

Social Work in Comparative Perspective

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Social Work in Iceland: Development, Programme, Professional Status and Present Challenges

1. Presentation of contents

In this chapter, the historical development, educational programme and authorised professional status of social work in Iceland is discussed. The philosophy, objectives and institutional context of education at the University of Iceland are linked to social work. Attention is paid to how the history of the welfare state and the progress of social services in the modern Icelandic society are interrelated to the development of the social work profession in Iceland. The connection to the theoretical development and epistemological status of social work is argued within the perspective of a paradigm shift. Finally, some present and future challenges of social work are discussed.

2 Historical development of social work as a discipline and profession

The process of founding social work education in Iceland can be described as a slow, but secure, development over several decades. It was closely related to radical social changes and rapid urbanization, followed by increased demand on professional standards of services, especially in health and social services, in the early sixties (Broddadóttir, Eydal, Hrafnadóttir and Sigurdardóttir, 1997; Juliusdóttir, 1999a; 2004a). From the period of a stable, rural society until the emergence of a modern society in the late forties, the structure and quality of social services were rather underdeveloped, characterized by considerable influences of different charity organizations and voluntary contributions (Juliusdóttir, 1998), although the social legislation and public security were like that of Denmark.¹ Urbanization and lifestyle changes, followed by World War II, were flanked by social changes that created a need for improved public social and health services. In 1966, the City Council of Reykjavík proposed the education of social workers. A few years earlier, some foresighted politicians and doctors had planned to establish a programme of social work education within the Faculty of Medicine at the University of Iceland.

¹ Iceland belonged to Denmark as a colony until 1944 when it was declared as an independent democratic state.

The Icelandic Association of Social Workers, which was founded in 1964 by a small group of dedicated (female) pioneers, resisted these moves as they believed they were premature. They argued for the necessity of securing the professional prerequisites for a solid, academically-based and field-related education led by social workers. This reflected the spirit of the American pioneers and their emphasis on developing social work as an independent, sustainable profession. The idea of social work education was then postponed. For a period of time, a number of Icelandic social workers sought their education abroad, mainly in Scandinavia and fewer in the UK and USA, until a social work programme was started at the University of Iceland in the wake of the establishment of the Faculty of Social Sciences in 1976,² as a result of students' eager pressure. The first class of social workers graduated from the University of Iceland in 1982.

Philosophy and objectives of social work education

The Icelandic study programme approaches social work as a helping profession based on the recognition of the value and dignity of every human being, irrespective of origin, status, sex, sexual orientation, age, belief or contribution to society. The programme is based on a solid tradition of social science, including methodological research to ensure students acquire competence in both quantitative and qualitative methods.

The primary purpose of the theoretical, as well as the practical, training is to prepare students to become professionally qualified social workers, offering competent services to individuals, families, groups and communities. Students are prepared with substantial knowledge of the Icelandic social structure, legislation, policy, and varied programmes and services. The general methods and models of social work are introduced to equip students with a substantial knowledge base. Thus, they are supposed to be skilled in operating within a wide range of social knowledge and capable of applying such knowledge in various practical settings while being critically aware of the ethical issues involved in social work practice and welfare policy. The crucial importance of links between practice and research is emphasized, as well as attentiveness to urgent research issues influencing policy matters in the field of social work (Juliusdottir 1996; Juliusdottir, Hrafnisdottir and Kristjánsdóttir, 2002).

The main theoretical foundation relates to the systemic approach of emphasizing contextual understanding and the importance of making knowledge-based and professional assessment of the client's case. Such analytical evaluation of needs, possible resources and solutions makes

² In the period from 1975 to 1982, before the education started at the University of Iceland, a number of Icelandic social work students (selected by an Icelandic intake committee) were ensured education in the Nordic countries according to a special contract with the Nordic Ministry Council.

planning from a micro to a macro perspective attainable. Rather than giving precedence to any special approach (dynamic/behavioural/cognitive/psychanalytic), there is emphasis on conveying respect and confidence in the generalist view of social work skill while simultaneously opening the students' minds for developing more selected skills or approaches in graduate studies and future professional specialization (Juliusdottir, 1999a).

Institutional context and structure of the programme

The Icelandic social work educational programme has, from the start, been part of the Faculty of Social Sciences at the University of Iceland in Reykjavík and has emphasized scholarly thinking and connection to research. The academic context has promoted a scientific orientation that is beneficial for professional field-work standards (Juliusdottir and Sigurdardottir, 2007). It began as a four-year, academic education of 120 credits for qualification (CQSW). The Directorate of Health grants graduates the legally protected title of social worker³ and the right to practice social work. Since 1993, there has been a *numerus clausus* to the graduate programme. In 2006, the programme was revised and upgraded into a five-year programme, including a 2-year master degree required for graduation and the legally protected (licenced) title of certification. The faculty offers a doctorate programme as well. Simultaneously, the programme was evaluated and was offered a certificate of ENQUASP (2006).

The increasing interest and progress of social work research is reflected in the following efforts. In early 2000, an Icelandic representative took part in founding the Nordic Campbell Collaboration (NC2). This entailed an emphasis on evidence-based knowledge and practice in the Nordic countries (Juliusdottir, Eggertsson and Reykdal, 2004; Gudmundsson, Jonsdottir and Juliusdottir, 2001). Its goal was to improve the quality control of social work in social services, the educational system and in the criminal justice system.

In 2006, the Icelandic IS-Forsa was established as a sister organisation of the Nordic Forsa association (s. *Forskning i Socialt Arbete, Research in Social Work*), that was founded in 1985. The main goal was to strengthen the social work profession through research, encouraging a research base in education and evidence-based practice (Juliusdottir and Petersson, 2003; 2004). The same year, 2006, the Center on Child and Family Research was founded in the Faculty of Social Work. Its goal is to serve as a forum for dissemination of scientific social work knowledge, linking academic research to the field and vice versa, as well as reinforcing the growth of social work research and to influence social policy.

³ When trained in foreign countries, applicants must have their degrees certified in Iceland and complete a course on Icelandic social structure and legislation.

Field relation: Bridging the gap between theory and practice

Although academic in nature, there is a strong connection to the field integrated in the programme. It is manifested in the following ways: (i) the department of social work has signed formal contracts with different institutions in the field of social and health services regarding practical placements for students and research cooperation; (ii) practicing senior social workers are employed as part-time teachers in the theoretical programme and contribute to the development of the programme by participating in discussions, meetings and seminars; (iii) two faculty members/professors have a small, private clinical practice, and others take on part-time tasks or participate in various research and developmental projects in the field (Juliusdottir, 1999b).

The importance of the integration of theory and practice in the programme is stressed throughout the academic study in accordance with the traditional ideology and pragmatic approach of social work. This is implemented through the structure of students' practicum and field-related research work (Juliusdottir et al. 2002).

Profile, specialisation and status

The Icelandic Association of Social Workers (IASW) has been powerful in working for the professional status of social work from the beginning, over 50 years ago now. Legislation on social work was passed in 1976 and included authorisation for the title of Social Worker. The earlier-mentioned involvement of IASW in the issue of education in the late seventies was of critical importance for social work's academic status. In 1992, two additional, important goals were reached, including a specialisation in social work.⁴ In connection to that, a committee worked on ethical rules in line with the international ones which earlier had been translated into Icelandic. The Code of Ethics for Icelandic Social Workers was first published in 1998. These are seen as developmental steps in social work's growing professionalism, emphasising knowledge production and responsible professional development with clear demarcation and competence in multidisciplinary teamwork with others (Juliusdottir, 2000; 1999a).

There are now approximately 450 members in the IASW, whereof 93% are female and 7% male.⁵ A diminishing number of social workers are educated

⁴ Requirements for specialisation in social work are according to regulation no. 1088/2012: a) a master's or doctoral degree in social work in the relevant specialist field, or equivalent postgraduate study from a recognised university, b) Working experience as a social worker after graduation for the equivalent of at least two years full-time in the field, for which the application for a specialist licence is made, c) supervision from a recognised professional. A specific field in which the person has focussed within the recognised specialist field may be specified.

⁵ The number of the Icelandic population is approximately 340,000 inhabitants.

abroad and only few employed social workers are of foreign origin. Most of the practicing social workers are involved in the field of social services; child protection, services for the disabled and elderly. The other big area is health services, covering somatic and psychiatric care. Social workers are also sought after in administration and planning. They have long been, and still are, involved in different volunteer organisations, where they are responsible for services, planning and supervision of volunteering non-professionals (Juliusdottir & Thorsteinsdottir, 2004; Juliusdottir, 1998). A small number of social workers have therapeutic training, and a few are running part-time, private practices, specializing in marital and family therapy. An increasing number of social workers have doctoral degrees and are active in academic work, teaching and research. In a 2004 survey, most social workers claimed that they were interested in research and field-related developmental projects but only a quite small number do so (Juliusdottir, 2004b; Juliusdottir and Karlsson, 2007).

Increased social work graduates: Enlarged and empowered fields of social work

Besides empowering social work in the most traditional and common areas within the fields of health and social services including child protection, there is an increasing need and strong interest in developing the less prominent areas of professional activity of social workers, i.e. in schools and in the court system (criminal justice). One of the most rapidly expanding areas in Icelandic social work today is that of services for the ageing. The percentage of families with 3-4 children, which for long was high, is now decreasing in Icelandic society. The current birth rate is minus 2. Simultaneously, the life expectancy is high, 80.7 for men and 83.7 for women, and the percentage of elderly people is constantly increasing (Sigurdardóttir et al. 2011; 2013). Challenging new tasks are awaiting in relation to new service policies where social workers are prominent participants. Another important and fast-growing sector is immigrants.⁶ Research and development of special services for immigrants, refugees and asylum seekers are required, particularly focussed on children (Ottosdottir, 2017). Finally, vocational training and rehabilitation are rapidly growing sectors for social workers.⁷

Social work is developing as a specialized discipline by working on more clearly defined roles and demarcation of its own fields and tasks. In accordance with its basic ideology of a holistic approach and contextual perspective, social work simultaneously emphasizes multidisciplinary team-

⁶ Immigrants in Iceland have increased for the last years, from 8.0% of the total population to 10,6% in January 2017 (Statistics Iceland, 2017).

⁷ From 2008 there has been a growing emphasis on rehabilitation and a growing number of social workers work for VIRK Vocational Rehabilitational Fund (VIRK, 2017).

work and co-constructive initiatives both in field work and in developmental research projects (Juliusdottir, 2000).

The professional roles of social workers are not so close to social pedagogues and special teachers, but the social pedagogues often seek cooperation with and supervision of social workers. Now these categories are all rather new, except in the medical field. They are competing between themselves, most often constructively, as they are establishing their professional profiles and developing their own specialities. Social workers are strong players in that challenging process (Juliusdottir, 2004a).

3. History of the welfare state and social services challenges for the 21st Century

Social assistance in the early Icelandic laws

The Icelandic welfare state's origin can be traced back to the early Icelandic laws, Grágás, written in the early ages of the Icelandic nation, somewhere around year 1000- 1200 (Dennis, Foote, and Perkins, 1980; Olafsson, 1999). To understand the history of the Icelandic welfare state, it is important to have some knowledge of Iceland's history. Icelanders came from Norway to Iceland in the beginning of the 10th Century. There were no indigenous people living in Iceland and the settlers realised quickly that there was a need of some systematic organisation of society. In the year 930, Althingi, the old Icelandic parliament, was established as a legislative assembly and the highest court in Iceland. It is considered the oldest parliament in the world today. Grágás, the early Icelandic laws, were written after the establishment of the parliament. The laws were more developed than laws in any other nation at the time, in relation to poverty relief, where local authorities had mutual responsibility for the poorest citizens. In the early laws, how the local authorities oversaw poor people that were not able to support themselves is clearly stated. Supporting the poor was the only task that local authorities had at the time, where paupers (orphans, physically or mentally disabled persons, or the elderly) were taken in by householders in the community and provided with food and shelter. In some circumstances, families in temporary difficulties were provided with food or goods (Jonsson, 2001; Olafsson, 1999).

Poverty in Iceland and the local authority's role in the family life of poor people

Poverty relief remained largely unchanged until 1834, when a new regulation on poverty issues took effect. There was no institutionalized care at that time as that was not established until after 1920 in the form of homes for the elderly and child care institutions. Until the 19th Century, it was

common that local authorities removed children from their parents on the grounds of poverty. Hence, the authorities were a strong agent in how the poorest families in Iceland survived and lived. The burden of the paupers was considerable and they often lived at the margins of society, moving between town and country. They did not have the right to vote and the local authorities had the power to have them moved from home to home. The poorest sector of the population was nearly 20% of the total population in 1880, when the total population was around 71,000. Approximately 5% needed financial support from the local authorities, and around 25% were too poor to marry. At the end of the 18th Century, Iceland is believed to have been one of the poorest countries in Europe, with many Icelanders moving to America in the hope of a better life and less poverty (Jonsson, 2001; Olafsson, 1999; Ragnarsson, 2000; Gudmundsson, 1875).

Early stages of the Icelandic welfare state

In the years from 1890 to 1930, poverty relief was still strong, but some signs of social insurance were enacted through providing old age pension funds. Still, the Icelandic welfare state was not as advanced as in the other Nordic countries at the time, and social care services were just starting to emerge. A new *Act on Poverty Relief* was enacted in 1905 with more emphasis on human rights, but the laws were still a long way from being based on individual rights. Elected officers or priests were still in charge of delivering the services. The first proposal for hiring an employee to oversee poverty issues for Reykjavík was put forward in 1911 (Jonsson, 2001; Olafsson, 1999; Ragnarsson, 2000).

The 1930s and the 1940s were when the Icelandic welfare state began to emerge with more emphasis on social policy (Jonsson, 2001; Olafsson, 1999):

- In 1932, the first child protection legislation in Iceland was enacted, and child protection boards were to be set up in every town. Finally, it was illegal to remove children from their parents on the grounds of poverty.
- In 1936, the *Social Assistance Act* was issued where recipients of social assistance were granted full voting rights, health insurance funds were established, and old age and invalidity insurance took effect.
- In 1940, the *Ministry of Social Affairs* was established, indicating more emphasis on putting resources into research and social policy.
- In 1946, the *Social Security Act* passed in Althingi and was the first comprehensive legislation in the Nordic countries, combining nearly all social insurances into one system and strengthening the position of

women and children via the realisation of child benefits promoting equality and ensuring minimum standards of living. Elderly people, at the age of 67, had the right to an income-related pension. For the first time, it was possible to receive pension or disability insurance without undergoing the means testing done by local authorities.

- The *Social Assistance Act* was also revised in 1947 and replaced the *Act on Poverty Relief* from 1905. Social assistance was means tested and strict under the administration of special committees in the municipalities, with a strong emphasis on charity instead of rights.

The Icelandic welfare state compared to the other Nordic countries

The Icelandic welfare system is, in many ways, like the Scandinavian welfare models, but it deviates from the model in the other Nordic countries in some ways (Jonsson, 2001; Olafsson, 1999). The Icelandic system was less generous: benefits were lower than in the other Nordic countries, old age pensions were earnings related, and unemployment insurance was not adopted until 1955, after a long strike by workers in the Reykjavík area. It is important to bear in mind that employment has always been high in Iceland, much higher than in other Nordic countries (Eydal and Olafsson, 2012).

After the implementation of the *Social Security Act* in 1946, Iceland was on a similar level as the other Nordic countries. But in the 1950s and 1960s, Iceland did not keep up with the development of the welfare state in the other Nordic countries. For example, social expenditure in Denmark was up to 19% in 1970 while it was less than 10% in Iceland (Jonsson, 2001; Olafsson, 1999). It has been pointed out that the differences between Iceland and the other Nordic countries lies in the demographics of the Icelandic nation. Elderly people were fewer in Iceland and that meant less expenditure in the welfare system. The unemployment rate was also much lower in Iceland and the fact that old age pensions were earning related had an impact on welfare costs (Olafsson, 1999). The Icelandic welfare system is said to bear the marks of liberalism in relation to welfare benefits, while being like the Scandinavian welfare model in relation to welfare services (Olafsson, 2012b). It has also been pointed out that welfare policy has not been as large of an issue for the Icelandic government as for other Nordic countries (Helgason and Kristmundsson, 2004). The labour movement in Iceland had a considerable impact on the development of the welfare state by obtaining social rights through collective bargaining (Jonsson, 2001). Stefan Olafsson (1999) has pointed out that a possible explanation for the differences between Iceland and the other Nordic countries lies in the mentality of the Icelandic nation. Icelanders are not as positive towards public welfare as the other Scandinavians and Icelanders value individualism and self-help more than paternalism with an emphasis on public welfare.

Further development of the Icelandic welfare state

In the 1970s, there were further changes in the Icelandic welfare system. A new *Social Security Act* was passed in 1971. More emphasis was also put on health care services with the *Health Services Act* of 1973, a policy of developing primary health care for the whole country with health centres and health professionals across the country. In this period, social expenditure rose faster in Iceland than in the other Nordic countries. Nevertheless, Iceland did not catch up with social expenditure in the Nordic countries as a percentage of GDP. The ratio was 17% in Iceland but up to 35% in the other Nordic countries (Jonsson, 2001).

After years of expansion in social expenditure in the seventies, Iceland was compatible with other Nordic countries with some differences in 1988. Employment was much higher in Iceland, of both for men and women, and there were longer working hours. Also, more emphasis was placed on self-reliance, especially in relation to housing. In fact, the housing policy in Iceland is the least like policies in the other Nordic countries, in that home ownership has been more pronounced in Iceland and many Icelanders built their own homes. The ratio of homeowners went up to 90% in the 1990s and little support was given to tenants (Jonsson, 2001; Eydal and Olafsson, 2012).

Social services in Iceland

In the 1940s and 1950s, social services in Iceland were emerging as a welfare service concept, but they were still very disorganised due to the differences and specialisations in Icelandic laws, with special laws on child protection, special laws on prevention of alcohol consumption, and the *Social Assistance Act* and *Social Security Act*. Most Icelanders were still living in rural areas, although urban areas were growing fast (Ragnarsson, 2000). In 1923, over 50% of the population was registered in urban areas. The population was also growing rapidly, from 109,000 in 1930 to 177,000 in 1960 (Statistics of Iceland, 2017).

In 1967, social services were established in Reykjavík, where the focus was on family issues, vocational training and prevention. Both social assistance and child protection were administered in one organisation (Ragnarsson, 2000). Other municipalities followed the example of Reykjavík in the following years and social services developed fast. More employees were hired and professional education was emphasised, although there were few professional social workers in Iceland at the time.

After the changes in the social services in Reykjavik in 1967, there was much discussion on the importance of having a special Social Services Act with a broader focus than the *Social Assistance Act* from 1947. In 1991, finally a new act on social services passed in Parliament; *Municipalities Social*

Services Act. The new act put forward a strategic policy on social services in the municipalities, with the aim of securing both financial and social security of the inhabitants and helping individuals to take responsibility for themselves and to respect self-determination. The act was the first comprehensive legislation on the organisation of social services in municipalities. The differences in numbers of inhabitant in municipalities made it difficult to state clearly the service levels in municipalities. Therefore, the legislation is more of a legal framework, and municipalities have some freedom in deciding which is the best way to reach the goals of the act. The main aim of the law is to integrate social services with the different needs of the inhabitants, public services and more specific social services. The *Social Services Act* (1991) includes services for the elderly, home care services, housing, social assistance, preschools and day care centres for children. Finally, there is a strong emphasis on preventative services for youth and teenagers (Eydal and Gudmundsson 2012; Juliusdottir, 2012; Ragnarsson, 2000).

Social services in municipalities developed rapidly after the *Social Services Act* passed in 1991, as did the Icelandic welfare state. In 1992, a new *Child Protection Act* was passed with more protocols than before. In the *Child Protection Act* from 2002, there is even more emphasis on protocol. The first *Administrative Procedure Act* passed in 1993, aimed at ensuring the rights and obligations of individuals in relation to authorities' decision making. This has had a great impact on the development of administrative procedures in social services and child protection. There are still specific legislations on services for the disabled (no. 59/1992) and elderly (no. 125/1999), who need more specified services than provided for by the *Social Services Act*.

In the 1980s, the development of social services in more populated municipalities had started. In less populated ones, there was no social services committee. After the implementation of the *Social Services Act* in 1991, that changed quickly (Eydal and Gudmundsson, 2012). Now, there are social services committees in every municipality and most have professional social workers, although not all. In the more populated municipalities, there are several social workers employed, and 62% of members of IASW are working for municipalities⁸, most in social services and child protection. The social services have undergone a period of transition and modernisation, with an emphasis on professionalization, individual rights and participation.

The *Municipalities Social Services Act* is now being revised, 25 years after it was enacted, with increasing discussion on activation policy, and is still under debate.

⁸ Numbers from the Icelandic Association of Social Workers, January 2017.

Economic fluctuations and the development of the welfare state

The Icelandic economic system has undergone several, regular fluctuations. There was a downswing in the Icelandic economy from 1988 to 1994, with cuts in the welfare programmes and rising unemployment from 0.5% to 5%. The National Health services had mostly been free of charge up to then, but fees began to be charged in this period of downsizing (Jonsson, 2001; Eydal and Olafsson, 2012a).

The late 1990s were characterized by slow improvement in the social welfare system along with better economic developments such as a reduction in unemployment. Social benefits became less linked to earnings and were increased. In the beginning of the 1990s, there was equality in the living standard in Iceland. From 1995 to 2007, inequality increased, with lower income groups being left behind and higher income groups increasing their income far above the average increase of income in Iceland. Still, poverty was not increasing and overall welfare services improved (Jonsson, 2001; Eydal and Olafsson, 2012). Family policy was established, ensuring children's right to care from both parents, and the 2000 law on paid parental leave radically changed the possibilities for fathers' participation in infant care. Thus, fathers' participation in care increased in the period. Marriage and parenthood of same sex couples was also ensured by law (Eydal, 2012).

The economic crisis in 2008 changed, to some extent, Iceland's position in relation to social inclusion and poverty alleviation, although not as drastically as it might have. The main policy issues were focussed on the crisis and the aim was to shelter the lower and middle income groups from the consequences of the crisis. Benefits were targeted at low income groups and taxes were lowered. Activation strategies in employment were implemented to decrease the rising unemployment rate as fast as possible. Overall, Iceland succeeded relatively well in dealing with the aftermath of the economic crisis, and the relative poverty rate did not increase in Iceland during the crisis. Still, there are some implications for immigrants who were in greater risk of poverty after the crisis, and financial hardships were increased for all. Despite expenditure cuts in hospital services, the access to health care services has been fully maintained, but the quality of services has had some setbacks. Cuts were extensive in the educational system, but not at the university level. However, there is still no research on the consequences for the educational system (Olafsson, 2012a). Presently, there are positive signs in the Icelandic economy with GDP increasing from what it was in 2001 (OECD, 2017). The social services are recovering from the aftermath of the economic crisis, and there is growing emphasis on preventive measures and resources again.

4. Challenges of the social work profession for the 21st Century

Social work in Iceland is a fast-growing profession. Social workers are now working in many fields in public services as well as in NGO's. Social work has a strong tradition in social services, child protection and health services. Still, the profession is facing several challenges, both in relation to recent professional developments in the Icelandic labour market as well as professional challenges related to the changing society of the 21st Century.

Social work in Iceland: A growing profession in all fields?

Social work in Iceland is facing several challenges in many areas and there is an increasing need to develop certain fields where social work has somehow not been as emergent as expected in the last decades.

The development of social work in Iceland has, in many ways, followed the development of legislation on welfare services. Legislation in social services is a good example.⁹ In other fields, such as in school social work, there are similar links. Social workers have a tradition of working in the elementary school system from the early seventies. In the *Act on Elementary Schools* from 1974, it was stated that for every 2500 students there should be a psychologist and a social worker working with children with special needs in the school system. Despite this goal, the laws on elementary schools changed in 2008 and social work is no longer mentioned. School directors can still employ social workers, but the importance of social work is no longer clear in policy. In the last 20 years, the number of school social workers in Iceland has been decreasing. One of the biggest challenges social work as a profession is facing in Iceland is to again include social work in elementary schools and, as well as in the secondary school system.

Ever since educated social workers first came to Iceland in the early sixties, they have mainly been working with families and children in social and health services and in clinical social work. The National Hospital in Iceland is now the second biggest employer of social workers in the country. However, few social workers have been employed in the primary health care centres, even though policies on health care and mental health care for the last ten years have emphasized the importance of interprofessional clinical teamwork with young families and mental health care. The Icelandic Association of Social Workers has, for many years, discussed the importance of social work in the primary health care centres with the minister of health but without much success. In spite of the health care policies focusing on interprofessional teamwork, there are still few indications that social

⁹ See discussion in chapter 3.

workers will be employed in more numbers at health care centres in the near future.

The criminal justice system is the third field where social work faces similar challenges. For many years, social workers have been employed by the criminal justice system, but the numbers have been low. There are some signs that this could be changing.

Despite the challenges social work as a profession is facing, there are other areas where social work is growing, such as mentioned before, in the services for the elderly and immigrants. Another developing field is divorce and reconciliation counselling, but from 2003 the Children's Act states that the sheriff can offer parents expert advice on specific issues regarding child and family wellbeing in certain cases. In order to gain professional autonomy and authority in these areas – as well as in others – two crucial objectives can be mentioned. The first is taking significant initiative in service innovations and developmental/pilot programmes on basis of personal knowledge together with starting single- or interdisciplinary research projects in social work issues. The second objective is to become respected and remarkably influential through the manifestation of such endeavours.

Professional challenges in Iceland

There is a growing emphasis on interprofessional collaboration in management and policies where social workers and other professions, such as psychologists, teachers and social educators, need to work more closely together in social services. This is mirrored in health services, where social workers, doctors, nurses and psychologists work together (Ambrose-Miller and Ashcroft, 2016).

Social work has a long history of teamwork, but there are still several challenges. In Iceland, there is, for example, a growing emphasis on interdisciplinary teamwork in social services and child protection in relation to school social work. With the changes of the *Act on Elementary Schools* in 2008, the aim was to give school directors more flexibility and supervision over the collaboration between social services and health care services in the cases of students with special needs. Recently, there has been an increasing discussion on the importance of interprofessional collaboration in the school system that brings hope that social work can become one of the key professions working within the school system.

Social workers often have a clear understanding of the different roles of diverse professions along with the gains and aims of interprofessional collaboration. The social worker's role in advocating for the client and fighting for social justice can cause special challenges and sometimes conflicts in interdisciplinary teamwork. Old power dynamics between

professions can also create conflicts in decision making situations (Ambrose-Miller and Ashcroft, 2016).

Social workers need to realise their strengths and capability to participate in systemic collaboration and teamwork. By being aware of their special knowledge and role, social workers contribute in professional teams as specialists in welfare legislation, child protection, and knowledge of various resources and concrete solutions. In this connection, social workers often have the best prerequisites to be case managers and to step forward to take the lead. This is valid because social work is a key profession in the broad fields of welfare services.

Concluding remarks

Firmly based reformative endeavors, such as structures, standards and declarations, can serve as helpful tools for the qualitative improvement of social work education (Sewpaul, 2002). They favor the integrated, science-practice perspective produced by a paradigm shift in social work. But before we can apply these endeavors effectively, we must realize that (although being a goal in European policy) they are *tools* no less than *goals* in the process of educational change promoting mature professionalisation.

The major task for the future of social work in Iceland is strengthening its professional status and enhancing it as an academic discipline and specialized, professional field. There is an increasing interest in international and, especially, European cooperation in research and educational matters. It is an exciting and actual goal to contribute more actively to research and to influence professional development in Icelandic society, as well as to contribute reciprocally in the international context. It is a challenge to enhance the influence of contemporary social work in a small, but expanding, welfare state like Iceland.

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