Lisa would rather go without money than give up her coat for a minute.*

Lisa's problem is defined as poor hygiene and being dirty, and the worker writes how she has attempted to intervene with this. The intervention went further than simple admonishments, and stronger ammunition was taken into use to get Lisa to have a shower. In her entry, the worker

uses the word blackmail. The blackmail is based on an alliance between the support point workers and the municipal social worker. The social worker's letter threatens to stop Lisa's living allowance unless she takes a shower the following morning. The worker is not certain whether this will work. Lisa may be so stubborn that she chooses to go without money, and in this sense control can only go so far. The extract shows an important aspect of control. It is a form of intervention with a view to normalization, for an ordinary person is not dirty and does not smell. Again, the distinction from the repertoire of care is not very clear here. The description can also be interpreted as an effort to take care of Lisa's physical condition.

The repertoire of control is also written into being in the descriptions of disciplinary limits for what is allowed at the support point or in the accommodation unit:

*Leila L. wished me to hell and gone and also otherwise showed her worst sides. I tried to calm her down and make her stop, but when she started scolding the others at the support point I told her that she'd have to behave herself or go have the tantrum in her own room. Leila slammed out of the door. It's a wonder the lamps didn't come down.*

The worker describes Leila's bad behaviour at the support point. She has behaved badly towards the workers. The worker writes that she has intervened by trying to calm her down. The ultimate limit was passed, however, as Leila began scolding the other women then present at the support point. The situation required a stronger grip, a means of control. Leila was given two choices, either to behave herself or go to her own room. Leila chose the latter and made a demonstrative exit. Perhaps the strongest possible means of control in situations of this type would be to terminate the client relationship. However, judging by the diary this means of control is hardly

ever used either at the support point or the accommodation unit. Instead, the women are informed about certain limits or told to leave the premises for a while.

To conclude, the repertoire of control produces for the workers the following position in relation to the homeless women: they monitor their whereabouts and movements, they intervene in their habits and appearance and attempt to normalize them, they set disciplinary limits on their behaviour.

### **Repertoire of therapy**

The repertoire of therapy includes diary entries in which the workers describe as immersing themselves deeper in the women's situation by discussing difficult issues in their lives. The workers write about trying to make the women talk about themselves and about taking the time to listen and talk when the women take up matters with which they are concerned. According to the diary, even in the midst of the daily bustle, the workers are willing to become involved in such encounters. In most cases, conversations characterized as therapeutic are reported to have been initiated by the women:

*Katja came in crying and opened up about her oppressing choices. She has difficulties with arranging accommodation, her methadone treatment is coming to an end and her boyfriend has her in a vice. She's desperately trying to decide whether to move in with him or to opt for treatment and separate from him.*

The worker writes that Katja had come in crying and started to talk about her difficult situation. An encounter with a therapeutic nature came up unexpectedly, without 'appointment'. In

describing the encounter the worker makes no direct reference to her own role. For example, she does not say whether she gave advice on Katja's difficult choice regarding her relationship. However, the description allows the interpretation that the worker's role included at least active listening. She gave of her time to Katja and so provided her with an opportunity of speaking openly about her difficult situation and sorting out her choices. The homeless women are not, however, always defined as prepared for profound and open-hearted conversations:

*Some nice moments talking to Elli. She said she's nervous, things keep going round in her head and she's tired. Elli wants to spend a lot of time alone, by herself. About what happened at the hospital, she said that all possible tests were done. It appears, still and continuously, that on the one hand Elli would like to open up and would like to be intimate with someone, but is unable to let anyone get close. I suspect we are a threat to Elli's cold, internal control. We try to get closer gradually, gently.*

The worker writes that she has had some good moments talking to Elli. The word 'moment' reveals that during none of the times have Elli's affairs been discussed for long nor, as can be seen from the rest of the entry, very profoundly. The worker concludes her definition of Elli that on the one hand, she wants to be alone and by herself, but on the other hand she would like to open up and let people come closer. Elli is suffering from a block, 'internal control', which prevents her from letting people come close. When evaluating Elli in this way, the worker employs the repertoire of assessment simultaneously with the repertoire of therapy. The entry leads to the conclusion that the road of opening up and coming closer, or a more therapeutic relationship, would be preferred by the workers.



To conclude, the repertoire of therapy produces for the workers the following position in relation to the homeless women: they conduct in-depth conversations with the women on difficult issues in life, they provide time and space for such conversations, they respond immediately to invitations to conversation presented by the women, they encourage the women to open up, they attempt to improve the women's ability to analyse themselves and their lives.

### **Repertoire of service provision**

The workers use and produce the repertoire of service provision when describing everyday episodes in which the women are presented as being in the position of a service user or customer. The workers write that the women ask for and almost demand services for themselves and also provide feedback on the services they have received. The set-up is based on a welfare work discourse in which the women as service users have certain rights, while the workers are obliged to guarantee these rights and thus a high-quality service.

*Requests, suggestions, demands, the women really make us work full tilt, almost impossible to sit down or even go to the loo. They wanted, and got, attention.*

The worker describes herself and her colleagues in a role which includes responding to the women's requests, suggestions and demands. The women are described as making the practitioners work, which means that the workers dutifully carry out whatever the 'boss' decrees. On the day of the entry the women have been so active in employing the workers that they hardly have time for indispensable breaks. The worker's interpretation is that ultimately the women want attention, and that is what they got. On the one hand, it is possible to read in the entry a slight tiredness for being at the beck and call of the women. On the other hand, it may

also be read as a description of the workers' job and duties. The theme of being kept busy is present in the following extract as well:

*Eevi complained that we're so busy. She is right. Sometimes we're so busy that we don't know whether we're coming or going.*

Receiving customer feedback, listening to it and assessing the work on the basis of it are part of the repertoire of service provision. In a nutshell, the message of this entry may be said to be, 'The customer is always right'. Eevi's complaint is both true and justified, for as can be read between the lines, being always busy may bring the service quality down. The following description also concerns a service user with a complaint:

*Hanne Leino used dirty words (yes, you read correctly!). And with deliberation. She thought that a debt of 325.50 marks had been added to her rent in November. "B-y hell, f\*\*\*\* you, I'll not take shit like this, you're putting me on because I don't understand money. Her expression turned angry and her voice was really strident! So we went through the decisions, the commitments to pay, the receipts, and talked the matter through really thoroughly. At one point Hanne was about to leave, being so angry, but then she turned at the door and came back, and really listened to what I said. At some point she told me she didn't want to live in a place like this, and added something significant: "They've always made me bed down where they wanted'. It was great to listen to her, I wanted to hug her and yell, "WOW HANNE!" Finally Hanne feels brave enough to express her feelings. It was a long talk and she kept her end up really persistently.*

In the form of a narrative, the worker writes that Hanne has given strong feedback concerning the practices of paying her rent and the way in which her money is managed. Hanne intensified the criticism by swear words, a loud voice and an angry expression. She not only criticized the support point and the accommodation unit, but other parts of the service system as well: the way in which the social workers deal with money and other places where Hanne has been ‘bedded down’. The worker produces Hanne’s criticism as something to be celebrated (‘WOW HANNE!’). At the same time, she constructs Hanne as a person stepping out of the role of a silent customer and assuming a position in which she defends herself and her rights. The change is produced as a dramatic one; this interpretation can be read from the sentence in brackets ‘yes, you read correctly!’. The workers have not been used to hearing ‘dirty words’ from Hanne. This construction also links the entry to the repertoire of therapy: Hanne has stepped out of her shell.

To conclude, the repertoire of service provision produces for the workers the following position in relation to the homeless women: they respond to the women’s service needs, they listen to the women’s wishes regarding services, they take seriously both positive and negative feedback from the women.

### **Repertoire of fellowship**

The repertoire of fellowship is written into being in descriptions where the workers characterize their relationship to the women without resorting to conventional expert set-ups. The workers do not define themselves as caregivers, assessors, controllers, therapists or service providers, but meet the women on an equal footing. Fellowship is visible when the daily encounters are constructed so that the barrier between worker and client seems to have disappeared.

*It was Ansa's birthday. We took her a card and a bunch of tulips. Ansa made little of her birthday, but was clearly pleased. Maybe it's a long time since someone has marked her birthday.*

*Tired, sad women. Susan's death touches us and makes us talk. We gathered in the dining room to remember her at 10.30. Flowers, a candle and a photo of Susan on the table. Kaija led us in prayer, and we recounted our memories of Susan together.*

The worker describes how they greeted Ansa with flowers on her birthday. Remembering birthdays is not so much a part of a professional relationship, but above all of family ties and friendships. Thus it may be said that the barrier between worker and client was crossed during this episode. The death of Susan who lived in the accommodation unit and was known by everybody, and the meeting arranged for people to remember her, is described as a melancholy event. They all share in the sorrow. The phrase 'tired, sad women' can equally well refer to the homeless women and the workers; there are no barriers here. The use of 'we' in the final sentence is a similar reference. The spirit of co-operation can also be seen in diary entries concerning joint undertakings:

*A full house today, lots of bustle, wonderful feeling. Mending clothes, the sewing machine was going all day. Someone brought in some leftover buns from a seminar, Anna brought tulips, Whitney Houston in the background, critical and amusing; all sorts of conversations, laughter...*

The worker's eloquent description about the day's events in the support point creates a particular atmosphere. The atmosphere is of shared femininity: the women are working on their clothes, drink coffee and eat buns, flowers bring a bit of beauty to life and the mood is complemented by background music and free conversation. The description could be that of a meeting of any women's group, a sort of modern sewing circle.

To conclude, the repertoire of fellowship produces for the workers the following position in relation to the homeless women: they encounter the women in a way that could be characterized as friendship, they share the sorrows and joys with the women, they spend time together with the women by sharing talk and various activities.

## **DISCUSSION**

In the diary the workers construct six different interpretative repertoires when describing their relationship to the homeless women. The key result of the diary analysis is precisely the variation. The repertoires are not anchored to given workers or homeless women. When writing about their work, individual workers adopt different repertoires with different positions, and a single homeless woman may be encountered as someone needing care or control at one moment and as a service user or a fellow at the next. The repertoires are also intertwined in the diary text. Even within one description, an encounter with one woman may be characterized through several repertoires. It can be argued that the variation in the repertoires and the movement between them make the work flexible. Flexibility means that the workers appear to read sensitively the situations and to position themselves according to situational demands. (Parton and O'Byrne, 2000; Taylor and White, 2000; Parton, 2003). As the flexible variation is so

skilfully described in the diary text, it can be assumed to be present in real encounters with women as well.

Care, assessment, control, therapy, service provision and fellowship are all well known professional categorizations of social welfare work. In many cases, however, they have been approached as mutually exclusive, so that fellowship, for example, is incompatible with control, or service provision with caring. These comparative set-ups are also associated with evaluation, such as a preference for care and a criticism of control. This study, however, shows that in the organization studied the set-up is not an 'either-or' one, but a 'both-and' one.

Still, how is it possible that in working with homeless women it is possible to adopt a 'both-and' set-up including all six repertoires? One possible explanation for the 'both-and' set-up is that the quantitatively most frequent repertoire, that of caring, is the carrying principle of daily work, and this is the one that ultimately enables the adoption of the other repertoires. Work that is based on caring as a carrying principle may be described as following the ethics of care (Gilligan, 1982; Tronto, 1984; Sevenhuijsen, 1998; Banks, 2001; Orme, 2002; Meagher and Parton, 2004). When relying on the ethics of care, work creates ontological security and trust (Webb, 2006). In a climate of security and trust, the other repertoires are made possible. In this climate, assessment and control are not used to exclude the women from the services, and even critical feedback from the women concerning the activity of the organization does not bring unfortunate consequences to those who give it. In a caring climate, it is also easy to open up and venture into therapeutic conversations, as well as into fellowship which do away with the barriers of expertise.

The results of the kind of micro analysis made in this research can be located in wider societal contexts in which a 'micro world' is always embedded. Consequently, the final part of this

article takes the form of a contextualizing discussion, based on the diary analysis but also taking the liberty of exceeding its limits. If the homeless women were described in the current strong administrative and political terms, they would be defined as socially excluded citizens (Helne, 2002; Lister, 2004). The predominant neo-liberalistic stances emphasize the citizen's personal responsibility, and responsibility is not least required of those defined as socially excluded (Jordan with Jordan, 2000; Rose, 2002). Webb (2006, p. 65) writes about the dilemma related to this stance: 'the socially excluded are offered choice and self-determination, whilst their conduct and patterns of life are simultaneously regulated and normalized'. Thus, on the one hand, the solution offered for social exclusion is personal responsibility and autonomy, while on the other hand, the practices of welfare work emphasize control. What is interesting about the results of this study is that the work with homeless women does not slot into this conflicting set-up. The work does not, in the first place, emphasize the homeless women's personal responsibility or the elements of normalization and control. In fact, the reverse is true. Caring including the workers' responsibility for the women and their acceptance of the women's differences are the leading principles of the work.

In another way as well, the work with homeless women is challenging current trends. The practices of welfare work are increasingly facing managerialist pressures related to efficiency (Clarke *et al.*, 2000; Banks, 2001; Harris, 2003; White and Stancombe, 2003; Stepney, 2005). The work should bring clear outcomes in an increasingly short time. In this short-termism, rapidity and change are ends in themselves (Webb, 2006). The work with homeless women is anything but. It is long-termism, focusing on the totality of the women's lives and a sustained process. The women are given space and time for thinking about the direction of their lives. Caring need not be earned by quick proof and rapid progress, and non-progress or even regress are not moralized over.

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