



## WG2 Case study profile

(updated April 2014)

WG2 Thematic Group	WG2.1b. Older people and people with disabilities: Care and wellbeing
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Name(s) of proposer	IVAN HARSLØF
Institution	Oslo and Akershus University College
Title of case study (and priority ranking)	Restructuring of the transition between health and welfare sector for people with disabilities
Country/region/place investigated	
<b>Social service sector(s) investigated</b> <i>(Erase non relevant ones)</i> <ul style="list-style-type: none"> <li>• People with disabilities</li> <li>• Services in social assistance</li> <li>• Restructuring of social services in general</li> </ul>	<i>Short description</i> <p>This case study explores the restructuring of social services for people with disabilities, receiving medical and social (vocational) rehabilitation services. In the study, the group of rehabilitation patients subjected to these services consists of people with incurred traumatic brain injury (TBI) and multi-trauma, even if some of our data concerns also other groups of patients.</p>
<b>Category of case study ('what' is investigated)</b> <i>(Erase non relevant ones)</i> <ul style="list-style-type: none"> <li>• Subsector/policy/programme (meso-level)</li> <li>• Actor(s)</li> </ul>	<i>Short description</i> <p>This study analyses the way social workers employed in Danish and Norwegian health institutions (rehabilitation institutions and hospitals) in their daily casework are negotiating the diverse institutional logics of the health and the welfare/public employment service system. The analysis is set against the backdrop of strongly accentuated return-to-work policies and major governance reforms aiming at enhancing efficiency, improving coordination between involved actors and institutions, inter-professional collaboration, while also fostering user-involvement.</p> <p>The study approaches the field through the social workers' account of the collaborations, negotiations and conflicts that emerges between them and users, and between different institutions involved, related to critical decisions on the direction of individual rehabilitation trajectories and on the dispensing of services in these respects. The paper asks what forms of knowledge are 'valid' in the determination of the types, volume and quality of rehabilitation services delivered to the individual user - and if certain groups of users, are gradually excluded from high quality services due to the current transformation of health</p>

	<p>and welfare/public employment service organizations in the Nordic welfare state.</p> <p>Employing data from focus group interviews among social workers in Denmark and Norway, the study adopts a cross-country comparative perspective. It uses material from the Norwegian-Danish study, Professions, legitimacy and evidence in transforming health and welfare organizations (Plegethon), a pilot study for the project Transition in rehabilitation (NRC Grant No 229082).</p>
Time frame considered ( <i>from when to when</i> )	<p><i>Short description</i></p> <p>The background for the study is reform developments during the 2000s and onwards. Data were collected in 2013.</p>
<p>Five 'perspectives' (<i>Erase non relevant ones</i>)</p> <ul style="list-style-type: none"> <li>• Cost efficiency/quality/user satisfaction</li> <li>• Governance</li> <li>• (Social cohesion)</li> <li>• Labour conditions of social workers</li> </ul>	<p><i>Short description</i></p> <p>Several perspectives intertwine. Even if the study object of this study is the professional groups (social workers), 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. This transformation is brought about by programme/governance reforms and market expansion as well as developments in civil society, including a growing individualization.</p> <p>These investigations will also disclose changing labour conditions for social workers who are finding themselves at the intersection of health and welfare systems.</p>
<p>Three processes in restructuring + crisis (<i>Erase non relevant ones</i>)</p> <ul style="list-style-type: none"> <li>• Cuts/rationalization/management reforms (NPM, others)</li> <li>• <i>Vertical</i> subsidiarity (administrative rearrangements between <i>government</i> levels)</li> <li>• <i>Horizontal</i> subsidiarity (involvement of/outsourcing to other suppliers)</li> </ul>	<p><i>Short description</i></p> <p>NPM inspired management reforms aiming at enhancing efficiency are certainly of importance in this case study. So are the administrative rearrangements between government levels and the externalization of services to private or semi-private providers.</p>
Specific questions/focus	<p><i>Short description</i></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</p>

	<p>knowledge traditions, involved. Moreover within each profession one can see a growing tension between experience based and evidence based knowledge. Furthermore, the user also brings important knowledge to the table, something that may depend on the resources they dispose of. On the one hand, one is starting to observe the emergence of the 'expert patient' - on the other hand, some categories of patients may command very few resources needed in order to interact with the increasingly complex health system. Finally, society has structured the field in order to allocate scarce resources in a just and efficient way. Hence, both biomedical conceptions of <i>disease</i>, the subjective notion of <i>illness</i>, and the societal-structured <i>sickness</i>-approach are at play.</p>
Local Stakeholder Network (LSN)	<i>Do you intend to set up a LSN:</i> YES    NO X