



WG2 Case study profile

WG2 Thematic group	WG2.1b. Care of people with disabilities
Name(s) of proposer	Ivan HARSLØF
Institution	Oslo and Akershus University College
Title of case study (and priority ranking)	Restructuring of care for people with disabilities
Country/region/place investigated	
Social service sector(s) investigated • People with disabilities	This case study explores the restructuring of social services for people with disabilities, receiving medical and social rehabilitation services.
Category of case study ('what' is investigated) • Subsector/policy/programme (meso-level) • Actor(s)	<p>The study focuses on social workers employed in rehabilitation institutions/hospitals - and how this group experiences recent large scale governance reforms aiming at enhancing efficiency, return-to-work, coordination between involved actors and institutions, inter-professional collaboration, and user-involvement.</p> <p>This WG2-case study uses material from the Norwegian-Danish <i>Professions, legitimacy and evidence in transforming health and welfare organizations</i> (PHLEGETHON) study, which is coordinated by Oslo and Akershus University College. The study is fielded in rehabilitation institutions/hospitals in the Oslo area (Norway) and in Copenhagen (Denmark), but 'place' has so far not been considered a central dimension in this study. In addition to social workers, also physical therapists, nurses and occupational therapists are covered. It consists of 1) focus group interviews with professionals; 2) observation of professional-user interaction; and 3) document studies. The social worker-studies from Part 1 and 3 will be most important for the WG2 purpose.</p>
Time frame considered (<i>from when to when</i>)	The Norwegian process of restructuring that we are interested in began in 2006 with a large scale governance reform, merging different state agencies within work, welfare/social security, and requiring integration with parts of local authorities' social services, through the setting up of one-stop-shops in each municipality. In 2012 another reform aimed at better coordinating services across sectors and organizations, and included a new economic incentive structure encouraging local authorities to take stronger responsibility in health and care services.
Five 'perspectives' • Cost efficiency/quality/user satisfaction • Governance • (Social cohesion) • Labour conditions of social workers	<p>Several perspectives intertwine. At its core the project aims at investigating quality and user satisfaction, the negotiations and conflicts between professionals and users, and between different institutions involved, related to critical decisions on the direction that the rehabilitation shall take and the dispensing of services.</p> <p>The perspective of social cohesion is touched upon in the sense that the project asks if certain groups of users (and certain 'bodies'), are gradually excluded from high quality services due to the current transformation of health and welfare organizations in the Nordic welfare state, which is brought about by programme/governance reforms and market expansion as well as developments in civil society, including a growing individualization. These investigations will also disclose changing labour conditions for social workers who are finding themselves at the intersection of health and welfare systems.</p>
Three processes in restructuring + crisis	NPM inspired management reforms aiming at enhancing efficiency are certainly of importance in this case study. So are the

<ul style="list-style-type: none"> • Cuts/rationalization/management reforms (NPM, others) • <i>Vertical</i> subsidiarity (administrative re-arrangements between <i>government</i> levels) • <i>Horizontal</i> subsidiarity (involvement of/outsourcing to other suppliers) 	<p>administrative rearrangements between government levels and the externalization of services to private or semi-private providers.</p>
<p>Specific questions/focus</p>	<p>A central question in this case study is what forms of knowledge are valid in the determination of the types and volume (quality) of services delivered to the user. Not only are different professional groups (and different institutions), representing different knowledge traditions, involved. Moreover within each profession one can see a growing tension between experience based and evidence based knowledge. Finally, the user also brings important knowledge to the table, something that may depend on the resources the dispose of.</p>
<p>Local Stakeholder Network (LSN)</p>	<p>NO</p>