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Article

## A Healthy City for All? Social Services' Roles in Collaborative Urban Development

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### Abstract

There is broad consensus among policymakers about the urgency of developing healthy, inclusive, and socially sustainable cities. In the Swedish context, social services are considered to have knowledge that needs to be integrated into the broader urban development processes in order to accomplish such ends. This article aims to better understand the ways in which social service officials collaborate in urban development processes for developing the social dimensions of healthy cities. We draw from neo-institutional theories, which set out actors (e.g., social service officials) as acting according to a *logic of appropriateness*, which means that actors do what they see as appropriate for themselves in a specific type of situation. Based on semi-structured interviews with social services officials in 10 Swedish municipalities on their experiences of collaboration in the development of housing and living environments for people with psychiatric disabilities, we identified that they act based on (a) a pragmatic rule of conduct through the role of the problem solver, (b) a bureaucratic rule of conduct through the role of the knowledge provider, and (c) activist rule of conduct through the role of the advocate. In these roles, they have little authority in the development processes, and are unable to set the agenda for the social dimensions of healthy cities but act as the moral consciousness by looking out for everyone's right to equal living conditions in urban development.

### Keywords

collaboration; healthy cities; psychiatric disabilities; social services; Sweden

### Issue

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### 1. Introduction

Global as well as national policy objectives highlight the urgency to create healthy, inclusive, and socially sustainable cities (e.g., The Public Health Agency of Sweden, 2022; United Nations, 2015; World Health Organization, 2006) as well as to promote the development of healthy lifestyles and good quality educational, health, and care facilities. As health in urban areas has both a social and

spatial dimension, it not determined by health policies per se but by other sectoral policies such as land use and social policies (cf. Barthel et al., 2021; Cristiano & Zilio, 2021). We believe that understanding the ways in which the social dimensions of health (e.g., equal access to adequate services and housing, as well as a sense of belonging and social connectedness), are addressed in urban development processes are important for achieving equal opportunity to live healthy lives.

Several researchers have emphasized the necessity of integrating health in planning at the local level across sectors and service providers for accomplishing such health objectives (cf. Barton & Grant, 2013; Cristiano & Zilio, 2021; D’Onofrio & Trusiani, 2018; Lowe et al., 2018; Sones et al., 2021). Such integrated planning situates health as a fundamental purpose of planning and relies upon local government sectors working together rather than alongside each other (Barton & Grant, 2013; Stead & Meijers, 2009). This represents a widespread shift from urban planning as a land-use-focused and regulatory activity towards more holistic planning that integrates and coordinates a number of policy concerns around a place (Vigar, 2009). The call for collaboration is aligned with requests for local governments to join up in coordinated efforts to solve societal challenges (Healey, 1997; Lowe et al., 2018; Nadin et al., 2021). Here the organizational culture of the public sector is portrayed as silo-mentality suffering from organizational inertia hindering local government’s capacity to change and address complex societal challenges in new ways (Agger & Sørensen, 2018). Cross-sector collaboration, defined as “the linking or sharing of information, resources, and capabilities by organizations in two or more sectors to achieve jointly an outcome that could not be achieved by organizations in one sector separately” (Bryson et al., 2006, p. 44), does not come easy. Its success is dependent on the “soft institutional infrastructure of everyday practices, informal rules and cultures” (Vigar, 2009, p. 1573)—for example, differences in professional priorities, knowledge, and methods but also political goals between the sectors of urban planning and welfare (Berglund-Snodgrass et al., 2021; Larsen et al., 2014; Mourits et al., 2021). According to current Swedish legislation governing the social services formal assignments, social services are called upon to engage in broader urban planning questions to “foster good living environments in the municipality” (Ministry of Health and Social Affairs, 2001, Chapter 3, Section 1). The legislative remit is very broad and all-encompassing and also affected by austerity measures (cf. Kiely & Warnock, 2022), which, taken together, require social services to prioritize tasks and forms of work. During the last two decades, what is perceived as urgent individual cases (such as out-of-home care for maltreated children, individual placement, and support to people with severe mental illness), are set center stage at the expense of working strategically with structural and preventive issues such as field-based youth work, community work, and social planning (Meeuwisse et al., 2016; Sjöberg & Turunen, 2018). In the present time in Sweden and against the background of segregation and urban inequalities, as well as in the context of the Covid 19-pandemic, there is vivid public debate and discussions concerning the social services duties and potential roles for ensuring fair urban (re)development (cf. Sjöberg & Turunen, 2022). Swedish government investigations suggest that social services should participate to a greater extent in urban plan-

ning decision-making so as to allow for the development of socially sustainable living environments (Government Offices of Sweden, 2018, 2020).

The aim of this article is to examine if, and if so, the ways in which social service officials collaborate in urban development processes. We explore this by examining social service officials’ experiences of collaborating in the development of housing and living environments for people with psychiatric disabilities (PD), i.e., people with serious and long-term consequences of mental health problems. People with PD are an often-neglected group of citizens but who equally need to be given spatial and social opportunities to live healthy lives and opportunities to recover (Friesinger et al., 2019; Högström et al., 2021). This group is quite small in numbers, but the group serves as a good example of society’s priorities and abilities to care for all its citizens’ health and prosperity (cf. World Health Organization, 2016), due to the many changes in institutional and community care as well as the stigmatizing processes this group has endured over time. The following research question organizes the study: What roles do social services officials adopt when collaborating in urban development processes? We approach this question by analyzing semi-structured interviews with social services officials in 10 Swedish municipalities.

## 2. A Neo-Institutional Theoretical Approach

This study draws from neo-institutional theory, which focuses on organizations not only as formal structures (e.g., administrations, hierarchical structures, offices) but as informal organizational structures, i.e., what officials actually do in an organization, including norms and identities (March & Olsen, 2009). Since we are interested in what social service officials do when collaborating in the development of housing and living environments for people with PD, we employ the term “role” to analytically capture their informal rules of conduct. Such rules of conduct are in this article understood to concern what is considered appropriate based on shared values and norms, including their professional identities (Currie & Spyridonidis, 2016; March & Olsen, 2009). To act according to a *logic of appropriateness* means that actors do “what they see as appropriate for themselves in a specific type of situation” (March & Olsen, 2009, p. 689). The logics operate as “frames of reference that condition actors’ choices for sense making, the vocabulary they use to motivate action, and their sense of self and identity” (Thornton et al., 2012, p. 2). This means that social service officials identify situations based on their understanding of what is the correct and legitimate course of action (Eriksson-Zetterqvist, 2009). What they see as appropriate differs from situation to situation, where the individual civil servant can act according to different logics of appropriateness (Currie & Spyridonidis, 2016). Some situations may be experienced as difficult to know what is appropriate, and they can be full of ambiguous or

conflicting logics of appropriateness (cf. Mason & Evans, 2020). This includes assessing a situation to not act, or that others should act, or being faced with *situational constraints*, such as the status of the social service civil servant within the municipal organization, or political priorities (cf. Currie & Spyridonidis, 2016). Since a social service official can act according to multiple logics of appropriateness, the concept is a useful analytical device for examining rules of conduct in a collaborative setting (Mason & Evans, 2020).

### 2.1. Social Services and Rules of Conduct

Social work is a practice characterized by different forms of work, ranging from individual casework, community work, and societal work, which all can be preventive, reactive, or strategic in nature. Individual casework can, for example, consist of social workers reactively helping individuals in solving problems or difficulties individuals experience with, for example, their partners or children, or acting so as to prevent such problems occurring in the first place through family counselling (Fjellfeldt & Rokka, 2022). In community work, social workers are concentrating on interventions (reactive as well as preventive) linked to communities rather than individuals (e.g., fieldwork in socially disadvantaged areas; cf. Hansson et al., 2018). On the societal level, social workers are focusing on structural aspects, such as environmental, economic, and socio-political factors that may affect the social vulnerability of certain groups or individuals (Macassa, 2022). Providing politicians with homelessness registrations as an instrument to govern homelessness is one example of such societal social work on a macro level (Dyb et al., 2021). How civil servants are expected to act in these different types of work (individual, community, and societal work) may differ, but they are in many ways framed by professional rules of conduct (as taught in higher education, as well as developed in national associations of social workers), which includes both legislative and moral aspects (Hasenfeld, 2010). In terms of legislation, Swedish social workers are called in their work to promote three broad objectives, consisting of individuals' financial and social security, equality in living conditions, and active participation in community life (Ministry of Health and Social Affairs, 2001). Concerning people living with disabilities, social services should ensure people with PD are enabled to have the opportunity to live "like anyone else" (Ministry of Health and Social Affairs, 2001). This means social workers are guided by rather broad legislative objectives, making individual civil servants possess a high degree of organizational and professional discretion (Börjesson et al., 2021; Lipsky, 2010). In addition, social workers are subject to detailed national regulations in their executive functions, such as the national standard for income support (The National Board of Social Affairs and Health, 2020), which states the exact amount of money possible for social service officials to approve for a citizen who is applying for financial support.

In terms of moral aspects, social workers are active interpreters and promoters of values such as "equality" and "justice," although sometimes these values may stand in conflict with personal convictions. For example, the moral obligation to help sex workers may stand in conflict with a social worker's own convictions that this type of work is immoral (Grönvall, 2022). There are, as such, overarching values pertinent to the social services profession at large, but moral rules (e.g., acting on behalf of specific user groups) may also develop among peers in a working group (Hasenfeld, 2010).

Taken together, Swedish social officials are expected to simultaneously act on various levels and on the basis of different rationales (such as preventive, reactive, and strategic). In these situations, social workers are faced with dilemmas concerning who and what type of work should get priority. During the last decades, urgent individual casework has at large been given priority at the expense of community work (Meeuwisse et al., 2016; Sjöberg & Turunen, 2018).

### 3. Research Approach, Method, and Material

The research approach is a qualitative interview study (Brinkmann & Kvale, 2018). We recruited key social service officials in 10 Swedish municipalities (labelled Municipality A–J) that, in various ways and in different positions, are working with everyday social services operations concerning the development of housing and living environments for people with PD. Altogether we carried out 25 semi-structured face-to-face interviews with 33 participants (cf. Brinkmann & Kvale, 2018) between February 2019 and February 2020. The selection of interviewees was exclusively from the social services and comprised eight heads of social service departments, eleven unit managers (e.g., disability, social psychiatry, elder care, economic support, housing), seven coordinators and strategists (e.g., within disability, supported accommodation, social psychiatry, housing support), and seven officials working in direct contacts with clients (e.g., housing supporters, case managers). This rather large material allowed us to identify a variety of situations and consequent roles that these officials experience, but it also provided a sense of empirical saturation, i.e., similar depictions of situations and actions repeatedly come up in the material.

Each interview was 30 to 60 minutes long, recorded, and transcribed verbatim. We applied the principles of informed consent, voluntary participation, and confidentiality. The interviews concerned themes such as the social services civil servants' experience of the extent and content of collaboration relevant to urban development concerning the target group (i.e., people with PD). This includes how they perceive their professional role and what they do and why in different situations. To substantiate our claims about the different roles we have identified, we refer to the empirical material in the analytical section of the article by selective illustrative

quotations as well as by direct reference to the municipal cases in the main body of text (A–J).

The analytical procedure is characterized by an empirical bottom-up inductive process, a so-called “pattern inducing interpretivist analysis” (Reay & Jones, 2016). This means that the social services officials’ own experiences constituted the point of departure for analyzing social services’ roles. The research group collaboratively read interview transcriptions several times, coded and delineated patterns, and identified roles by analyzing (a) the situations the civil servants working in the social services describe when collaborating in the development of housing and living environments for people with PD (*situations*), and further (b) how they reason around and legitimize their actions (*logic of appropriateness*), and (c) what perceived situational constraints they experience (*situational constraints*).

### 3.1. Empirical Context of People With Psychiatric Disabilities

People with PD, who are experiencing serious and long-term consequences of mental health problems, are an often-neglected group of citizens but who equally need to be given spatial and social opportunities to live healthy lives and, possibly, have opportunities to recover (Fjellfeldt et al., 2021; Friesinger et al., 2019). Historically, mental health care and support provision in the Western context is characterized by treatment, care, and management in particular institutional, spatial arrangements, often characterized by relatively sizable asylums isolated from the rest of the community (Högström, 2012). As these mental health care arrangements became subject to heavy criticism, a paradigm of deinstitutionalization in psychiatry began in the later part of the 20th century (Kritsotaki et al., 2016). Instead of providing isolated asylum-based care, the new paradigm of mental health care advocates care and support in community-based settings (Fakhoury & Priebe, 2007). In the Swedish context, one objective of the mental health care reform was to create preconditions for people with PD to have the ability to “participate in society and live like everyone else” (Ministry of Health and Social Affairs, 2001, Chapter 5, Section 7), and create opportunities for recovery (Government Offices of Sweden, 2012).

After having explicated the method and empirical material and procedure for analysis, we will now turn to the analysis.

## 4. Social Services’ Roles in Developing Housing and Living Environments for People With Psychiatric Disabilities

In our empirical material, it is evident that providing housing (supported and ordinary) for people with PD is the main subject and reason for collaborating. This is perhaps not so surprising given that housing shortage is a major issue in Sweden, specifically the lack of affordable

housing (Boverket, 2022). To all the social service officials in our interviews, this issue is one important question for enabling people with PD to have the possibility to recover. The importance of a dwelling of one’s own (e.g., an apartment in the ordinary housing stock or in supported housing) is raised as a major point for the recovery process and equal health to take place. Housing thus stands out as a foundational dimension of people’s ability to live independently, and to “live like everybody else,” as the Social Service Act depicts (Ministry of Health and Social Affairs, 2001), and as such, housing comprises the backbone in the vision of a healthy city. But with little agency with regards to influencing these matters, advocating the need for affordable housing in urban development comprises the main activity of what social service officials do in these situations.

In addition to affordable housing at large, other subjects that social service officials engage in concern the location of new supported accommodations in urban developments. Here they have clear ideas of what their user groups need and make demands of proximity to public transport, meeting places, and other public services. In these situations, they experience that they are listened to, and their demands are taken into consideration in decision-making. Furthermore, social services officials describe that they, in these situations, also work to change attitudes and stigma of the user group, and promote acceptance and tolerance of diversity. Such work is reactive when it comes to dealing with individual cases, but they also work proactively in urban development processes by creating arenas for future neighbors to meet.

In these processes, the social service officials highlight that they experience many dilemmas in how they should act. For example, they explain that they have important and unique knowledge of the everyday life of people that can make a difference in decision-making in urban development processes, but they struggle to get attention, be invited, but also to know how to convey their specific knowledge to urban planners in these processes. The opposite kind of experience is also conveyed when social service officials express that they do get invited but are too stuck in the daily nitty-gritty work, and, therefore, experience that they cannot prioritize this work and thus miss the opportunity to influence the long-term development of healthy cities.

In the remainder of this section, we present the different roles that the social service officials adopt in urban development processes, which are entitled the problem solver, the knowledge provider, and the advocator (see Table 1 below for a summary of results).

### 4.1. The Problem Solver

A dominant part of the tasks that social service officials bring up in our interviews concerns acute problem-solving. Here, they emphasize every day as well as urgent situations that require them to work together with other municipal departments and actors in a speedy

**Table 1.** Summary of results.

Roles	Situations	Logics of appropriateness	Situational constraints
Problem solver	Urgent problem that needs to be dealt with that negatively affects people with PD	Pragmatism strategically	Unable to deal with problem
Knowledge provider	Knowledge is requested for decision-making in new developments	Bureaucracy Unable to prioritize	Differences in epistemologies
Advocator	Vulnerable groups have difficulties raising their voices in new developments	Activism	Lack of authority

and reactive manner, i.e., problems and tasks that need to be dealt with more or less instantly (Municipalities A, B, D, G, H, I, and J). The officials describe these situations as common to the social services and typical as well as at the heart of their formal remit of work. When solving problems, they are, for example, finding acute housing for a homeless family (Municipality H), coming to an agreement with landlords on how to manage a disturbing tenant in supported housing (Municipality I), or managing malfunctions in housing that negatively affects the wellbeing of the residents (Municipality G). In these situations, the individual citizen is the focus (e.g., a homeless person). The problem solver is seldom engaged in more long-term urban development issues, or broader strategic work, but rather recurrent “tinkering” activities in the everyday life setting centered on the individual, which can both take the form of reactive and proactive approaches.

When acting in these situations, the officials adopt the role of a pragmatic problem solver. This means that they are guided by an ethos of solving the issue at hand with the means available. In these situations, they are constrained by having to deal with the matter instantly (finding an apartment acutely), rather than having the opportunity to elevate and solve the problems strategically (e.g., developing affordable housing). In several of our interviews, the officials emphasize that they work in small and tight groups consisting of the different municipal sectors as well as landlords, with the objective of sorting things out and making sure that the individual will not be affected negatively (Municipalities A, B, D, G, and H). This is especially the case in smaller municipalities, where the distance between the organizations is small, and everyone knows each other. One interviewee states:

We have meetings regularly where we meet the Technical Services Department, the political committee, the politicians, social services, and [the municipal housing company]. [They are partly about] if there is a need for different kinds of premises or if any problem comes up. [For example], an outbreak of fire where it was pointed out, simple but anyway, what shall we

do so it won’t happen [again], timers, and [things] like that. It is somehow everything from big to small in those meetings, right? On the whole, when one has a dialogue with each other, it is like this. (Head of social service, Municipality G)

The problem solver is engaged in confirming or negotiating types of action, as well as discussing various ideas with the objective of coming to mutual agreements or compromises. These actions include considering the individual’s needs whilst not compromising the neighbors or landlords’ interests. For example, in Municipality I, the interviewee describes how they managed a property owner’s complaints on one of their clients’ behavior by working to find a remotely located cottage as a new dwelling for the client instead of the existing flat in a neighborhood. This allowed the individual to avoid being involved in social situations with neighbors. Or, as in Municipality G, the interviewee states how the social service, in tandem with the housing company, managed to soundproof an individual’s apartment to counteract complaints from neighbors. As one respondent states:

We are collaborating a lot with the municipal housing company. When things happen, we get to know it immediately....We have regular meetings once a month....If we need an apartment, or if a service user disturbs [anyone], we discuss what we can do about it. (Head of social services, Municipality D)

Next to these situations where the social service officials negotiate points of action in a reactive manner are situations characterized by opportunities to proactively deal with emerging issues, e.g., to avoid complaints and rejection from neighbors in the first place. One such example is dealing with the potential stigma connected to locating a new supported accommodation for people with PD in an existing neighborhood (Municipality A). In this example, the officials dealt with the potential stigma pragmatically and organized an arena for the service user group and the existing residents to meet and understand each other’s perspectives and thereby reduce the risk of future complaints. When acting proactively, the social

service officials aim to facilitate mutual respect between the existing residents and the new residents.

#### 4.2. The Knowledge Provider

Another role, quite different to the problem-solver, is the knowledge-provider. This role is adopted in situations when officials working with urban development matters request in-depth knowledge and perspectives from the social services (Municipalities A, E, J, and H). Their knowledge is requested in instances of developing housing provisions programs, comprehensive plans, and prognosis of future needs of supported accommodation in urban (re)developments. The situations in which their knowledge is requested differ. For example, the social services are invited to share their specific experiences and perspectives when it comes to the need for a recovery process to take place, or the localization and spatial organization matters regarding supported accommodation in urban (re)developments. One respondent states:

I used to be invited when we have a ready plot that will be planned, to meet together, depending on who is going to build...talk about the kind of accommodation, kind of people, what the plot looks like, how we think you should get there and from there. If there is something special that should be considered. (Social services facility planner, Municipality A)

In other situations when the social service officials engage in urban development processes on a strategic level (e.g., comprehensive plans and housing provision programs), the knowledge requested mostly concerns providing the urban development officials with demographic statistics, the prognosis of supported housing in the future, and specialized information of future needs of the target group (Municipalities F and J). Sometimes there are initiatives to establish spaces for collaboration, where perspective and knowledge can be shared reciprocally, for example, cross-sectoral groups with the task of planning and organizing housing for people with PD and other people with disabilities (Municipalities A, E, and H).

In several examples, the social service officials bring up that they do not share the same understanding of knowledge in urban development processes with that of other sectors (Municipalities A, F, H, and J). For example, what is considered appropriate for social services to address is not congruent with the focus of the urban development officials:

My role has been to shed light on the social dimension in the city, like if the region should look like this, what do we need to think about? I think it has been really difficult because it's so related to everyday support. To me, it is about having confident and trained personnel on site, which is really difficult to raise in those contexts. (Head of social service unit, Municipality J)

The quotation above suggests that acting as a knowledge provider in urban development processes includes expectations to shed light on broader social questions on behalf of their organization's perspectives and values, which is deemed difficult for the social services to provide. When urban development officials want to talk about the spatial structures and their potential social implications, the social service officials want to talk about services and the possibility of having qualified personnel in everyday support. Social service officials do not appear to be used to considering the spatial dimensions of social matters at the level of the city or the region, as they have little training in thinking of such (Municipalities A, C, G, and J). Instead, the knowledge they do share is, to a great extent, about the needs of different groups (e.g., type of housing, the number of people needing housing in five to 10 years' time). However, what many interviewees underline, for example in the quotation below, is that they believe that they have unique knowledge of people's living conditions: "Again, we should be part of the planning of some areas, what we need here and now. I am not only thinking about our needs of housing generally, [but about] our knowledge of how life is for people" (Head of social services, Municipality J).

Although they believe that they have unique knowledge, they feel constrained in that there is no demand from the urban development officials for this type of knowledge nor opportunities to share such knowledge, unless it concerns the development of supported accommodation. In Municipality J, one social services unit manager expresses that she/he is invited to share knowledge with urban development officials but lacks confidence in such issues and chooses not to participate. At the same time, the head of social services in the same municipality expresses resignation about not even being invited to urban development discussions knowing they could contribute with important knowledge: "And there we have a job to do, to try to prioritize and take part. We get invitations and so, but there are not so often we actually can prioritize. Most often, other things go first" (Head of social service, Municipality I).

A substantial part of our informants wants to be invited to take part in the development of new housing areas (Municipalities A, C, E, F, H, I, and J), but they experience a heavy workload which makes it difficult to prioritize as the quotation above indicates. Taking part is perceived as a way to engage in their broader legislative remit of developing equal living conditions and a *healthy* living environment.

#### 4.3. The Advocate

Next to the problem solver and knowledge provider is the advocate. In this role, the civil servants highlight their perceived moral obligations to speak and act on behalf of society's vulnerable groups, such as people with PD, in urban development situations in which these

group's interests and needs are unaccounted for. Several respondents highlighted the lack of resourceful representatives for people with PD, and that there are no influential service users or parent associations speaking on behalf of them. This makes the social service officials experience a moral obligation to act as a spokesperson for this group and to advocate their needs and interests, both internally within the social service administration and with other sectors such as the urban planning department (Municipalities A, C, E, H, I, and J). This is not because other municipal sectors specifically or deliberately neglect the group, rather they describe it as an effect of internal struggles within the social services where other vulnerable groups (e.g., people with neuropsychiatric disorders) have strong family members advocating for their kin: "As you notice, I am very engaged...[people with PD] are not that visible...their network is most often very, very small, so there is nobody [speaking for them], their voices are totally unheard" (Head of social service, Municipality E).

The call to act as a spokesperson for vulnerable groups is connected to a perceived professional duty to stand up for alternative values in urban development processes (i.e., affordability, inclusion, work opportunity, activities, and fairness; Municipalities A–J). The social service officials justify their advocacy by claiming what is good for the vulnerable groups is also good for society at large: "I am thinking what is good for [people with PD] is good for all" (Head of social service, Municipality I).

The specific urban development situation the social service officials repeatedly return to in the interviews when acting as an advocator is the precarious housing situation that the user group experiences. A situation they want to make planners and other decision-makers involved in urban development processes aware of. Two interviewees claim:

We are struggling, of course, to keep rents down. And we try to remind them [urban planners] that we have to provide cheap accommodations....It is difficult because we are not building areas with only cheap apartments, but just to talk about it....When you plan, take into consideration that a new development is for all citizens. (Facility strategist, Municipality A)

From social services, we tend to bring up that for us, it is important that there are accommodations that have lower rent, because it is difficult many times if you only have a pension and so forth, to cope with the rent. (Head of social services, Municipality C)

In the quotations above, the officials highlight their role in bringing up the question of a general need for affordable apartments in general urban development discussions, almost to remind the planners that the city is for everyone. Also, other interviews in other municipalities emphasize that they take on such a role (Municipalities A, C, and J). In these situations, the social service officials

are constrained with no executive power, or the authority to prescribe actions that would remedy this unfairness, so they rather tirelessly act on the basis of their professional moral code and remind decision-makers and their collaborators of this general need.

In other instances, the social service officials experience that they are able to make demands when collaborating in urban development processes. These are situations characterized by formal collaborations between different municipal facility strategists, and social service officials experience that they have a stake and are able to influence the decisions. Also in these situations, they take on the role of a spokesperson for the group's specific needs. One example is to make demands for suitable plots for new supported accommodations that allow people with PD to access public transport and other services:

Our goal has been to stay within a radius of 5 km from the city center, and it has worked quite well. The city is growing, so it gets harder and harder....They [development units] have really searched everywhere to find appropriate places. (Disability department facility strategist, Municipality A)

Access to public transportation is brought forward by several social service officials as an important aspect that enables the target group to maintain work, recover, and have the possibility to live independently and integrate into society. When making these demands, the social service officials support their arguments with the Social Service Act, which states that people with PD, as a group, should "live like others" in society. In one municipality, social services vetoed a proposal for locating a supported accommodation in a location that would make it difficult for the group to integrate into the community: "One of the suggestions was actually that it [accommodation] should be located far out in some forest area....I said that does not work, it is completely unsustainable. We should not isolate [people with PD]" (Head of social services, Municipality D).

In this quote, the social service official expresses a view guided by the official policy of independence and integration in the local community, but what also is visible is the voice of the advocator that speaks on behalf of somebody else.

## 5. Concluding Discussion

In this article, we have examined social service officials' experiences of collaborating in the development of housing and living environments for people with PD. Our point of departure was a neo-institutional perspective which sets out actors (e.g., social service officials) as acting according to a logic of appropriateness, which means that actors do "what they see as appropriate for themselves in a specific type of situation" (March & Olsen, 2009). Our analysis has shown that social service officials act according to three logics of appropriateness in



collaborative urban development, e.g., (a) a pragmatic rule of conduct through the role of the problem solver, (b), a bureaucratic rule of conduct through the role of the knowledge provider, and (c) activist rule of conduct through the role of the advocator.

The urban development situations in which pragmatism is the guiding norm are when the social service officials have to deal with urgent matters such as providing homes to acute homeless families but have little agency in elevating the matter to a structural level (e.g., building affordable housing). Here the officials are constrained to reactively deal with the situation at hand, whilst wanting to solve the problem strategically. When adopting the role of a problem solver, social service officials make use of their repertoire of skills as social workers in individual casework, i.e., proactive as well as reactive ways of working. When they collaborate with other officials from other sectors, it is to a great extent a mutual nonhierarchical work to solve specific problems.

The urban development situations in which the bureaucratic rule of conduct is the guiding norm are when the social service officials have to respond to queries from other sectors in the hierarchical organization. This could include queries for statistics or prognosis of the future need to build supported accommodation. In these instances, they uncomplicatedly provide the knowledge that is demanded. In other instances, when they are called to contribute with their knowledge and perspective in a broader sense, they feel constrained in how to share their knowledge in a meaningful way but also how to gain the attention of decision-makers about the needs in everyday life of people with PD.

Finally, the urban development situations in which an activist rule of conduct is the guiding norm are situations when they acknowledge that vulnerable groups have difficulties raising their own voices in the development of new housing areas. This includes activities such as advocating the interests of people with PD when locating new accommodations in an urban development project, but it could also include reminding the decision makers about general matters that are important for a fair, healthy urban development, for example, the need for affordable housing.

The analysis also shows that social service officials generally want to engage in preventive and strategic work in urban development but lack the confidence and an understanding of how to do so, as well as overall opportunities to do so. This is due to priorities within the internal organization of what is considered important in the social service at large, but also unclear expectations from the other departments about the specific knowledge of social service professionals. As has been concluded previously (Berglund-Snodgrass et al., 2021), it appears generally difficult to adopt and prioritize knowledge and experiences from social services in urban planning decision-making. The ways in which the social service officials act in these collaborative settings raise the question of if social dimensions in urban development

processes could be more intentionally targeted and consequently gain more attention if social workers were guided by a more defined remit of work with regards to these issues. However, our study focuses on what social service officials working with matters connected to people with PD do in collaborative urban development processes and not as strategists with designated collaborative job functions. Our results should be considered against this background.

Although the social service officials in our material in many ways express difficulties in how to contribute to urban development situations, the advocator role they adopt is a long-standing issue in urban planning at large. Davidoff's (1965) seminal theory on advocacy planning from the 1960s set out the need for a pluralistic and inclusive planning process where urban planners should seek to represent the interests of various groups within society. The theory recognized that all stakeholders are not equally represented and involved in urban planning decision-making, which may risk leaving the groups of lower socioeconomic status unheard and unaccounted for. Sager (2022) highlights how the task of the advocacy planner today is often to help reverse a downward economic and social spiral and tends to concern questions such as economic development, housing eviction, and access to green space. In our material, the social service officials take on such a role and duty in urban development by acting as a spokesperson for vulnerable groups. They are, for example, pointing out what groups are not benefiting from various developments but also demanding spatial arrangements that vulnerable groups need in order to live healthy lives. Our study has shown the potential in the advocator role, and for the social service at large, in repeatedly pointing out the importance of building a society for all. The ability to incorporate the not-so-healthy, not-so-young, not-so-active, and not-so-wealthy persons' voices and needs is one of the major challenges for reaching the vision of the healthy city. The social service officials in the role of the advocator might be one step closer to fulfilling this vision.

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### **Conflict of Interests**

The authors declare no conflict of interests.

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