

Integrated services in rehabilitation and social inclusion

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1. Introduction

The report with the comments from the Norwegian point of view concentrates on

- The relevance of the goals and practices of the Delta project in relation to the Norwegian situation,
- a description of the situation in Norway regarding recent reforms and measures within the field of integrated services in rehabilitation, and finally on
- some experiences from Norwegian projects and programmes which seem relevant in light of the assessment of the Delta project.

2. Relevance

Norway experiences presently an almost “all time low” in unemployment figures. However, sickness absence and the number of people receiving disability and rehabilitation benefits are also high and growing. The economic and human problems this represents have been on the public and political agenda for quite some time. Some businesses and sectors of the economy already have problems finding the manpower and competent workers they need. Prognoses concerning future developments in the work force, indicates that this is a growing problem. On the other hand, the risk of more or less permanent exclusion from the social arena, the network and the relations, being part of the work force and included at work place represents, is also a major concern for both the authorities and individual citizens. The Delta project is not only an interesting case within the international discourse on service integration in general, but also in particular when seen in the context of the recent reform in the Norwegian welfare administration and in relation to experiences from various programmes and projects aiming at retaining and re-including individuals in the work life.

3. Recent developments in strategies, policies and administration in Norway, regarding social inclusion and integrated services in rehabilitation

For at least 15 years, the primary goal for Norwegian welfare policy has been to prefer and promote work and activity-related measures instead of leaving people in a situation where they passively receive benefits. The most important and recent tools in the struggle to obtain this are

- The tripartite agreement on an inclusive work life (“IW”-agreement) from 2001
- The New Employment and Welfare Administration (“NEW”), established in 2006

The “IW- agreement” between the authorities, employers and employees’ associations aims at reducing absence due to sickness by 20%, retain and recruit people with a reduced work capacity and to retain and recruit senior employees in work. The effects of the “IW-agreement” seem at the moment to be disappointing at the national level (we’re nowhere near the goal of reducing sickness absence by 20%, disability has also been rising since the agreement was implemented). However, at the enterprise level the experiences is reported to be good, both in terms of reduced sickness absence and in terms of a raised awareness of problems and solutions concerning these issues.

The new employment and welfare administration, “NEW”, entails a merger between the National Public Employment Services, the National Insurance Administration and the Municipal Social Services. At the national level the goal is to ensure a more holistic and coordinated approach and implementation of the welfare policy. At the local level, the overall goal of “NEW” is to establish a “one stop shop” in all 432 municipalities in which the client will be able to access a variety of integrated services in one place, rather than being forced to go from one agency to another. As the name indicates “NEW” is new, born on July 1. 2006, and there is no way of knowing the effects yet. However, research we have conducted indicates clearly that this is a necessary reform in order to design and deliver more coordinated and integrated services for the individual client. On the other hand it is questionable if it’s possible to organise one’s way out of the problems with too many persons dropping out from the work force and thereby risking social exclusion of the individual, and in regard to solving problems this causes for the national economy.

In the next section we’re going to elaborate on some of the experiences, which has lead to the conclusion that an administrative reform is necessary, but not enough in order to avoid further reduction in the workforce due to disability and sickness, and to strengthen social inclusion of individuals. These experiences also seem to be relevant in relation to the Delta project. In this paper we will be concentrating on some aspects of financing, organisation and some regarding the actors involved.

4. Experiences from Norway in light of the assessment of the DELTA project

4.1 Financing

Financial coordination, which is one of the key innovations of the Swedish model and the Delta project is handled in a different way in Norway. The financing of National Insurance and Employment Services is centralized, by joint block grants levied by the national government. However these agencies was, until 2005 governed by different ministries and, the financing of collaboration projects between the two agencies has not always been coordinated at the national level, causing direct difficulties for the collaborations and the results. The new work and inclusion ministry and the New employment and welfare administration should hopefully be able to overcome these problems. Social assistance is financed by the municipalities, but in the context of NEW, a central agreement between the government and the municipalities has been signed. To get this to work in practice and locally, is one of the many challenges NEW faces.

4.2 Organising

4.2.1 *The need to work with clients in a new way*

There has been implemented quite a few programs and projects within the (old) welfare administration directed at special target groups. Two examples are “Flexible job” and “Getting people on disability back to work”. The former was directed at people who were out of a job and suffered from light mental illnesses, the latter at motivating and helping people who already had been on disability for a while to return to the work life. Some of the main conclusions following the evaluation of these programs are that it is possible to succeed with a close and comprehensive support of the individual client. This means that the agencies of the welfare administration, needs to work in different ways than they have done traditionally. Leaving a lot of initiative to the client (“the actor-model”), as has been the tradition of the employment services, and rule-based case work which has been the main way of working in the insurance administration, are not what reaching the goals of these programmes requires. It is crucial that work processes within NEW also changes, and not just the organisational structures. This is also one of the important challenges NEW is facing. It seems as learning to work in new ways is one of the strengths of the Delta project.

4.2.2 *Organisational factors and collaboration between agencies*

The above mentioned programme for helping people on disability pension return to work also required a close collaboration between the employment services and the insurance administration. At the county level this programme was organised in different ways. One solution has been to try and integrate the work as a new task of the existing structure and daily business of the respective organisations. Another was to create a project organisation with participation from the respective organisations, working closely together only on this program and with these clients. A third model was to create a network organisation where also clients were involved in the planning and implementation of the programme. The evaluation shows that leaving it to a project organisation or a network organisation gave the best results. The collaboration and cooperation was much closer in these models than where it was tried integrated into the daily work. A tightly organised collaboration promotes more learning between professions and occupations, better understanding of each other’s competencies and knowledge and amalgamation of different organisational cultures. Consequently NEW should learn from the most successful of the project- and network organisations that worked with implementing the “Getting the disabled back to work” programme. Learning how to collaborate also seems to be one of the main strengths of the Delta-project.

4.3 Relevant actors

There are of course a number of stakeholders or actors involved in the process of service-delivery, integrated services and other efforts at returning people to work and social inclusion. Here we’ll mention some of these who seem to be in the background of the Delta project, employers and co-workers of the person in need of rehabilitation, and one group of actors who seem central in the Delta project, but who seems to represent a major “bottle neck” in the case of Norway, the doctors.

4.3.1 Employers

The understanding and motivation of employers is crucial for reaching results regarding retaining and returning people with problems to work. It can be difficult to get employers to engage in these questions. It's not always realised that, in the end, it is in one's own best interest. In Norway the "IW-agreement" is a tool because it entails some financial incentives for the employers. Recently more responsibility has been put on the employers within the "IW-agreement". However we have seen that public sector organisations (municipalities, state agencies) seem to be the employers who are the most difficult to engage in this in a constructive way. One tentative explanation is the lack of financial autonomy and flexibility in the public sector. This may lead to a kind of goal displacement where the financial benefits of the "IW-agreement" becomes more a way of increasing the budget than a tool for adjusting the work place to the needs of disabled employees.

4.3.2 Co-workers and organisational subcultures

Not enough attention is given to the informal norms for performance among workers and the role such norms might play in excluding people from work. By this we mean that in any organisation or enterprise informal norms about how much and how intense one should work, develops. The internalisation of such norms may lead to the perception that when one's work capacity gets reduced in case of disability, illness or injury, one becomes a liability to the co-workers and the organisation. If this is the situation, it becomes a logical and "natural" solution to try one's options for disability benefits, in order not to burden the co-workers. Another consequence of such norms and standards could be a reluctance to accept recruitment of people with a disability and reduced work capacity. The informal standards for performance within organisational subcultures should be addressed both by researchers, managers/employers and e.g. unions, in order to understand how it affects exclusion and inclusion at work.

4.3.3 Doctors

Medical doctors play a decisive role as gate-keepers, determining who is fit for work and for what kind of work. Many disabled persons who we have interviewed "blame" their doctor and the health care system for their status as disabled. Their own wish to stay at work or return to work is overpowered by the authority of the medical profession. The same seems to be the case with the social insurance officers. Both physicians and social insurance officers have been accused of being more occupied with the sickness and not with the work ability of the individual. We have also seen in case files that the required assessment from doctors concerning work capacity, treatment in order to improve work capacity etc. is often lacking. Recent reforms in Norway, has placed a greater responsibility for these matters on the GPs, and there might be some signs that awareness as well as practice is improving in this regard. However, the way health professions have been integrated into the cross-professional collaboration of the Delta project is particularly interesting in relation to the Norwegian case.

4.3.4 Lessons to be learned

To sum up the lessons to be learned from the “Swedish model” and the Delta project in relation to the Norwegian experience and the challenges that we see for the future, we wish to emphasize the importance of

- Close follow-up of vulnerable groups and individual clients
- Financing as an integrating factor
- Learning by close contact and collaboration