Negotiating needs

Processing older persons as home care recipients in gerontological social work practices

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Contents

THE FOLLOWING PAPERS ARE PRESENTED IN PART II:

PAPER I

Olaison Anna and Cedersund Elisabet (2006) Assessment for Home Care: Negotiating Solutions for Individual Needs. *Journal of Aging Studies* (20) 4: 367-388

PAPER II

Olaison Anna and Cedersund Elisabet (2008) Home care as a family matter? Discursive positioning, storylines and decision-making in assessment talk. *Communication & Medicine. An Interdisciplinary Journal of Healthcare, Ethics & Society* (5) 2: pages to be decided

PAPER III

Olaison Anna (Re-submitted manuscript) Creating images of old people as home-care receivers: Categorizing needs in social work case files.

PAPER IV

Olaison Anna (submitted manuscript) Requests and outcomes in care management. Processing older persons as clients through talk and text in old age care.

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PART I

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Chapter 1

Older persons' contacts with public old age care

The chapter offers a background to the subject area and describes how the study is situated in relation to the Nordic and British tradition of care relationships in a home care context and in the development of public old age care in Sweden. The development of care management models is described, along with perspectives used in earlier research in this field. This pinpoints some knowledge gaps in the earlier research done within the field to which this dissertation aims to contribute. The chapter concludes by describing the purpose of the study, the questions it addresses and the organization of the dissertation.

Introduction to the dissertation subject area

This dissertation takes as its starting point the assessment processes that older persons undergo to gain access to home care. This is a practice that often falls within the scope of public old age care in many countries, and constitutes part of gerontological social work (Lymbery 2005; Richardson & Barusch 2006). A central part of the needs assessment process consists of assessment conversations in which municipal care managers meet with older persons in their homes to discuss and reach decisions about their home care needs (Milner & O´ Byrne 2002; Coulshed & Orme 2006). The needs assessment process in this dissertation is viewed mainly as a communicative practice in which talk and text are the tools used, and of which the assessment conversation constitutes the core. Conversations concerning the needs of the older persons are then formalized in writing in social welfare service authority reports in which the older persons' situations are evaluated, and assessments are made in relation to available resources of care. These then serve as the basis for decisions regarding home care services. Seeking such help is a complex process that involves many actors, and is one in which standards, rules, duties, and obligations converge with personal conceptions and emotions. Older persons have been viewed from

a dependence perspective in much of the earlier research in the field (c.f. Kaufman 1994; Katz 2000; Gubrium & Holstein, 2003). Interest has been focused on the care burden borne by relatives or on the situation of professionals involved in the home care services, rather than on the situations of the older persons seeking help. Gubrium and Holstein (2000) argue that previous research does not give a full picture of the everyday life of older people. In other words, it lacks a perspective that focuses on how older people themselves grasp everyday life and what implications receiving care can have for their daily routines when entering their private homes.

In line with this, assessment processes in the present study are considered from the perspective of the older persons and focus on older persons as active agents with the willingness and opportunity to influence their own situations, based on the informal and formal resources offered them. The intent is to consider how things go when older persons seek, based on their own life worlds, support from social services to cope in their everyday lives. The ways in which help from the public old age care system is introduced and becomes part of the older persons' everyday lives are the result of needs assessments. This process grows out of negotiations between individuals in and ancillary to the older persons' networks. Knowledge of the process older persons undergo to gain access to home care is currently lacking (Norman & Schön 2005; Janlöv 2006). The communicative interaction that occurs between older persons, their relatives, and care managers in the context of public old age care has previously been elucidated only to a limited extent. The empirical studies incorporated in the present dissertation are intended to describe, analyse, and problematize how these needs assessment processes function in a Swedish context, but these issues are also important from an international perspective.

Care and relationships in home care

Nordic and British countries have a longstanding tradition of care research, which has focused primarily on the paid and unpaid work that is performed in the homes of older people. This research has been fundamental to our theoretical understanding of how care and relationships in home care are viewed.

The Nordic tradition of research into old age care emerged in the 1980s under the leadership of Professors Rosmari Eliasson-Lappalainen and Kari Wærness. The theoretical development of the content of care work grew from women's studies and a feminist research tradition where focus was on organizational conditions, qualification requirements, and relational aspects of the content of remunerated care work. During the same period, British research had a slightly different focus, where care was defined as work that women do in relation to other family members to whom they are bound by family ties. The undertaking of the British researchers was to make the hidden care work within families visible and to highlight its gender character and the price paid by the female care workers (Finch & Groves 1983; Ungerson 1983). This definition of care was one-sided and directed towards care workers and informal care (Szebehely 1996). During the 1990s attention was drawn to the fact that care was both paid and unpaid in the interface between formal settings and the informal sector in the welfare state (Leira 1993; Graham 1991; Thomas 1993; Ungerson 1990; 1997). British and Nordic researchers influenced each other and a joint tradition of relational aspects of care work in both the formal and informal sector was formulated in the 1990s (Szhebehely 1996).

The reasons for introducing a new perspective when looking at care and care work in the Nordic tradition in the eighties was the lack of interest in care and care work on the part of traditional social scientists. There was also the need to explicate a phenomenon associated with women's lives and responsibilities (Eliasson-Lappalainen & Nilsson Motevasel 1997). Wærness described care work in the following way in 1983:

> as something more than work, something that always arises in a relationship between two people, where aspects of power and asymmetry are central issues, issues that lead to inequality in the relationship (1983, p.20 translation from Norwegian original)

Wærness emphasizes that care has no precisely defined content in that it both describes a quality and signifies specific activities, the purpose of which is to look after people who cannot look after themselves. One important point of departure in Wærness's work is that care work is rooted in a housewifery ideology in which home helpers do not follow formal rules within the framework of the service, but work using a more client-based

approach in which their job duties cannot be defined or specified. According to Wærness, the needs of the older persons take top priority and are decisive in terms of what care activities are performed in each instance. She goes on to describe the home helpers' rationale for their work as proceeding from a responsibility for the older persons, which she characterizes as a "care rationale" working method. The term "care rationality" was thus introduced, and with it Wærness (1984) intended to depict home helpers involved in home care as social actors who act on the basis of an emotional consciousness. She believes that this care rationality derives from a way of thinking that is contextual and sympathetic, and that stands in opposition to more scientific or bureaucratic rationality, the underpinnings of which are clearly built around an abstract and formal thought process. Nor can this care rationality be imparted through education or training; it is rather something that is acquired through practical care work experience, and through knowledge of specific individuals. Eliasson and Szhebehely (1998) assert that the "care rationale" approach has had a major impact on how care work is done today. They claim that care rationality has almost become synonymous with care work, as public old age care is rooted in a long-standing tradition of remunerated work under the auspices of the welfare state. Consistent with this view, much research on formal care work has focused in particular on the performance and content of good care work (Silfverberg 1996; Christensen 1997; Gustafsson 1999).

Eliasson-Lappalainen and her various research groups have led the way in this field in a Swedish context, and in their research they highlight the importance of experiential knowledge in old age care work (Eliasson 1987; Eliasson & Szebehely 1991). They also contend that care work requires practical knowledge, with good care work being characterized by an individual perspective on working with older persons. According to Eliasson (1987), this can be achieved only through person-based knowledge that cannot be acquired solely through formal education or training. In her studies of home care, Eliasson posits that external factors affect the content of and hamper the possibilities for performing good care work. In this context, high quality is viewed primarily as an organizational issue, where the goal is for the structure of the organization to promote the nurturing and development of such competence (Runesson & Eliasson-Lappalainen 2000).

There is also research that reflects the challenges and dilemmas that arise in care work (cf. Thoreaus Olsson 1991; Eliasson 1992; Szebehely 1995; Frassén 1997) from an organizational perspective (Whalgren 1996; Nordström 1998; Gustafsson 1999; Trydegård 2000). Eliasson (1992) argues that when "home care organisations are created with top–down management and specified competence/knowledge requirements, the experiential skills are threatened in two ways since they can be destroyed as a result of either organisation or professionalization" (Eliasson 1992, p. 63 translation from Swedish original).

Much care research conducted recently along these lines has been related to one or the other of these threat scenarios. Eliasson (1983) clearly sets out the criticisms of the professionalization of home care expressed in care research, which she believes entails a standardization of how such work is viewed that runs completely counter to a holistic, comprehensive, and flexible approach to care work. A professional attitude is adopted in encounters with older persons, as opposed to quality and a holistic approach. The solutions that are presented for the dilemmas facing such care are mainly based on organizational factors. Nevertheless, the principal argument is that more favourable conditions and assumptions should be created for home helpers, which can then inherently lead to the possibility of doing a good job.

This definition of care work has been developed further and criticized as overly limiting in several recent dissertations examining the practical work of home care (e.g., Astvik 2003; Ingvad 2003; Wreder 2005). Ingvad (2003) asserts that it is not necessary to make such distinctions since all the work done by home helpers in older persons' homes constitutes care work. He also stresses that care work constitutes a type of social interaction, an aspect not emphasized in earlier definitions. According to Ingvad, care work involves more than being emotionally engaged; consequently, the relationship between the caregiver and older persons is problematized, and a social interaction perspective must be added to the concept of care. He further asserts that relationships have an internal logic that cannot be limited by rules or principles that govern how the work is to be organized, as it is the interactive level dynamics that must determine the degree of closeness in a relationship, even though internal and external factors affect these dy-

namics to varying degrees. Daily and Lewis (2000) argue that the concept of care has limitations. They argue for a broadened definition of care which includes care as "an activity and a set of relations lying at the intersection of state, market and family (and voluntary sector relations) p. 296". Elaborating the care concept further helps us to provide a useful theoretical tool for more general analysis of care relationships in relation to welfare states. Daily and Lewis stress that this can only be understood if it is analysed in the context in which it takes place.

In summary, it is clear that the aforementioned research on care work presents an important basic idea: the care given must be based on the client's needs, and good care is situational, i.e., it must be possible to meet individual needs for care in engagement with the older person. Viewed in this light, it is reasonable that the Nordic and British tradition of care research has focused heavily on the direct performance of the work in the home care context. On the other hand, there is a lack of discussion of perspectives associated with older persons as care recipients, and their needs can be complex and hard to interpret. Szebehely (2005a) has mapped the Nordic tradition of care research and she concludes that care and relationships in home care form an area that is under researched when it comes to the ongoing restructuring of old age care. She stresses that further knowledge is needed when it comes to the impacts of this resource allocation. Research that focuses on these reforms from the different perspectives of those involved is therefore an important area for research.

In line with this argument this study's focal point is implementation of care and the relationships that evolve in assessment processes when older persons become clients and are assimilated into the public old age care system. Adding a clearer holistic perspective by including older persons' roles in such assessment processes will afford a deeper insight into the actual practices connected with home care. In line with Daily and Lewis (2000) concept of care this will add some further knowledge of the care patterns that shape gerontological social work in relation to the intersection between the individual, state and the family. This may be viewed as the contribution of this dissertation, and as a supplement to earlier care research.

Public old age care: a changeable undertaking

Welfare regimes in Western countries have undergone major changes in recent decades, with the result that human services and care work have increasingly come to be viewed as public matters (Fine 2007; Richardson & Barusch 2006; Victor 2005). In keeping with this trend, organized public old age care in Sweden has undergone extensive restructuring, and is constantly changing in terms of both its organization and the conditions under which home care is provided (Larsson & Szebehely 2006; Edebalk & Svensson 2006).

Swedish old age care was previously characterized by a universal care model that offered broad social service coverage, with old age care being financed and provided largely by the public sector (Rauch 2005). This care model was based on a "home bound" ideology according to which older persons would live in their own homes for as long as possible. The work that this entailed was, for a long time, done mainly by family members and relatives. The advent of home care and professional home helpers in the homes of older persons did not occur until the mid 1970s (Johansson 2007). In the 1970s, social services expanded rapidly and continued to grow in the 1980s, and this was a period of increasing bureaucratization, professionalization and institutionalization (Wrede *et al* 2008). Home care was exposed to the same kind of organizational efficiency as other public administration services, resulting in more distinct occupational roles within the organization. This had consequences regarding labour patterns, which became similar to those in health care institutions, and these changes contributed to the appearance of new divisions between personnel, older persons and their relatives (Wærness 2008). During the economic crisis of the 1990s, social institutions in Sweden were decentralized, resulting in Swedish municipalities assuming the responsibility for public old age care (Rauch; 2007; Blomberg 2004). This process occurred in parallel with financial cutbacks that impacted old age care, resulting in a tightening of the resources available for home care. The process of getting home care was bureaucratized with a view to making it more efficient by prioritizing services and conserving resources.

The need for home care is assessed via an individual-centric assessment process through which older persons who need support to cope in their everyday lives can apply for assistance. The Swedish Social Services Act (SFS 2001:453) constitutes the legal basis for the assessment of older persons' needs for care and services. How home care resources are allocated and the scope and organization of home care consequently have a major impact on older persons and their families.

The Swedish National Board of Health and Welfare (2006a) recommends that assessments of older persons' assistance needs must be informed by a holistic approach in which such needs are viewed as subjective, personal, and variable. Swedish municipalities are responsible for performing needs assessments and providing services within the framework prescribed by law. The Swedish Social Services Act provides that people incapable of managing in their daily lives are entitled to have their assistance needs met by the public old age care system (SFS 2001:453 Chapter 4). However, studies have shown that definitions of need change in relation to the resources available (Thorslund & Larsson 2002; Larsson & Thorslund 2006), indicating that particular needs are being prioritized (Andersson 2007c). In this century, greater interest has been focused on alternative ways of providing old age care, mainly with a view to reducing the associated costs (Johansson 2007).

Home care resources

Over the past 50 years, the number of older persons in Sweden has increased, paralleled by an evolution in old age care; a trend that is expected to continue. The number of older persons is expected to increase by 35% from 2001 to 2015 (Swedish National Board of Health and Welfare 2006b). However, home care services in Sweden have decreased since the 1980s among the very oldest segment, i.e., those over 80. The number of home care recipients has also decreased dramatically, despite an increase in the number of older persons in the population. On the other hand, the number of hours spent on home care has not declined, which indicates that the assistance is being concentrated on increasingly fewer older persons with major needs for help. The result is that current home care involves a stronger element of medical assistance, with a decrease in the proportion of older

persons considered in need of help (Larsson & Szebehely 2006). Older persons with relatively little need of help are left to rely on informal help from their relatives or on purchasing such assistance privately (Szebehely 2003; 2005b). By law, married couples are obliged to assist one another; however, adult children bear no such legally imposed responsibility to pay for or provide care for their aging parents because the ultimate responsibility for this rests with municipalities. However, the formal situation does not reflect reality, as statistics indicate that the proportion of informal care being provided by family members is growing (e.g. Jeppsson Grassman & Svedberg 2001; Olsson *et al* 2005; Stark 2007). Research on familial relationships and the informal care provided by relatives indicates that the structuring of the care services provided when an older family member becomes dependent on assistance often entails a renegotiation of such relationships (Finch & Mason 2000; Paoletti 2001; 2007; Phillipsson et al. 2001).

Despite strong confidence in the competence of the welfare state to take care of older persons, relatives of older family members in northern Europe nevertheless provide extensive informal services (Daatland & Herlofsen 2003). This is thought to be partly due to the limited home care offerings available, and to the fact that the introduction of needs assessments has resulted in a decrease in the proportion of home care recipients. Szebehely and Trydegård (2007) believe that the needs of older persons have not decreased, but that the decline in publicly financed care services is more likely the result of the increasing difficulty of obtaining assessment-based assistance, and of a concomitant degradation in the quality and availability of care services. They assert that home care must offer a sufficient level of quality and comprehensiveness to appear as a feasible alternative for older persons. A view of older persons as active citizens with the ability to take advantage of what the market has to offer is emerging parallel to this trend toward an increasingly market-based orientation. Blomberg and Pettersson (2003) criticize this way of channelling welfare services toward a small portion of the population. They maintain that this could result in older persons in need of support being seen as incapable of living up to the standards of the welfare society, and that a bureaucratized assessment process is an indication that social citizenship is being weakened by allowing less room for individual participation.

The overall trend points toward stricter requirements for how home care resources are to be organized, and thus toward clearer municipal guidelines for assessing the need for in-home assistance. The number of older persons living at home with major needs for care is expected to grow (National Board of Health and Welfare 2008; Gurner & Thorslund 2003). This will entail a well-structured system for making assessments and providing in-home assistance to older persons. Even though the formal old age care apparatus is viewed as the biggest care provider, several studies have shown that older persons receive a significant share of the help they need from family members (Johansson *et al.* 2003; Ingvad 2003; Sand 2005). A national mapping effort undertaken by the Swedish National Board of Health and Welfare shows that there is a correlation between formal and informal care, in that expansion of the scope of formal services has been shown to result in an increase in the number of informal services as well (Swedish National Board of Health and Welfare 2006b). Studies of remunerated and unremunerated services provided by relatives have shown that the proportion of older persons receiving public care is decreasing, even as the proportion of those receiving help from their relatives is increasing (SOU 2005; p. 66). Szebehely and Trydegård (2007) believe that the current trend in old age care points toward a clearer "informalization" of care services, with adult children and other close relatives stepping up their efforts. This finding pertains primarily to families with low education levels. Wrede *et al* (2008) and Rauch (2007) further stresses that Swedish old age care is different from the other Nordic countries due to the heavy restrictions on access regarding home care, and they question whether Sweden is indeed diverging from the Nordic welfare model.

Care management in old age care

Needs assessments were introduced in old age care starting in the early 1990s (Coulshed & Orme 2006; Warnes & Phillips 2007). The origin of needs assessment models is rooted in systems theory, in which organizational and administrative interests dominate the assessment process (Milner & O'Byrne 2002). Needs assessments derive from the American model of case management, where the focus is on casework, i.e., the individualization of care services. When these assessments were introduced in Europe, a

desire arose to depart from this perspective and put the emphasis on care management rather than case management, in order to stress that it was the need for care that was to be assessed, rather than the case, i.e., the individual (Coulshed & Orme 2006; Lymbery 2005). Payne (2000) asserts that one of the problems in implementing the care management model in a social work context is that it was derived from market economics-based thinking and is then developed and applied in different ways to different client groups. Lymbery (2004) further asserts that the introduction of care management into old age care has led to an increased degree of entrepreneurial thinking; a situation in which the availability of services has a direct link to financial costs and tighter resource allocation. He believes that this had led to a greater bureaucratization of old age care. Research also shows that needs assessment is often a one-way process designed to meet professional and organizational needs rather than those of individual older persons (c.f. Richards 2000; Powell *et al* 2007).

However, it is difficult to obtain an overview of care management from an international perspective, as the processes involved vary from country to country, and even within individual countries. However, certain commonalities are discernible, such as the existence of some kind of freedom of choice within the framework of a catalogue of needs, or choice in terms of who is to provide the public assistance. Comparisons are complicated because pronounced differences do exist, particularly in terms of the structures and legal frameworks of the various welfare systems. However, a number of studies have been published that do offer comparisons between various assessment systems in Europe (Blackman 2000; Blackman *et al.* 2001). Six countries are compared in these studies Ireland, Greece, Italy Denmark, Norway and Great Britain. The studies indicate that no formal right to access to healthcare and care exist in Ireland, Greece, or Italy. Access to public help from the state in these countries is limited, and depends on local political factors, and the bulk of the responsibility for providing care to older persons rests with the family in these three countries. In Denmark, Norway, and Great Britain the state assumes overall responsibility for providing care for older persons, making these countries similar to Sweden in several ways. Older persons in these countries enjoy a formal right to have their needs assessed professionally. The difficulties in making comparative studies are further exacerbated in that, while needs assess-

ments are often conducted in the homes of older persons, they may also be conducted at hospitals in the form of "care-planning conferences" (Westlund 2001; Lindelöf & Rönnbäck 2004; Efraimsson 2005).

In Europe, Sweden in particular has an assessment system similar to the one in Great Britain. However, one major difference between the Swedish and British assessment systems is that relatives who are care-givers in Great Britain have the right to assessment of the need for the services they provide (Challis *et al.* 2007). Care management research in England has revealed differences in various parts of the assessment process in terms of, for example, documentation, assessment models, and decisions made regarding help in similar cases (Challis & Hughes 2002). The relationships between needs and resources, and between assessors and older persons (Payne 2000; Challis *et al.* 2007; Ware *et al.* 2003) differ in terms of how the assessors identify needs, which depends on their profession and knowledge base (Worth 2002). The importance of the assessment situation to older persons has been the subject of several studies (Richards 2000; Weiner *et al.* 2002; Challis & Datron 2002). Postle (2001; 2002) has studied care managers' experiences of working in conformity with the care management model, revealing that the care managers experienced the introduction of this model as a process in which the social element intrinsic to working with older persons was reduced and the advisory function and face-to-face work were lost. Gorman and Postle (2003) also found that care managers often felt "mechanized" in terms of their job skills, as more of their time was being devoted to the *management of risk* rather than to *care*. Powell *et al.* (2007) studied older persons' experiences of the assessment process, and claim that the older persons' primary desire is to obtain help with minor social needs to lessen their isolation and loneliness. Powell considers meeting older persons' so-called *low-level needs* as a good means of supporting the older persons' own strategies for coping effectively while still living at home. To dispel the isolation perceived by older persons, they argue in favour of reformulating existing standardized services and replacing them with more clearly individualized services grounded in a coherent old age care policy and practice. In a large Canadian study, Rosenthal *et al.* (2007) examined the situation of relatives in terms of administering services for older persons. These relatives indicated that their management of formal and informal services for older persons was done at the expense of

their free time and work time, thereby contributing to stress, particularly among women. The study contends that needs assessment systems in which costs and access to formal services are tied to the relatives' ability and willingness to help their parents represent an unsuccessful combination in terms of the impact on the relatives' situation. British research (Challis & Hughes 2002) consistently emphasizes a holistic approach to the assessment process; an emphasis seen in Scandinavia as well.

Care management is an area that has drawn attention from Nordic researchers only in recent years. Studies there have focused on how needs assessments and decision-making regarding old age care are managed in relation to legal requirements (Lindelöf & Rönnbäck 2004) and the introduction of a specialized assessment system (Blomberg 2004). Other research has touched on how older persons' assistance needs have changed (Larsson 2004; 2005; Brodin 2005). Studies have also shown that local policies and guidelines govern needs assessment processes, which creates dilemmas for care managers in assessments (Dunér & Nordström 2003). This also means that the processes have become more standardized and limited in terms of the assistance offered to older persons (Blomberg & Pettersson 2003; Andersson 2004). Needs that exist outside the standardized catalogue may thus be neglected (Petersson & Schmit 2003). The results of these studies paint a consistent picture of the inadequacies of the needs assessment system, which means that the underlying spirit of the relevant laws is not consistent with how the needs assessment process works in practice. The studies also note that the administrative process is institutionalized in that it follows certain overarching local guidelines, with the result that older persons' options in terms of the services available from the formal old age care apparatus vary, which in turn has implications for the informal services provided by relatives. The consequence of the application of this institutional practice is that older persons who seek help do not undergo an individual assessment process that is consistent with the provisions of law.

Similar results were also presented in a Norwegian study by Vabø (1998) in which the allocation of home care was studied together with how the limits of government responsibility are regulated by the various parties involved in old age care. Vabø claims that different needs arise in assessing home care, with each assessment situation comprising a process of negotia-

tion that can be interpreted differently between the care manager, the older persons, and the relatives. The results of the study state that conflicting perspectives in assessment situations can be related to an absence of clarity in the following areas: 1) *information*, i.e., the participants possess limited information about each other's capacities; 2) *values*, i.e., the participants hold different views of what entitles a person to receive help, and the criteria to which such help are to be related; 3) *fairness*, i.e., the participants have different views as to what ideal of fairness is to be applied when differing needs conflict, and 4) *paternalism*, i.e., the participants have different views of the client's ability to understand what is best for him/herself.

Andersson's (2007a) dissertation also confirms these results to some extent, as she asserts that the structural conditions communicated through care managers indicate that ambiguity exists when it comes to views of older persons. Older persons are viewed as being both passive and active because the communicated welfare policy does not allow them to manage their own needs for assistance and make active choices, even though they have the right to appeal. Older persons have to be fragile enough to receive assistance while also being capable enough to have the wherewithal to complain to their municipality. Andersson believes that older persons are rendered passive by the care managers' decision-making process and standardized guidelines, even though they are being presented as being active in terms of their ability to argue against those very guidelines and decisions. In an overview of current research on needs assessment, Norman and Schön (2005) claim that much is still unknown concerning the administrative process and concerning care managers as a professional group. The formal administrative process has been well described, while research on the interaction between care managers and older persons is lacking.

The perspectives of older persons and their relatives in the assessment process have been studied only to a limited extent. However, a few studies have addressed this problem set, with a focus on older persons' and their relatives' experiences of the needs assessment process (Nordström & Dunér 2003; Janlöv 2006), and on how home care functions in older persons' daily lives based on how different people involved in the process act (Dunér 2007; Andersson 2007a). The results of Janlöv's study indicate that older persons and their relatives find there are deficiencies in terms of be-

ing treated in a personal and professional manner by the care managers. This can lead to them being neglected in the assessment process, which can in turn lead to problems dealing, in a health-promoting way, with the new situation entailed by the introduction of home care. The study indicates that receiving supportive and encouraging treatment from professionals via the assessment process does not only stimulate older persons to participate in the process, but can also help them and their families get through the life-style adjustment period in a way that promotes health and meaningfulness. Janlöv asserts that being received and treated in such a way can strengthen an older person's sense of continuity and participation in their life situation as a whole.

A study by Gurner and Thorslund (2003) showed that relatives were dissatisfied with the handling of the needs assessment process because they felt that they were insufficiently involved. Other studies confirm that relatives feel they have too little influence on the process (cf. Dunér 2007; Jegermalm 2005), and, moreover, that in needs assessment situations relatives feel pressured to help by providing informal services (Mossberg Sand 2000). According to Sand (2007), relatives are largely invisible in the care dialogue, and she believes this is a problem in that the feasibility of living at home is often predicated on the involvement of relatives, while the relatives are at the same time expected to contribute assistance on their own.

Hammarström (2006) has studied care managers' perceptions of the role of relatives in the assessment process. She states that the presence of relatives is perceived as positive in terms of providing support to older persons involved in seeking help. The relatives are also found to be more difficult to handle than the older persons themselves in that the care managers found it difficult to address the relatives' needs, given that doing so did not fall within the ambit of their legally prescribed duties. The actual interactions between older persons and care managers have been elucidated only to a limited extent, and few relevant studies exist, despite the fact that this interaction constitutes the very core of the assessment process. Norman and Schön (2005) conclude that research is lacking when it comes to the significance of needs assessments, particularly from the perspective of older persons and their relatives. In sum, available studies indicate a need for further mapping of the perspectives of older persons and their relatives in

needs assessment processes. The public old age care system's communicative practice, i.e., how assessment conversations and documentation occur in needs assessment processes, constitutes an area that is at present largely unresearched.

The international and Scandinavian studies noted above call for further research in the area of needs assessment. Moye and Marson (2007), Lymbery (2006), and others emphasize the role of older persons in this decision-making process as an area of research that needs to be prioritized. British researchers Tony Warnes and Judith Phillips (2007) also stress the need for research, but bemoan the deficiencies arising from the fact that earlier research has been conducted primarily in a social work context.

They maintain that the perspective in social work is overly narrow and instrumental and has reduced the complexity involved in working with older persons, simplifying such work in the light of the care management process:

> Care management procedures increasingly focus on the measurement of need through defining older people in terms of crisis, risk, dependency and frailty, and research agendas have mirrored this trend, concentrating on managerial concerns and methods. (p. 149)

Warnes and Phillips further assert that social work researchers would profit by relying more on research from other scientific disciplines in reshaping and developing their practice. They believe that this lack of connection between various disciplines has led to what is currently a substantial gap between research and practice.

In keeping with the foregoing, this dissertation incorporates common denominators from the fields of social work, communication, and care research. Involving several different research disciplines offers numerous advantages, as these fields have much in common, and drawing on all of them offers major potential to provide new perspectives on the topic of study. The problems inherent in such an approach have more to do with positioning oneself and making relevant delimitations within the various fields. The present study is limited in that it addresses only formal care work done in an old age care context and accounts for how administrative and assessment processes work in that situation. The study mainly addresses how

these matters are considered in a social work context and from a European perspective.

It is in light of this debate that this dissertation will hopefully contribute to bridging the gaps between these disciplines. By proceeding from traditional care research and combining it with a communicative perspective, the ambition is that this study will contribute to bridging the aforementioned gap between theory and practice. Previous research on needs assessment processes has been conducted largely via observation and interview studies in which the primary focus has been on professional and organizational perspectives. The role of older persons in these practices has been less studied, i.e., what occurs via the assessment process in terms of how older persons' requests for home care are handled in conversation, and in the documents on which the decisions are based. Accordingly, this dissertation should be viewed as a study of the everyday practice of needs assessment that is part of gerontological social work.

Purpose and questions

The overall purpose of the dissertation is to study the joint assessment of the need for in-home assistance by older persons, their relatives, and municipal care managers from a communicative perspective. The aim is to acquire an insight into these processes and study how older persons and their relatives and care managers organize their interactions, what services are made available, and the significance these processes have in terms of what decisions are made.

The dissertation comprises four different subsidiary studies, the specific purposes of which are:

> To study how the needs of older persons are described during home care conversations, and the negotiations that take place regarding the older persons' accounts of themselves and their abilities. The paper addresses how constructions of fact are used as a communicative tool to create different patterns of self-presentation in conversations
> (Paper I).

To study how older persons and their relatives' needs for assistance are discussed during in-home conversations in which divergent views of such services are present. The paper discusses the storylines and positions that arise when relatives and older persons define their need for assistance (Paper II).

To describe how the needs of older persons are constructed in case file texts. The paper discusses various ways of writing, such texts and what needs categories take precedence over others in case file texts with regard to access to home care services (Paper III).

To study the care management process from a welfare perspective, with the aim of studying how managerialism in home care policy is negotiated in relation to the needs of older persons. The paper focuses on how different categorization processes occur in assessment conversations and what is transferred to case file texts in order to create cases. (Paper IV).

The dissertation does not take into account issues regarding decision-making, the implementation of law, or any ethnic and gender-based differences in needs assessments. These issues are important, but do not fall within the scope of the study as its main focus is on how needs assessment functions as a practice.

Organization of the dissertation

The dissertation consists of two parts, of which the first (I) Provides a framework for the thesis and a summary of the empirical studies. This part consists of five chapters and appendix. The second part (II) consists of four papers, all of which describe, in various ways, the participation of older persons in the needs assessment process. All of the papers were written for international scientific journals, and are reproduced in their entirety.

This chapter (chapter one), *Introduction: older persons' contacts with public old age care* offers a background to the subject area and provides an insight into the Nordic and British research traditions on care relationships in a home care context, and into the development of public old age care in Sweden. The development of care management models is described, along with the perspectives used in earlier re-

search in this field. The chapter concludes by describing the purpose of the study and the questions it addresses.

The second chapter, *Theory and earlier research on categorization and institutional conversations,* presents the theoretical basis of social constructionism on which study in this field is based. This is elucidated in relation to the terms 'categorization' and 'people processing'. The chapter also provides an overview of research in this tradition as concerns institutional encounters between individuals and public servants in various assessment processes in the contexts of social services, healthcare, and old age care.

Chapter Three, *Material and methods*, presents the theoretical and conceptual frame of reference for the study, and offers a description of the study as a whole and of the approaches used. The chapter provides an overview of the empirical material and describes the analyses performed in each paper. This is followed by a discussion of the ethical aspects, transcripts and translation issues and limitations of the study.

Chapter Four, *Results*, provides a summary of the content of the four papers.

Finally, Chapter Five, *Discussion*, considers the study's main findings and the importance of conducting research to shed light on older persons and relative's parts in assessment processes. There is further discussion of consequences of the individual perspective that is advocated by the law and how a care rationale dialogue in assessments is in contradiction to rules-based management. Finally, there is discussion on how the study can be understood in a larger context and the challenges facing gerontological social work in the future.

Chapter 2

Theory and earlier research into categorization and institutional conversations

Social constructionism, the theoretical framework on which the dissertation is based, is introduced in this chapter. Thereafter, the terms *categorization* and *people processing* are discussed as these are key elements in how social institutions create and manage clients and their cases through various types of assessment processes. The chapter also provides an overview of the research in this tradition, including a presentation of earlier research on institutional conversations, with a focus on studies in the areas of social work and gerontology. The chapter concludes with a summary of our current state of knowledge and identifies several research gaps in the field; gaps that this dissertation is intended to address.

This study is rooted in a social constructionist research tradition, which asserts that social life is created through human understanding of what occurs in interaction that generates and produces social order (Berger & Luckmann 1967; Sacks 1995; Gergen 2005). Central for social constructionist research is understandings of practical workings of what is constructed and how the construction process unfolds. Thus, knowledge about the world is not an exact representation of reality, but the results of agreements created in the ongoing interaction between people (Holstein & Gubrium 2008). One of the central points in social constructionist research is to study conversation to gain an understanding of how institutions act and social order arises. This focus means that language plays a major role in how participants in conversation organize their interaction and create meaning. Social constructionism offers many different perspectives on interaction, and thus on how discourse analytical studies can be conducted. My starting point in this study derives from what may be termed "micro social constructionism" (Shotter 1993; Gergen 2005) which focuses on the discursive elements of our language use containing the idea that multiple versions of reality are created through interaction that becomes accessible to us via discursive constructions (Edwards & Potter 1996; Potter 1996; Wheterell *et al.* 2003).

The focus for this study is on the micro part of institutional practice that is determined on a macro level According to Potter (1996), no evaluation is made as to which perception is more real or true than another. The study is conducted with links to the tradition of micro sociology, in which institutional practices are studied regarding structures at a micro level, but which also studies how these structures are intertwined and are accomplished at a macro level (Cicourel 1976; Mehan 1995; Sarangi & Roberts 1999).

In this dissertation the ambition is to increase our understanding of how those involved in assessment conversations participate in constructing older persons as home care recipients through the use of a constructionist perspective. Moreover, by relating the studies to a broader context, the intention is to study how various discursive patterns guide and shape old age care.

Categorization as part of people processing

> Verbal categories are resources with which speakers perform discursive actions: they are not just reflections of how they see things or the way things are. (Edwards 1997, p. 224)

Categorization is fundamental to the coordination of human activities. In encounters with institutions, various categories serve as the basis for how people are classified as, for example, clients or home care recipients. Categorization thus functions as a basis for the mechanisms that institutions use to define people in relation to their institutional activities and frameworks (Agar 1985; Goffman 1980). Studying categorization enables researchers to show how professional selectivity orients itself in relation to the parts of the client's lifeworld that fit existing institutional criteria. Studies of categorization also clarify how practices are created, and provide knowledge of how professionals create and justify their actions vis-à-vis various audiences (Shotter 1993). Research on how categories are used in interaction shows that categories are often loosely formulated, and that they are negotiated and renegotiated as they are developed for specific purposes in particular contexts (Hall *et al.* 2006).

Hall *et al.* (2006) believe that the natures of particular categories are based on the interaction and argumentation that occurs in encounters between professionals and clients. Clients are created in the social services through categorization at the micro level via talk and text. Practical categorization work also requires the existence of traditions of how categories are created. Matching clients with categories is demanding and complicated work, as placement in a given category yields one specific solution and not another (Mäkitalo 2003). Juhila *et al* (2003) assert that there are basic categories that are established for participants in institutional encounters, i.e., the categories that belong to social workers and clients. They also believe that there are distinctive common cultural features associated with these categories in conjunction with institutional rules that participants are expected to respect when they engage one another in such encounters. This phenomenon of reciprocity is referred to by Goffman (1959) as a "working consensus"; it does not mean that people automatically follow such rules but, on the contrary, that they apply rules and employ their situated knowledge by actively orienting themselves to and maintaining categories (Silverman 1998; Gubrium & Holstein 1997).

Categorization is also related to the way of establishing identities by categorizing participants, either through self-categorization or by being categorized by others. Sacks (1995) believes that categorization serves several interesting functions, and he speaks of categorical activities that people can, as participants in conversations, use by categorizing each other. Categorization can in this way occur implicitly or explicitly, for example, by evoking a social category such as "home care recipient" or "client." This type of categorization may lead to expectations of a certain sort of behaviour, such as being decrepit and needing help. In the same way, different types of behaviour assume relevance in the interaction, which indicates that a given participant who exhibits a given behaviour belongs to a given type of social category. Billig (1996) further stresses that negotiations occur regarding what attributes should belong to categories, and that this can give rise to argument. He believes that categorization and specification are closely intertwined, as it is only by studying conversation as a process of dividing what is general from what is specific within categories that the use of categories can be meaningfully productive in interaction.

Davies and Harré (2003) and Harré and van Langenhove (1999) have further developed the ways in which we position ourselves in interaction and relate to categories to maintain a discursive production of the self-images we wish to present. A person can make use of various storylines to construct an object adapted to different situations. Edwards and Potter (1996) believe that positioning serves multiple social functions, such as opinion forming and defence/justification. Participants in conversation accordingly choose to advance various socially available storylines to construct their positions based on their predetermined objectives. Different versions of these positions are then created, depending on whom one turns to in the conversation. In ascribing certain positions to others, we may perhaps not accept the ascriptions and positioning of ourselves that others suggest. In this way we offer a degree of resistance to a specific positioning. When clients fail to ally themselves with the set categories ascribed to them, it can lead to argumentation about *category membership*, which occurs when participants' expectations in terms of what is intrinsic to belonging to a given category do not mesh (Widdicome 1998). Categorization is thus a dual process, to the extent that people position themselves based not only on what they say about themselves, but also on what others are saying (Harré & Moghaddam 2003; Jones 2006). Positioning theory (Davies & Harré 2003) has strength in that it offers a duality in its way of looking at how people are subject to discourse and how this subjectivity at the same time is negotiated in daily life. This approach is flexible as it has a cognitivistic strength in the integration of discourses as subjects that move on both micro and macro levels (Burr 2003; Hollway 2001).

Institutional procedures demand that versions in terms of case types be explicated through positioning and active categorization. This is accomplished through meetings, telephone conversations, and documentation. Information about individuals is in this way converted into a documentary basis for creating cases, i.e., objects that the institution can identify and work with (Lipsky 1980; Sarangi & Slembrouck 1996). There then follows a process in which a case is processed via so-called *people processing*, in which the institution operates based on a menu of predetermined client categories (Prottas 1979; p. 4). These client categories are often based on category systems consisting of various administrative codes and classification systems that are used in organizing enterprises and that are often in-

visible to the public but have a major impact on how reality is organized (Smith 1984; Mäkitalo 2006).

Lipsky (1980) asserts that the bureaucratization that occurs when individuals are constructed as clients constitutes a social process in which client categories do not exist outside the process. An important part of this categorization process is for clients themselves to learn how to behave as parts of the categorization. He further maintains that there is not much agreement on how the reality is constructed in encounters between institution representatives ("frontline bureaucrats") and clients, as they come from two entirely different starting points that are unequal in terms of the division of power (Sarangi & Roberts 1999; Gunnarsson & Linell 1999). Clients proceed on the basis of their needs regarding individual problems, and their demands and wishes in terms of action are individual expressions of their expectations and desires. They often expect appropriate treatment based on themselves as individuals, and are encouraged in this attitude by both the law and society in general. On the other hand, frontline bureaucrats proceed from a different starting point, since they perceive a client's situation as something that is related to a problem, as something that makes demands for action based on categories (Lipsky 1980).

According to Lipsky, four basic dimensions come into play with respect to the control that frontline bureaucrats have in constructing clients: *1) Distributing the benefits and sanctions that are supposed to be provided by the agencies.* These are negotiated via interpersonal strategies and implicit manoeuvring through dialogue, and constitute a major part of the process of creating a client profile. *2) Structuring the contexts of client's interactions with them and their agencies.* Frontline bureaucrats develop routines that prepare people for so-called "client status," in that their agendas emphasize processing people in a standardized way so as to maximize the utilization of the organization's resources. *3) Teaching clients how to behave as clients* both in relation to how the system works and the appropriate level for the client's aspirations in terms of resources. *4) Allocating psychological rewards and sanctions associated with clients entering into relationships with them* (Lipsky 1980; p. 60). These control functions may be said to constitute the basis for the categorization work to which frontline bureaucrats de-

vote themselves, and that serves as the basis for how *people processing* functions in actively creating clients.

In light of the foregoing, one could say that institutional categories are socially constructed phenomena, and a product that is created in interaction and that is constantly subject to construction and negotiation. When, because of his or her decrepitude and advancing geriatric infirmity, an older person is in need of home care, professionals must form their own opinions about the situation based on the information from a medical perspective obtained from healthcare personnel, information from relatives, and through the older person's own accounts. They must then consider that information in relation to legally mandated institutional assessments and how they define need. This is a form of *people processing* in which care managers evaluate information in relation to the predetermined categories that exist for home care, even as other actors, such as relatives and the older persons themselves, make similar categorical constructions regarding the care that the older person needs. These categorization processes can conflict with each other in terms of, for example, access to and the need for resources that, according to Hall *et al.* (2006), constitute the mix that everyday social work is concerned with.

Institutional conversations

Sacks believes that, in analysing interaction, is it important to focus on *what people do and describe how they do it* (Sacks 1995; p. 119). From this perspective, studies of conversations are viewed as action, and action is perceived as deeds that are accomplished through interaction. Goffman (1959; p. 110) maintains that institutional conversations constitute something that occurs *frontstage*, i.e., between the institutional representative and a client, and that they can be divided into different types based on who controls and who initiates the conversation (Adelsvärd 1995). In conversations that occur within the framework of social work, it is common for the client to initiate and relate his/her story, while it is often left to the civil servant to propose solutions. On the other hand, the person controlling the conversation is often the institutional representative who, through the advice he gives or his gatekeeper function (Erickson & Schultz 1982), con-

trols the conversation and decides the next step in the process. Conversations initiated by the client and controlled by the institutional representative can thus be assigned to a collective group of institutional conversations to which most assessment conversations in the social services field may be said to belong.

Extensive research on institutional conversations in social work has been done based on a social constructionist approach, in which the focus is on what occurs in encounters between citizens and civil servants (see, e.g., Jokinen *et al.* 1999; Seltzer *et al.* 2001). A number of studies have been devoted to the composition of the communicative structures in encounters between social workers and clients (see, e.g., Cedersund 1992; Fredin 1993; Kullberg 1994). The focus in recent years has also been more on clients and on how their identities are created in interaction. Juhila *et al.* (2003) believe that client identities are always created through negotiations that are situated in the present, and that occur through interpretations based on how participants construct the reality of social work. In line with this perspective, researchers have also studied how various client categories in social work are shaped into institutional identities through conversation and documentation (Sarangi & Slembrouck 1996; Hall 1997; Antaki & Widdicombe 1998; Hall *et al.* 2006), how categorization and negotiation occur in client-creating processes (Hall *et al.* 1999a; 1999b; Juhila 2003; 2004; Hydén 2001; Jokinen *et al.* 1999), and how different narratives create a case (Urek 2004). In one study, Spencer (2001) addressed how clients and social workers conversationally negotiate elements of clients' biographical accounts so that they will conform to the organizational processing of the cases. The study shows that certain specific parts of a client's self-presentation, such as being concerned about his/her condition or experiences of vulnerability, will not necessarily be challenged by the social worker, but that the social worker will instead assess how such needs can be met within the prevailing framework of the discourse of rules and resources at the social welfare office.

A key element in the interaction between social workers and clients in assessment conversations is thus linked with handling the potential conflicts that can arise from having different points of departure in the conversation, and in which the negotiations address how to construct a shared definition

of categories that is acceptable to all concerned. One common feature of the aforementioned research on institutional conversations in the social work field is that there is a distinct client perspective, and that the researchers in these studies problematize various aspects of clienthood that are present in institutional conversations. In keeping with the social constructionist tradition, these institutional identities are also considered in relation to the surrounding context, i.e., how the discourses surrounding social work share in shaping those who, for various reasons, seek support from society.

Conversation research with regard to older persons

Existing studies concerning conversation research as it pertains to older persons focus mainly on encounters in various care- and healthcare-related situations. There are several important studies from a discursive and sociolinguistic perspective that are highly significant in terms of how older persons' identities are constructed in conversation (Coupland & Nussbaum, 1993, Coupland & Coupland 1998; Paoletti 1998; 2004; Nikander 2002), and in terms of discursive constructions of frailty (Taylor 1992) and health (Coupland & Coupland 1994a). There is also some research that has shed light on how inter-generational relationships are handled in care-related situations (Coupland *et al.* 1991; Cicirelli 1993; Paoletti 2002; Henwood 2004).

So far, the most extensive research regarding institutional conversations in relation to older persons has focused on interactions between professionals and older persons in various types of care- and health-care related situations, with the primary emphasis on encounters between older persons and doctors (Coupland *et al.,* 1994b; Coupland & Coupland 1998; 1999; Thompson *et al.* 2004; see also Harwood 2007 for a good overview), how such conversations occur when a third party is present (Coupland & Coupland 2000; 2001; Tsai 2007), and interaction patterns between doctors and older persons over time (Greene & Adelman 2001). Studies have also been conducted regarding how news of diagnoses is delivered in healthcare, and how it is received by older persons (Maynard 2003; Grainger *et al.* 2005), and of older persons' encounters with district nurses (Leppänen 1998). Another area that has been researched pertains to discourses within

various professional groups and their role in interactions with weak and sick older persons living in various care institutions (see Grainger 2004 for a good overview). One common feature of the research on older persons' encounters with various health care professions is that it is often the professionals who dominate the interaction. Conversations between doctors and older persons are more institutional in nature than other conversations, as doctors more often assume an authoritarian role, while older persons in such encounters are given only a limited chance to speak, and are often not given an opportunity to present everything they had initially intended to discuss with the doctor. Certain topics assume different priorities in such conversations; for example, older persons' psychosocial situations are followed up only if this topic is introduced by the doctor. In triadic conversations where children or other relatives are present, older persons are given even less chance to speak, and the third parties often make themselves the spokespeople for the older persons (Coupland 2000; 2001).

Another area that has been studied pertains to inter-professional meeting talk. Here, Nikander (2003; 2005; 2007) has studied the discursive constructions that social workers make when conferring *about* older persons to decide on placements in various care facilities, or on how cases that are hard to judge should be handled. The studies indicate that participants in assessment conferences cannot depart from their general ideas and moral preconceptions about the responsibility that professionals bear in relation to relatives, or that the older persons themselves bear. The results of Nikander's studies indicate that institutional decision-making about home care services consists of more than just rational *people processing*. She demonstrates that the professionals in such discourses rely on established distinguishing characteristics of what constitutes good care, and on the characteristics of ideal conditions for the care- and healthcare situations of older persons. The studies show that there is a professional argumentation in which the social workers proceed on the basis of criteria for home care that are negotiated in relation to the basic moral and ethical choices that exist in terms of distributing support services among older persons.

Only a few studies have addressed institutional conversations as part of the practice of old age care with an emphasis on older persons living at home. In this research, discussions of how home care is to be provided are studied

in encounters between home care personnel and older persons (Lindström 2000; 2003; Lindtröm & Bagerius 2002). Other topics include how older persons articulate problems, and how they are received and treated by home care personnel in care-related situations (Grainger *et al.* 1990). In the only Swedish study of home care assessments conducted to date, Hellström Muhli (2003) studied the interaction between care managers and older persons and demonstrated that, in these encounters, it is possible to identify certain political ambitions in policy that exist regarding old age care. Muhli also states that needs assessment conversations regarding home care are similar to other institutional conversations in terms of the dominance of professionals in the conversations, and in the informal everyday tone of the language used. One of the main findings of the study is that the communicative practice that the home visit conversation involves was not based on professional knowledge. Muhli believes that a deeper understanding of communicative methods is vital for care managers in terms of making the institutional assumptions associated with help services comprehensible to older persons seeking help in order to safeguard the rights of the individual in cases where government authority is being exercised on behalf of older persons.

In summary, it is clear that there is a longstanding tradition of discursive interaction research that elucidates how clients are created through *people processing* and categorization processes. A great deal of research in the social work field is based on a client perspective and describes how identity creation occurs through assessment processes in social services. However, a knowledge gap exists in terms of how older persons are processed into clients within the framework of conversations in the social services, as the conversation research so far conducted regarding older persons has focused more on older persons' encounters with various healthcare professionals. The primary emphasis in these studies has been on interaction as viewed from the perspective of the professionals.

Research on institutional conversations that is based on a social constructionist perspective with an emphasis on interaction gives us access to the everyday practices of social work, where the encounters that occur between professionals and clients are often invisible to the public. Studying how assessment processes work in practice can contribute to our understanding

of how social institutions behave in encounters with clients, a topic that has seldom been addressed in studies conducted from a more traditional social sciences perspective. In light of this, the intention is that this study should make visible the relatively obscure "unseen arena" of assessment conversations in an old age care context. The ambition is further to contribute to the existing tradition of discursive interaction research from the social constructionist perspective that exists in the field of social work and apply it to the field of old age care. The dissertation thus also contributes to closing knowledge gaps in two fields: first, as noted above, conversation research in gerontological social work, where research on assessment procedures in home care is currently lacking and second, more traditional care research in the area of old age care (described in Chapter 1), as previous research on needs assessments is almost entirely devoid of studies conducted from the perspective of older persons.

Chapter 3

Material and methods

This chapter describes the planning and execution of the empirical study. First, the discourse analytical research approach used is described, along with the justification for choosing it. The research design, selection, and analysis work are then described. The chapter concludes with a discussion of ethical considerations and the limitations of the study.

Discourse analysis

Discourse analysis is currently used in many scientific disciplines. In the present study I have employed a discourse analytical perspective based on different discursive approaches (Edwards & Potter 2001; Potter & Wheterell 2003, Potter 2004). Articles I and III are based on discursive psychology (e.g. Edwards & Potter 2001; Hepburn & Potter 2007) where the focus is on studying how individual accounts and images of older persons are put forward in assessments and case files. Articles II and IV take a broader discourse analytical standpoint where focus is directed towards how positioning and recontextualization are accomplished and reproduced through talk and text in order to construct assessment practices (Hall *et al* 1999a; Van Lagenhove & Harre 1999; Wheterell *et al* 2003). Common to these traditions is that the relationship between cognition and discourse is challenged, as there is a clear focus on action. Talk and text are studied to show how descriptions and accounts are constructed. The focus is on how language is used to do things, and the implications that this has for the discourse studied. Relationships in institutional conversations are analysed as a discursive activity created and carried out in relation to the interpersonal context in which they are produced. Another important dividing line between different discourse analytical traditions concerns how the use of context is viewed (Wooffitt 2005; Wetherell *et al* 2003). Broader claims are made in discourse analysis (DA) than are found, for example, in the tradition of conversation analysis (CA), because in DA there is a tendency to combine inquisitive analyses with a desire to gain an understanding of the social phenomena that constitute the framework for the discourse studied.

The use of a discourse analytical approach based on the perspectives from discourse analysis above was chosen, as this tradition also considers data other than conversations to be useful in gaining knowledge of relevant phenomena. The work is intended to study how participants in interaction turn older persons into home care recipients through the use of talk and text. The ambition of this dissertation was to describe and clarify how these processes work in practice. An empirically-grounded driven analysis where the data shows the way of using different forms of discourse analyses has been fundamental for the analysis.

Research design and selection

The empirical material was gathered over 1.5 years between 2003 and 2004 in three municipalities of different sizes in central Sweden. These municipalities were: a district in a large city with (760,000) inhabitants, a medium-sized town (125,000), and a rural municipality (32,000) (SCB 2006). At the time the data were gathered, these municipalities contained, respectively, 11,500, 2,000, and 500 people over the age of 65 living in normal housing who had been granted home care (SOU 2004:3). The three municipalities involved in the study were organized based on a purchaser−provider system (Trydegård & Thorslund, 2001). In this model, decisions regarding home care services are made by care managers who then order those services from old age care entities which run under municipal or private auspices (Coulshed & Orme 2006). The care managers operated on the basis of geographical areas in which they had individual responsibility for assessing and making decisions about home care services for the older persons living in the area. The care managers had the duty of assessing the needs of the older persons based on the provision of law and, in this model, have no staffing responsibilities or financial budgets to take into account. The municipalities used various computer programs for documentation, and these programs were being developed and updated while the study was under way. The decisions made were documented in case files and orders for home care, which were then sent out and delegated to unit managers whose job it was to arrange for home care services in local home care groups. Copies of the decisions were also sent to the homes of the

older persons, and the case files were archived in hard-copy form at the local social welfare office.

When invited to participate in the study, all the social welfare directors/old age care managers in the municipalities were given a written project plan and the written application that had been submitted to the ethics committee regarding the project. An oral presentation of the project was also provided to all the care managers in two of the municipalities. The aim of this approach was that those care managers who agreed to participate in the project would contact me whenever any new cases cropped up in their various municipalities. This arrangement generated fewer new cases than expected, and I was often compelled to ring up and remind the care managers about the research project. In the latter part of the data-gathering process, I opted to be on-site at one local social welfare office for two and a half weeks. This tactic resulted in more care managers wanting to participate in the project than had originally expressed an interest, and thus in more rapid data gathering. There were advantages to being present in the social welfare office milieu. It provided an insight into the day-to-day work that was being done, and enabled discussion of spontaneous issues that could be addressed as they arose. Another advantage was the opportunity to hear the conversations that took place regarding assessments and cases, which provided a better understanding of the prevailing organizational conditions and assumptions. Although these factors were not the main focus of the study, they did provide greater insight into the ancillary details of each case. The same opportunity to be present in the social welfare office milieu was not available in the other two municipalities, with the result that the information about their operations was based more on personal contacts with individual care managers and on information from their supervisors. This design resulted in a deeper understanding of the needs assessment process in one of the municipalities, which could be viewed as a disadvantage in that I did not possess the same level of detailed ancillary knowledge of the cases in the other two municipalities, which could have affected both the parties who participated in the study and the analysis of the material.

The older persons initially received information about and invitations to participate in the project via telephone conversations with the care managers. A few older persons declined to participate during the very first tele-

phone contact. Those who consented to participate were sent a written letter about the study in which it was indicated that they could contact me if they had any questions or wanted more information. The older persons were given another opportunity to decide whether they wished to participate when, in conjunction with the in-home visits, I gave them an oral presentation of the project, along with an opportunity to ask further questions. This approach resulted in everyone who had initially responded favourably to the preliminary invitation giving informed consent to participate. One of the participants who was included in the study declined to allow the in-home visit conversation to be recorded on tape, although this individual did allow the in-home visit to be observed and notes to be taken. To protect the participants, all personal data such as names, addresses, and ages, were anonymized, and all participants were assigned pseudonyms throughout.

Material and participants

The study is based on 20 cases in which older persons applied for home care. In almost every case it was the first time the older person had applied for home care, and thus was their first contact with public old age care.[1] Various empirical materials related to the included cases were collected. In total, the material consists of recorded conversations, participants' observations, interviews, and texts in the form of reports and decision documents. The conversational material consists of a total of some 20 hours of conversation, recorded on minidisc. The in-home visits lasted between 45 and 110 minutes. I participated in all the in-home visits and made supplemental field notes regarding descriptions of the home and the surrounding contexts in which the older persons were living. Notes were also made in direct connection with the conversations, for example, notes regarding non-verbal expressions in the form of gestures, looks, sotto voce comments, and references to items in the room. Interviews regarding the participants' experiences of the

[1] In a few cases the older persons had had prior contacts with old age care but those contacts had either led to just provision of information or the services were used for a limited time and then finished. These cases were therefore considered as new applications. In one case, home care was started some months before the home visit and was followed up as more services were needed.

meetings were also conducted after the assessments. The older persons were interviewed in direct connection with the in-home visits, and the care managers were usually interviewed on the day of the in-home visit or the following day. The interviews lasted between 20 and 50 minutes. They comprise a total of some 19 hours of conversation, recorded on tape. The case file material consists of 16 reports and decision documents. See Table 1 for a summary of the study's data volume and scope.

Table 1. Data volume and scope

Total no.		Total time
Assessment conversations	19 + 1*	20 hours
Observations	20	20 hours
Documentation	16**	X
Interviews	40	19 hours

* One conversation was not recorded on tape, based on the informants' wishes; however, they did grant permission for me to keep careful notes on what was said during the conversation, and this material has also been included in the conversation material as a result.
** The report material consists of 16 decision documents and journal notes, as four of the assessment conversations failed to result in an application being submitted.

The conversation and case file material comprises the principal data for the dissertation. The observation and interview material is used mainly to describe context, i.e., to support the analysis of the principal material. The observations do, however, constitute important material in the analysis process. They are used in the paper's presentations of the conversational material to provide a comprehensive picture of the situation surrounding the conversations, i.e., how the home was organized, how the participants positioned themselves in the room, and the discussions that took place before and after the recording of the assessment conversations. The use of naturalistic materials offers a rich source for those wishing to study how social practices work (Sacks 1984; Atkinson & Heritage 1984; Potter 2002; 2003; Silverman 2006; Wiggins & Hepburn 2007).

Hepburn and Potter (2007) maintain that conversation *per se* is a construction that occurs in the present, but that it can also be considered as constructive, i.e., that various versions of the world are built up and negotiated through events and built up in conversation through the course of action. Speer (2007) adds further to the discussion on what natural versus contrived data provides to the research process. Within the CA and DA fields there are concerns about not suppressing fundamental features of naturally occurring data. This approach can, according to Speer, be problematic even if the researcher tries to remove himself from the data collection process. Speer argues that the influence the presence of the researcher has cannot be overlooked.

> The presence of the researcher still is very much in evidence in the data collected and we can never achieve an unmediated access to participants' realities and neutralize the context because we are partially constructive of what is known (Speer 2007 p.306).

Whether data can be considered natural or contrived depends largely on the intended use of the data. To assume otherwise would be to deny the unavoidably social nature of the practice of data collection (Speer 2007). Taking this into consideration I was aware that both the recording and my presence at the in- home visits would contribute to the construction of the situation. Although I was a silent observer it was evident that my presence was co-constructive of the process. The participants sometimes oriented themselves with me, for example in terms also of being participants in a research project. The impact the researcher has on the natural data process should not, however, be regarded as something negative. Speer and Hutchby (2003) refer to this as the *one way mirror dilemma* which is based on the idea that the realm of social interaction is natural per se and the presence of a researcher or recording device can only disturb, distort or contaminate. Instead of assuming it to be a constraint to the production of authentic talk we can consider it as gaining access *to part of an ongoing construction of a specific situated interaction.* By being aware of this dilemma the data in the present study cannot therefore be considered natural in the strict CA or DA sense. In spite of the implications my presence had on the process this approach most likely contributed more to the understanding of the needs assessment process than would have been the case if I not had been present at the in- home visits. The conversational and docu-

mentary material accordingly became the dissertation's principal material, and the observational material was used more as a supplement to enrich the analyses. The advantage of using naturalistic data in combination with other methods in this study was fruitful as it gave me access to the functions of the gerontological social work apparatus. To study the assessment process would not have been possible using only interviews in which one captures just the participants' views on the process. The use of several kinds of data was therefore valuable though it gave me access both to the actual process from the natural data and observations and also participant's views on the process from interviews. Access to this information about each case then, taken as a whole, resulted in an overall understanding of the assessment situations.

The participating older persons comprised 13 women and seven men. They ranged in age from 67 to 93, and most were over the age of 80. Thirteen care managers participated in the study, 11 women and two men. They had worked in the profession for varying numbers of years, ranging from two up to 20. Most of them had long experience working in the field. Almost all had a background in social work, while a few were trained as nurses with supplemental legal training. Of the total of 20 cases, 11 included one-on-one conversations in which the older person him/herself met with the municipality's care manager, while nine involved triadic conversations, i.e., in-home visits at which the older person was accompanied by relatives such as their spouse or child. A home helper from the old age care unit was also present at one interview.

The in-home visits often began with a tour of the older person's home, and ended with a discussion of care services, conducted around a table in the kitchen or living room. The in-home visit conversation took place in the bedroom in a few cases in which participants were too weak to sit up and converse. See Table 2 for a summary of the older persons who participated, their ages, and the services they desired.

Table 2. Summary of in-home visit conversations and participants

In home visit	Participants	Age	Desired services
1	**Cecilia**	85	Cleaning, shopping, alarm
2	**Albert**	85	Cleaning, supervision
3	**Svea & Erik(s)**	84	Information
4	**Doris**	86	Information
5	**Lisa & Carl(s)**	85	Care facility, home care, alarm
6	**Helga & Bo(s)**	91	Home care, alarm
7	**Greta**	86	Home care, alarm
8	**Edith**	72	Home care
9	**Per & Vera(m)**	87+81	Relief services, cleaning, alarm
10	**Irma & My(d)**	67	Home care, alarm /information
11	**Berit & Ida(d)**	92	Home care, guardian
12	**Margareta**	83	Home care, food distribution
13	**Nora**	87	Shopping, cleaning
14	**Inge & Bea(m)**	82+80	Home care, relief, alarm
15	**Olle & Aina(m)**	79+77	Information
16	**Gustav**	68	Home care, cleaning
17	**Maj & PG(m)**	82	Home care, relief, alarm
18	**Svea**	83	Cleaning, alarm, shopping
19	**Tore & Lill(m)**	93+88	Home care
20	**S-E & Ulla (m)**	87+84	Alarm, cleaning

S = son, D = daughter, M = spouse
* Home care here includes all services above and beyond service-oriented practical services and is more in the nature of care giving, such as help with showering or getting dressed/undressed.

Analysis and transferability

The analysis was performed from a data-driven and *bottom–up* perspective. According to Hamilton (2003), this perspective is characteristically used in a study based on an interest that provides the motivation for the study, and in which the researcher has a general research question upon entering the field, which is then developed over the course of the study. At the start of the research project, I embarked on the study with a general interest in understanding the discourse surrounding the ways in which older persons' perspectives are taken into account in their encounters with the municipal care and healthcare apparatus. This interest developed over the course of the study in response to the various ways in which I chose to approach the data, and as interesting patterns emerged in terms of how the participants spoke and used language in their in-home visit interviews, and how the case file texts were structured and linguistically constructed. This resulted in my choosing to perform more in-depth analyses, which led to subsidiary studies being presented in the form of papers. Working in this way, the research questions and the analysis evolve hand in hand, i.e., both enrich each another until the researcher is convinced that he/she understands the discourse and has presented the results in an interesting and credible manner (Hamilton 2003). In this way, the results of the first study generated a new research question related to the material, and other analytical tools were then used in the next paper as a means of access to study the material.

The advantage of micro-analytical studies is that they make it possible to study the relationships between discursive and social factors in depth (Schiffrin *et al.* 2003; Olaison & Cedersund in press). This results in the research questions being well grounded in the material, and the researcher obtaining a good knowledge of his/her material and a deeper understanding of the discourse. The use of a micro "bottom up" perspective can sometimes be problematic in combination with a constructionist perspective because the individual is seen as preceding the social collectively. There is an ongoing debate within constructionist research about the focus on agency and/or structure (Burr 2003). In Discourse analysis, focus is directed more towards micro processes in which constructive aspects of agency in interaction are emphasized. The individual language user is here seen as an active agent using discursive tools to manage his/her own interests in interaction.

This approach has been criticized because it pays insufficient attention to and lacks a useful integration between macro and micro perspectives. Burr (2003) argues that the most important undertaking for combining a constructionist approach with Discourse analyis is to search for useful integration on agency. Thus, it is important to note that this dichotomy between micro and macro levels in constructionism clearly only exists at a conceptual level though social reality is seamless. Boden (1994) argues further that "society does not happen at different levels but research does". In line with this I am supported by those authors that stress that the different micro and macro traditions in constructionism are merely a difference in focus (Wheterell 1998; Willig 2001; Burr 2003) and can instead be seen as forming a dialectical process rather then a conflict between two pre-existing entities (Berger & Luckmann 1966). In this study I apply a wider focus combining DA and micro sociology (e.g Cicourel 1976; Mehan 1995) in studying participants' actions and use of language and texts in assessment processes and combining this with contextual factors. By zooming in at both structural and agency levels, the analysis will grasp these practices at several levels and my data may also be used in comparison with other research for analysis at a macro level.

The study consists of 20 cases. It may be argued that this is a limitation in regard to generalizability and that the material per se is not representative of old age care in terms of gender, age, or ethnicity. On the other hand, according to Peräkylä (1997), small scale studies like this can be approached from a different direction in regard to generalizability where it is doable to show.

> How these practices are made possible through the vey details of the participants action. (Peräkylä 1997 p. 215).

In this sense, the present study is generalizable as to what older persons and care managers can do, given that they have the same interactional competences and conditions as in other care management settings. The results can be said to reflect part of the discourse that exists in old age care. Studies such as this one are also useful in other ways, as the results of such a study can rather be said to reflect part of the discourse that exists in old age care, and the study offers an alternative means of understanding conversations

and how relationships and ideologies are legitimized in practical social services work.

Processing the assessment conversations and case file material

The material was processed in accordance with the aforementioned analysis methods, which varied depending on which research question was the focal point. The in-home visit conversations were transcribed verbatim in accordance with level 1, as per Linell's (1994) transcription conventions. The resulting transcriptions total some 500 pages. The transcription of conversations in this study can be viewed as part of the analysis, since I worked with the transcriptions and the recorded material in parallel to obtain a better understanding of what takes place in such conversations. After each visit I listened to the recorded material, and then made a rough transcription. In the ensuing analysis, I listened to the recorded material while simultaneously using the transcriptions to extract content-bearing aspects. See Table 3 for a summary of the materials used in the papers, the numbers of participants, and the analysis method used.

Table 3 Overview of the four papers included in the thesis

Scientific papers	Data collected from	Participants	Data analysis
Paper I	Assessment conversations (two- party)	9 older persons	Discourse analysis Fact construction
Paper II	Assessment conversations (triads)	11 older persons 11 relatives (6 spouses, 5 children)	Discourse analysis Positioning theory
Paper III	Documentation and case files	16 case files	Discourse analysis Structural content Identification of categories
Paper IV	Assessments, case files and observations	16 older persons	Discourse analysis Recontextualisation

Paper I begins with a categorization of the conversations based on their phases (Linell 1998). This was done to provide a general overview of the conversations, but also to study which participant was guiding the interaction in each phase, and what conversation topics and arguments took precedence over others in terms of expressing desires for services from the home care apparatus. Various patterns the older persons can employ to construct facts in various ways (Potter 1996) and to present themselves were then identified on this basis as well as how these presentations were negotiated. These patterns were then addressed in greater depth, and comprised the analysis presented in the first paper.

The patterns used by older persons to present themselves in the conversations generated an interest in going further in Paper II, and studying, in greater depth, how the participants in the conversations proceeded when different views of the older persons' needs for help were expressed when relatives were present. To investigate this interaction, positioning analysis was used (cf. Harre & Van Langenhove 1999; Davies & Harré 2003), in

accordance with which storylines and positions were studied based on how they were used by the older persons and their relatives to advance opinions in the assessment conversations. The concrete situations in which the dilemmas arose between different desires were identified in this analysis, and its focus was accordingly on which storylines (i.e., those of the older persons or their relatives) were given the greatest emphasis and how the other participants positioned or repositioned themselves in relation thereto. The analysis presented in the second paper was based on how these situations are resolved in the conversations in that, for example, the participants would first advance one storyline and position themselves within it, but might then perhaps need to re-evaluate and switch positions in relation to another situation, to arrive jointly at a decision about home care services.

Because the preceding subsidiary studies showed, in various ways, how older persons presented themselves/were presented in interaction, the next step was to study how this found expression in the associated case file texts. The process of analysing the case file material for Paper III consisted first of a careful perusal of the texts to identify structures. Two types of case file texts, which exhausted the whole data, could be differentiated based on this analysis, and these two types were analysed based on the constructions of the texts and the argumentation levels present in them. The focus was on which ones the older persons emphasized in lengthy accounts and which were standardized in the texts and in relation to whether they were written at an evaluatory or descriptive level. This analysis also included a quantification of the material by counting words to determine in detail whether there were any differences in the different types of texts in terms of what needs appeared most frequently. Using quantification when coding material can, according to McDonald (2003), offer a good way of accessing the underlying text structures. Studying the case file text discourse at a general level and combining the analysis with more in-depth coding via quantification proved advantageous in the analysis process. As a result, I was able to arrive at the underlying categories that existed in terms of needs, which served as the basis for the various depictions of older persons presented through the textual discourse. This approach has a number of pitfalls. It was important to bear in mind that the texts were written for the purposes of the organization (Hayes & Devaney 2004; Billqvist & Johnsson 2007) and were thus defined in relation to a given context that

required decoding. Prior (2003) asserts that the significance and content of a document are never fixed and, based on an discourse analytical approach, that it is never possible to obtain a comprehensive picture of a person's situation from case file texts. As a result, these texts are viewed in the analysis more as part of an ongoing discourse, and this approach resulted in the analysis being grounded in the material in a favourable way.

The fourth article focuses on the whole assessment process and how older people's requests were processed to cases by transformations via talk to text. The recontextualisation process (Hall *et al.* 1999a; Linell 1998) analysed how talk of older persons' requests was used and re-used for proper formulations in case files. Focus was directed towards transformations between talk and text to create a useful context for the institutional practise. The older person's requests were compared to what was later on documented in the case files. The analysis found that services disappeared, were re-negotiated or added beyond the initial requests. The way services were handled throughout the process was presented in the results in a table in which the older person's requests were counted in the assessment material and compared with the case files. In order to illustrate this process three cases were presented on how the transformation between talk and text was handled.

Transcription and translation

Transcription is an integral part of the research process. One important aspect of the analysis process that should be mentioned concerns the difficulties encountered in conducting analyses in Swedish and then publishing them in English. Nikander (2002; 2008) Ten Have (1999) and Aschmore and Reed (2000) believe that several problems exist in connection with translating transcriptions, in that linguistic nuances get lost when talk is reproduced in a different language. Ten Have (1999) also believes that it is impossible to transfer certain cultural aspects when two different language systems differ substantially from one another, as such aspects are often context dependent and get lost in translation. This is a problem I have grappled with in translating the selected excerpts used to illustrate the results. The analysed excerpts have been grounded in the Swedish utterances.

The chosen excerpts have been translated by professional translators. After this I have compared the translation with the original Swedish. To mitigate these weaknesses as far as possible for readers, I have also opted to provide the original Swedish excerpts alongside the English translations or have put the original in an appendix due to the publication policies of the journals. This gives readers a chance to assess the linguistic semantics in the original language, and thereby gain an idea of the reliability of the translation. Although those who cannot speak Swedish are left with the translation, this approach does give native Swedish speakers an opportunity to pose questions. The article format in relation to interpretation and presenting results poses another difficulty. Articles are limited in terms of space and the number of words that can be used. The journal's publication policy also often dictates how data are presented (Nikander 2008). This may result in transcribed and translated data being published in various layouts, stripping subtleties from the data presentation and leading to difficulties regarding interpreting analyses and making the article format trustworthy. This was something that I was aware of throughout the research process and to reduce this problem in the thesis the original Swedish excerpts from all articles are presented at the end of the thesis. I hope this can resolve issues that are related to the limitations of article formats. Therefore, the presented transcripts will, hopefully, give an accurate picture of both the data content as well as my research process.

Ethical considerations

The ethical considerations involved in the present study have been reviewed and approved by the Research Ethics Committee at Linköping University (Doc. no. 03-036). Ethical problems arise whenever one embarks on research in a field that falls within a private sphere in which one encounters individuals in a state of dependence. As a result, much thought went into planning the study. One goal was that the older persons would be able to actively determine the extent to which they were willing to let me into their private homes, and the extent of their participation in the project. I consequently decided to exclude anyone who had any sort of memory disorder or was being evaluated for such a disorder. Another ethical aspect had to do with the fact that, according to the care managers, there were only a few

people who declined to participate when first invited. Given that so few declined to participate, one might question whether the older persons who consented to participate in the study felt obliged to do so in the belief that demurral would affect their relationship with the care manager and, in the long run, influence how their request for help would be handled.

Entering a field in which one has previously been active as a practitioner entails other issues that must be addressed. There are, according to Gynnerstedt (1995), advantages to having advance knowledge of the field one is studying, as one understands, for example, what the process of seeking help involves. Given my advance knowledge, it was easier for me to grasp the content of the conversations, and I was able to identify the various steps in the assessment process. This could also be viewed as a limiting factor as I did not enter the field free of assumptions, and could potentially have overlooked interesting aspects that I may have taken for granted based on prior experience (see Olaison 2006 for a more detailed discussion of the role of the researcher).

The intimate situation that can arise in conversation can also entail violation of the participants' privacy, in that they may reveal information about themselves or family members that they had not initially intended to disclose. Gilholly (2002) believes that this should be taken into consideration, and that one should be careful to inform the participants not only that their information will be kept confidential, but also that, for example, they do not have to answer every question. Accordingly, I stressed carefully that if the participants had any second thoughts, it would be possible to exclude all or parts of their material from the study. The names in the various analyses that served as the documentary basis for the various papers were changed so as to further protect the privacy of the participants. The reason for this was that the personal accounts and life circumstances that emerged from the in-home visit conversations, interviews, and case file texts could, in composite, offer a detailed depiction of an individual through the various materials that, considered collectively, could have enabled identification.

The recording situation itself can be uncomfortable for the care managers, as they may feel that how they do their job is being questioned in cases where their performance while being taped does not live up to their per-

sonal vision of what constitutes good practice. Silverman (1997) refers to this phenomenon as the "divine orthodoxy," i.e., that practitioners are doomed to failure if they are compared to a standardized ideal of what good communication involves. To lessen this pressure on the care managers, I explained at the outset that I had no interest in studying how they communicated personally, but that my primary focus was on the needs assessment process as a whole.

Limitations of the study

One problem that may be viewed as a limitation of the study was that all the participants were aware that they were participating in a research project, which could have influenced how they expressed themselves in the interaction, insofar as they may have adapted their behaviour because they knew that the conversations were being recorded on tape. According to Wiggins and Hepburn (2007), this problem is difficult to avoid when working with so-called *naturalistic records.* In relation to the recordings, this dilemma became evident in the study in that the actual conversations had, in their institutional form per se, a set agenda with attendant practical goals; a feature that could be ascribed to me as well in my capacity as a researcher, in that the conversations were studied on the basis of specific research objectives This adds yet another dimension to the recordings, which led in practice to a situation where all the people present in the recording situation were participants who had different goals and were consequently focused on different things (for a more detailed discussion regarding the challenges using naturalistic data see page 44).

Yet another limitation was the fact that the care managers also knew that the case file texts would be subject to examination, which could have affected how they wrote them. It is difficult to say whether this could have had any effect on the wording of the texts and, if so, what those effects might have been. It is likely that any such effects would not disfavour the older persons, as the texts in question would have documented and described their needs more accurately than the older persons themselves would otherwise have done. However, the fact that most of the case file documents became available relatively quickly after the in-home visits, and

the fact that in some cases I was present at the office while the care manager wrote the texts immediately after the in-home visit, serve to indicate that they were, as far as possible, written in a manner that was as similar to the care managers' normal way of documenting such conversations as possible.

As shown, in the study, there are also aspects of the processing of older persons as home care recipients that happen *off the record* (Paper IV) and thus happen outside the assessment process. This is also a finding from the study and this backstage phenomenon cannot be captured just by studying the transfer that occurs from talk to text. This phenomenon has thus been identified in this study through the assessment dialogues, for example with regard to the storylines used by older persons and relatives regarding life circumstances and the conversational techniques used by care managers to get information which is not visible in the case files. During the fieldwork it was evident that there is more in the assessment process that happens backstage in the care manager's work at the office, for example information gathered by telephone calls, and in the care managers' internal case conferences. The work that happens backstage has only been touched upon in this study, and to get an overall picture of this phenomenon further research is needed that focuses on other aspects of the assessment process.

Chapter 4

Results

Paper I: Assessment for home care: Negotiating solutions for individual needs

The overall purpose of this paper was to study needs assessment in the context of old age care as an activity that regulates social services home care resources. The intention was to increase our understanding of and gain insight into the interaction that occurs in the needs assessment process, with an emphasis on how discursive constructions of needs are described by older persons seeking help, and how such people are received and treated by care managers. The paper is based on data from taped and observed assessment conversations in which the following issues were studied: How do older persons seeking help describe their needs, and how are those needs negotiated by the participants in the home care conversations? How are the participants' accounts positioned in relation to the categorical identities that exist in a home care context?

The analysis is based on the construction of facts (Potter 1996) as an analytical approach. The older persons' accounts of their needs are viewed as various ways of constructing and presenting facts that are relevant in terms of negotiating and assessing the need for home care. In the analysis was also studied how language is used in negotiating the older persons' accounts of their situations by studying how their self-presentations are evaluated and the importance of such presentations in the assessment situation. The analysis resulted in the identification of three different patterns in terms of how the older persons presented their needs. The older persons *argued against help*, asserting that they wanted to be independent and considered themselves capable of managing on their own. The older persons *argued for help*, as the home care was viewed as something they desired and would accept gratefully. The care managers and older persons *constructed needs jointly*, i.e., following negotiation they reached mutual agreement on the definition of need.

The results indicated that the interaction between the older persons and the care managers functions as a problem-solving process. It is based on different ways of constructing facts based on the older persons' self-presentation, i.e., their accounts are accepted, rejected, or re-negotiated. The results also indicate, consistent with these patterns, that the process is a dual one, i.e., both older persons and care managers employ implicit or explicit ways of using dependence as an argument in the assessments. The pattern of jointly constructing needs served as a way of preserving the older persons' dignity, i.e., so that they could be viewed as normal and remain independent in their daily lives, despite the introduction of home care. Furthermore, needs assessment entails a categorization process that includes elements of *face-saving* relationships in which the older persons use their biographies and accounts from various phases of their lives as tools to create suitable images of themselves. These images reflect what the older persons believe is required to meet the criteria for gaining access to home care resources.

The paper concludes that needs assessment can be viewed as institutional conversation, the aim of which is to grant support services to older persons by discussing their needs. This occurs via a categorization process in which older persons' accounts are incorporated into the old age care discourse, as the older persons must be categorized in order to become home care recipients. The results indicate that accounts of older persons' current situation are negotiated in conversations about their needs. The facts that emerge in these conversations are set in relation to preset categories from a predetermined catalogue of needs and services that exists within the framework of home care. The dominant discourse that emerges with regard to views of needs has been shown to be characterized by activity as an ideal. This reflects a trend in Western societies in which independence and continuing to live in one's own home are advocated. This discourse affects the home care assessment process, which has an institutional structure in which medical and care-related needs take precedence over social needs, despite the fact that the competence of the care managers is social in nature. This results in standardized solutions to individual needs that put older persons into pre-established institutional categories.

Paper II: Home care as a family matter? Discursive positioning, storylines, and decision-making in assessment conversations

The overall aim of the paper was to study what storylines and positions arise when older persons and their relatives define home care needs. The focus was on the following issues: Are different storylines advanced, and how are they handled? How are positions formed, and what content do they have? What consequences do the positions have in terms of the opinions that are formed? Like the previous paper, this one is based on material from assessment conversations. Eleven triadic conversations were studied, i.e., conversations in which older persons and their relatives (spouses or children) met with municipal care managers to discuss the need for home care.

The triadic conversations were analysed in relation to Harré and van Langenhove's positioning theory, according to which participants in conversations advance different socially available storylines to construct positions based on their predetermined objectives. Different versions of these positions are then created, depending on whom one is addressing in the conversation. The analysis specifically addressed the positions that existed and how they were created, assigned, and re-formulated by the participants. The study also analysed how these positions were shaped and reshaped among the various participants, depending on which storyline was dominant.

The results indicated that there were three dominant storylines that older persons and their relatives advanced with regard to how they viewed home care:

As an intrusion on their daily routines and relationships
As a supplement and support in their daily lives
As a right

The storylines advanced by the older persons and their relatives had consequences in terms of the decisions made regarding services. Pursuing the storyline in which home care is viewed as an intrusion meant that home care impinged on the older persons' personal sphere, or on their relatives' roles as caregivers. Pursuing this storyline, the care managers and relatives devoted the conversations to convincing the older persons of the benefits of receiving in-home assistance. The storyline in which home care is viewed

as a supplement was characterized in the conversations by positive connotations. The help could thus be supportive, and could be combined with the opportunity it provided the older persons and their relatives to concentrate on other aspects of their daily lives. Viewing home care as a right had a dual nature to the extent that this storyline was listened to, but did not prove to be a solid argument in terms of gaining access to help.

The results also indicated that the relatives' positioning had an impact in the assessment conversations because the care managers took the accounts presented by the relatives about their families' situations into consideration, and encouraged informal care and support of the older persons by their relatives. When it was time to make a decision regarding care services, the older persons had the last word in terms of their application for help, even though the relatives had, in many cases, a greater stake in the care than did the older persons.

The paper argues that the assessment process turns applicants into cases in which the role of the family is both central and problematic, raising the question of who owns the case. Given that future trends point toward increased assumption of responsibility by relatives and the volunteer sector with regard to old age care, the presence of differing opinions about older persons' needs for help can pose a dilemma in concrete assessment situations. The results indicate that a more family-centric needs assessment process, based on new communicative practice, could better resolve conflicts between family members, as the introduction of home care is often an urgent family matter.

Paper III: Creating images of older persons as home care recipients: categorizations of needs in social work case files

The overall purpose of the paper was to study how case file texts concerning home care cases are formulated, and what images of older persons' help needs are presented in such texts. The paper is based on data from case file texts associated with the assessment conversations in Papers I and II. Sixteen case files were subjected to discourse analysis, and all of the reports favoured granting the services sought.

The analysis was performed in several steps, in which the structure and conformation of the texts were analysed based on the levels of argumentation present, i.e., in relation to whether they were written at an evaluatory or descriptive level. Codes were then identified for the different types of needs. This made it possible to differentiate between three main categories, i.e., medical, physical/care-related, and social needs. Following this review, was determined which needs categories were dominant in the different types of case file documents identified.

The results indicated that the documents were generally similar in structure, as they were designed as free-text documents based on a number of set headings. The documentation differed considerably in terms of how the older persons' needs were described. Two different types of case file document texts were identified:

– Type A was a fact-related "objective" case file document, characterized by professional meta-language, in which the text was written in a referential style, with the focus on objective facts about the older persons' physical and medical needs. The texts pertained to the present, and focused on descriptions of the prevailing situations in which the older persons found themselves at the time the reports were prepared. The documentation available to provide the basis for decision-making about services normally consisted of excerpts from earlier needs descriptions, abstract labels, and arguments of a general nature in order to describe the older persons' situation.

– Type B was an event-oriented "personal" case file document, character-ized by a more personal style, in which the focus was on story structures (Hall *et al* 2006; White *et al* 2008) and the life circumstances of the older persons. The older persons' perspectives dominated the text. A mood was created in the text through direct quotations describing the older persons' subjective experiences and emotions. The grounds for decision-making in this type of text were based to a greater extent on the older persons' own statements, experiences, and descriptions of their situations. Needs of a so-cial or existential nature were given more room in this type of document.

The study showed that the prevalence of needs descriptions differed in these two types of case file documents, with social needs being cited nearly twice as often in the more event-oriented case files. Both types were gener-ally similar in terms of the descriptions of medical and physical needs. Needs of a medical, physical, or care-related nature usually served as the grounds for decision-making.

The paper discusses whether these two document types paint different pic-tures of the older persons. The case file documents are subject to formal and organizational requirements with respect to their content and structure. These requirements are imposed partly in relation to older persons' de-mands to have their situations assessed and documented in a correct man-ner, and partly in relation to individual autonomy and personal privacy. This raises questions about how older persons are viewed in the eyes of social services, and how the welfare state is living up to the spirit of the Swedish Social Services Act, in which a regard for the rights of the indi-vidual is evident. Do care managers write mainly for the purposes of their organization, fitting the needs of older persons into the framework of the prevailing discourse in the old age care field, or do these limited case file texts constitute correct assessments that safeguard the rights of the individ-ual in relation to the older persons' own wishes? Case files in general tend to ignore the interactional nature of assessments, leaving the documentation more formalized and separate from the other parts of the assessment proc-ess. The results presented in the paper indicate that there is a need to work with individual-centric documents that safeguard individual rights and that this should be prioritized in gerontological social work.

Paper IV: Requests and outcomes in care management: Processing older persons as clients in old age care.

The aim of the paper was to investigate how older person's requests for home care were handled and processed as cases within the framework of public old age care. This was studied against the background of the introduction of care management and managerialistic thinking in old age care in order to find out if it has had any influence on the assessment process. The following research questions were posed: What types of requests does the older person bring up in assessment conversations, and how are these regarded within the framework of home care services? In what way are the requests taken up and handled in case- file texts? In this paper the focus was on those cases that went through the entire assessment process - 16 from a total of 20 cases. The material consisted of assessment conversations and associated case file text and decision documents. The focus for the analysis was directed towards the recontextualisation (Hall *et al.* 1999a; Linell, 1998) and the transfer that occurs from talk to text when older person's requests are transformed into cases. The conversation material was studied on the basis of the requests that the older persons presented in the assessments and then compared to the requests that were noted and recontextualised in the case files.

The analysis resulted in an identification of services that either *disappeared from,* were *re-negotiated* or were *added* to the original requests of the older persons. The ways in which reductions and extra services was added were then studied more closely. A detailed analysis was performed on all cases and of these, three case analyses were presented to illustrate the material with emphasis on different ways of handling older persons requests in simpler or more complex cases.

The results identified a tension between managerialism and practice in the assessment process insofar as the transfer that occurs from talk to text is characterized by a bureaucratic mode of handling. In this process, recontextualisation of requests was reformulated as needs in case files texts and constitutes the basis for categorization of cases. Yet there are also things that are added in the form of new solutions, which indicates that the care manager finds new ways of handling requests in the dialogue that are not

accommodated within the administrative framework. The analysis also showed that complex situations are not recontextualised in documentation in the same ways as more complex cases and this is probably because the case file texts do not reflect all the particulars of the discussion that exists in a case. These findings indicate that the assessment conversations in themselves constitute an unseen arena that is based on a care rationale dialogue that does not seem as bureaucratic as the rest of the process.

The results suggest that managerialistic thinking has had a partial impact on the assessment process in that documentation has entailed bureaucratisation in terms of the transfer that occurs from talk to text. The findings nevertheless show that the assessment conversations have clear elements of an individual-centred perspective in which there are possibilities for a care rationale dialogue. The paper concludes with a discussion of whether the care management process constitutes a welfare policy dilemma today, as the work of providing for older people's requests on the basis of a individual-centred perspective has had a contrary effect in which focus is directed instead towards needs assessment and bureaucratic processes.

Chapter 5

Discussion

This chapter discusses the main findings from the study and the basic individual-centric perspective prescribed by Swedish law, together with the consequences this has for needs assessment processes. The implementation of care management in the area of public old age care is further discussed, as well as how a care rationale approach in assessments may influence the dialogue. The chapter ends with reflections on present challenges facing gerontological social work, and suggestions for future research are presented.

Participation of older persons and their relatives in needs assessment processes

The overall purpose of the study was to gain a deeper understanding of how the home care needs of older persons are handled in the needs assessment process, and to clarify the role of relatives as shown in conversations during home visits and by case files. In social services, the institutional conversation serves as a tool for categorization, whereby clients are shaped through *people processing* (Prottas 1979), based on the services available within the organizational framework. Needs assessment processes play a key role in public old age care (Milner & O'Byrne 2002; Lymbery 2005), and they also have a major impact on how home care services are organized. Assessment conversations and case file texts are important elements in gerontological social work, and constitute the first link in the chain of services that are intended to enable older persons to continue living at home. Older person's information about the public old age care system is largely based on their initial encounters with their care managers. The results of this study (Papers I–IV) indicate that needs assessment conversations include a negotiation process between the participants in which the older persons' help needs are categorized based on the existing organizational framework.

The results of Paper I indicate that needs assessment conversations have elements similar to other institutional conversations in a geriatric context which tend to be guided by the professional's agenda (Coupland & Coupland 1998; 1999; Thompson *et al.* 2004). Needs assessment conversations in old age care take place in the home, in contrast to conversations that occur in a geriatric context, and this creates different contextual conditions and assumptions. In Paper I it emerged that although the assessment conversations were conducted in the home, they were still contained within an institutional framework, with quotidian topics of conversation still serving as the basis for what was discussed. In comparisons with other conversation genres in the social services, other differences also emerge. In most other areas the client tends to leave problem-solving to the civil servant (Hall *et al* 2006). Needs assessments in old age care entail a more active role for the older persons. Their self-presentations provide an important basis for assessing need, and they often have a good idea of the services they need, a fact which creates different conditions for the encounter. The study also shows that older persons are characterized in the conversation as home care recipients based on their own statements about their needs, and their legal rights in relation to the resources available in the municipality's catalogue of needs.

The concept of categorization is used in studies on social welfare institutions (Shotter 1993; Goffman 1980), and also in the area of social work. Recent studies have described how categorization processes are used to create client identities (Hall *et al.* 2006; Juhila *et al.* 2003; Antaki & Widdicombe 1998). Supporting the results of other studies on client identities, this study found that older persons' needs are categorized in the assessment process in both conversations and case file texts. Older persons' accounts were first taken into consideration and negotiated (Firth 1995), and conversations proceeded in many cases on the basis of a *working consensus* (Goffman 1959) in the in home visits. Their needs were thereafter filtered through the organization's framework so that they fit into its standardized catalogue of needs.

The participants in the conversations ventured beyond the categorical structures and together they created an image that the older persons could accept in order to see themselves as home care recipients. This indicates that older

persons' self-presentations were treated as objective facts about their situation, and could thus serve as a basis for assessment (Paper I).

The process of handling and categorization of older persons' needs became more complicated in cases when divergent opinions on help needs were expressed from present relatives (Paper II). The participants in these conversations positioned themselves according to different storylines (cf. Harré & van Langenhove 1999), using different presented images. This occurred when the older persons and their relatives came into conflict about the need for help within the family, and the positioning then served as a tool the participants used to advance their views on help services. The divergent views of family members in the conversations shed light on a conflict rooted in the Swedish welfare model. The individual-centric focus prescribed in Swedish law offers no provision for formal support to relatives in their informal care activities within the framework of public old age care. The relatives are at the same time subject to implicit expectations as regards the informal services they provide (Szebehely 2005b; Jegermalm 2005; Szebehely & Trydegård 2007).

The image of the older person presented in the case file texts (Paper III) may be viewed as the organization's processing tool (Smith 1984; Prior 2003). Case files have also been criticized for reporting the needs rather than the concerns of clients. This imbalance between the clients narratives and the actual case is due to documentation of needs being regarded more as evidence-based in regard to the processing framework. Professional texts often use characters and events and are addressed to specific audiences by the use of story structures (c.f. Hall 1997; White *et al* 2008). The building of story structures in case files also displays the personal factor included in the documentation process. This study revealed that various care managers reported similar needs in different ways. This indicates that the images found in such texts are influenced both by the care managers' personal documentary styles, the organizational framework, and also possibly by the potential audience.

Although the case files were formatted in an administrative language with predetermined headings, different images of the older persons were created for similar lifestyle situations and similar needs. Moreover needs were

ranked, with certain categories, such as medical and physical needs, being given precedence over other socially-oriented needs, as such needs do not fall within the scope of the catalogues of needs found in the needs assessment model. The standardized way of writing using evidence-based language, turning medical needs into facts, is in line with a trend in modern society, in which knowledge is transformed into information and is often stripped out of its context (White *et al.* 2008). This had consequences for the images of older persons presented in the case file texts, as the study indicates that older persons were depicted as dependent and infirm, which further validates the standardized images that exist in old age care, where older persons are viewed as decrepit and dependent (c.f. Kaufman; 1994; Katz 2000)

In spite of the older persons' activity in the assessment process, their voices had a limited impact, as half of the requests presented were renegotiated or disappeared in the process (Paper IV). Nevertheless needs were also added, which indicates that this is a complex process and that we cannot refer only to the bureaucratic processing of the care management model.

Hak (1992) indicates that case file texts do not reflect all the particulars that exist in one case. In this study, complicated and more vaguely formulated requests were not recontextualised (Hall 1999a; Linell 1998) and documented in the same way as simple requests. The older person's requests were often taken into consideration in the assessment dialogue but not always in the case files. This indicates that the assessment process as a whole has more elements of bureaucratic processing than the assessment conversations which are more sensitive to older persons' own presentations. Moreover, this points to that managerialistic thinking has a partial impact on the assessment process, and this has important effects on bureaucratic processing in the categorization processes that are inherent in case files. In summary, the present findings make it reasonable to question whether older persons have any real influence on the decisions that are made?

Taken together the study (papers I-IV) points towards bureaucratic handling in people processing in the assessment process and this is particularly evident in the transformation between talk and text. In line with this it can be argued that the processing of older persons as home care recipients

paints an overall image of older persons as dependent and decrepit. One reason may be that entering old age care, in societal terms, may be regarded as a marker of ageing which includes a step into a new life phase (c.f. Hockey James 2003). Research on older people's perceptions of accepting home care has shown that the experience of dependency is very much an individual issue that takes on different expressions (Kaufman 1994; Katz 2000; Gubrium & Holstien 2003; Vincent *et al* 2006). Hammarström and Torres (2010) argue that experiences of being dependent can differ, and they separate the dependency concept into *being, feeling* and *acting* dependent in relation to the older person's perception of being an active agent of their situation. In line with their view, this study indicates that older persons often presented themselves and their needs for care in an active manner. They showed if they wanted to be perceived as being and/or feeling dependent in relation to whether they argued for and against care (Paper I), or if they viewed home care as an intrusion, complement or a right (Paper II). This calls for questioning about whether entering the public old age care system should automatically be connected with dependency.

Consequences of the individual-centric perspective

The way older persons' applications for help are handled in the assessment conversations (Papers I and II) and in the case files (Paper III), and the comparison between these (Paper IV) indicates that the individual-centric perspective promoted in Swedish law is clearly evident in the needs assessment process.

This perspective has problematic consequences for the relatives' perspectives in the assessment conversations (Paper II). Janlöv (2006), Jegermalm (2005), and others have shown that relatives rarely feel like participants in the planning of care services. Sand (2007) asserts that their perspectives are neglected in the care dialogue. This study partly supports this view in that the relatives did find a hearing for their views in the assessment conversations, but at the same time their opinions often had no effect on how the decisions were made. Moreover the needs assessment framework offers no possibility for formal support to the relatives as the formal application for such support must be made by the older person. This problem has been elu-

cidated from the care manager's perspective by Hammarström (2006), who states that care managers find it difficult to meet the needs of relatives. This is confirmed by this study, as evident in the assessment conversations, when relatives, often relatively old themselves, also seek support on their own behalf. The relative's position is a pressing problem that affects both older persons' autonomy and their right to have their needs assessed individually, while at the same time coming into conflict with the relatives' need to obtain support for their informal care. The problem is multifaceted, and cannot be solved simply by altering the organizational assumptions underlying the needs assessment process. In Great Britain, another approach is presented in which relatives are given the opportunity to have their own needs assessed as well (Challis *et al*. 2007). In Sweden this issue is ideologically rooted in the Nordic welfare model, and has to do with how care for older persons is viewed basically as a matter for the state. This suggests that inclusion of relatives and an emphasis on a family-centric perspective in public old age care is a question that needs further attention.

Another consequence of individualization is that old age care is viewed as a universal right. Sunesson (1990) asserts that heavy emphasis on the right to home care developed in the 1950s in conjunction with the incorporation of old age care in the public sector. Home care is currently available to everyone who needs such services, and not just to those older persons covered by poverty relief, as was formerly the case. Thus, old age care has, in practice, been normalized and extracted from the sphere of government-based social work. As a result, old age care has become a separate area of service in which the right to receive it is now viewed as given, and as something that must be available to every citizen. The incorporation of needs assessments in the area of home care services may consequently be viewed as an attempt by the welfare state to incorporate old age care into the same model that governs other areas of social work. It is also comparable to a reversion to the previous poverty relief society in which older persons became clients to gain access to care. The present study highlights the ambivalence inherent in the individual-centric perspective. A discussion of rights (see Paper II) is currently ongoing among older persons and their relatives in which home care is viewed as a universal right, whereas the care managers are simultaneously working on the basis of guidelines in the needs assessment model that are intended to turn older persons into home care recipients and

into clients within the framework of gerontological social work. The individual-centric perspective has consequences in terms of both the individualization that is being developed ideologically and the individualization that proceeds from a rights perspective. There is a disconnect in terms of relatives' responsibilities in the welfare society when it comes to the allocation of home care resources (e.g. Jegermalm 2005; Sand 2005). This is manifested by the fact that the legally mandated right to receive help can be interpreted within broad limits at the municipal level, which de facto entails a greater disconnect between what older persons and their relatives expect and what they actually get access to, in a situation where the rights-based perspective has grown in strength.

Assessment processes with elements of communicative care rationality

The welfare systems and old age care of the Western world have, in recent years, been characterized by cutbacks, resulting in rationalization models intended to put older persons' rights to receive help to the test (Coulshed and Orme 2006; Lymbery 2005). These models are intended to streamline resource utilization and institutionalize social services by processing individuals through the system and turning them into clients. The system has problems since the transfer of care management (Payne 2000; Lymbery 2004) mainly disfavours older persons and their relatives (Richards 2000; Powell *et al* 2007).

However, the results of the present study indicate that the communicative process involved in needs assessments partly turns older persons into clients within the framework of social work, considering only the fixed external limits that exist of the care management process. When looking at what takes place within communicative encounters we see a somewhat different picture. This study identified differences when older persons' applications were processed in assessment conversations in comparison to the descriptions of older persons' needs that were furnished in case file texts. This points to the importance of striving for standardization, which was after all, one of the objectives of introducing needs assessment models (Andersson 2007b). Holstein (1992) contradicts this and asserts that clients are created

through interaction in such encounters via their everyday discourse in which countless issues arise and are made relevant in the context of the assessment process. This study's focus on the communicative practice in the needs assessment process similarly identifies another arena in which the needs of older persons and their relatives are discussed in accordance with a "care rationale" dialogue. In this dialogue, needs are added and negotiated away to the extent that the existing organizational framework allows. This is in line with previous studies on care carried out within the Nordic and British tradition. Wærness (1984) found in her studies of home helpers, that they adapted their efforts to the older persons' needs on a situational basis. The present study indicates that care managers work in a similar way, in that they try to adapt needs assessments on an individual basis in accordance with the wishes of the older persons, based on the prevailing conditions and assumptions.

There are intrinsic contradictions in this care dialogue that bear witness to the fact that a "care rationale" approach is difficult to combine with the rules-based management that safeguards the needs assessment process. This rules-based management was evident in the results in that *fact construction* (Potter 1996) is used to define categories of need that can then be fitted into the framework of the existing services that the home care system can offer. The care rationale approach is evident in the existence of a permissive climate in which the approach taken by care managers is based on listening to older persons and their relatives' accounts of their life situations. They attempt to adapt the assessments by positioning themselves in the dialogue in relation to the desires of the older persons and their relatives. These findings indicate that these contradictions in the care dialogue create ambivalence in the encounter, where older persons' needs and wishes are engaged in a care rationale dialogue that is limited by the rules-based management process. The care rationale dialogue identified in the assessment conversations has not had so great an impact on the assessment process as a whole. This process is characterized more by rules-based management, as is clearly manifested and demonstrated in case file texts in which needs are categorized and ranked within the framework of a catalogue of needs. However, all of the older persons' needs are brought to light in the care rationale dialogue, while the reporting work shows that categorization occurs based on prioritizations of medical needs.

Contradictions of care in the assessment process - evidence of a welfare policy dilemma in today's care work?

Needs assessment is a process that may exhibit similarities with the standardized framework that exists in the institutional practices within social services. Older persons are turned into clients within the framework of gerontological social work. However, there are reasons to be critical of this needs assessment process, and of what is required to become a home care recipient, as the services being considered are often minor. It is reasonable to question whether such comprehensive processing is necessary, as the administrative process becomes a major undertaking even if the home care being decided on is of limited scope.

The results of this study confirm earlier research in the Nordic and British tradition. These previous studies show that the welfare policy initiatives implemented in order to expand home care have had little impact on the life situations of older persons and their relatives in terms of the availability of home care services, or in terms of support for relatives in connection with their informal care work (Vabø 2005; Johansson 2007; Larsson & Szebehely 2006). The cultural shift due to the introduction of managerialistic trends in old age care has lead to an embedded contradiction in practical care work (Lymbery 2004; Rauch 2005; Vabø 2007) by which the pursuit of efficiency lacks consideration for the care contexts. This has widened the gap between older persons as clients and the old age care apparatus, and today constitutes a political welfare dilemma (Rask Eriksen & Dahl 2005). Wrede *et al* (2008) argue that in order to solve the current crisis in care work we must address the inherent disconnections that are currently occurring between management ideas that are not rooted in the care context and the practical organisation of care work.

Hopefully this study may in some respects contribute to this debate, as it highlights present contradictions in the needs assessment process. The findings of this study may function as a tool to pinpoint the standardization and the implementation of care management on a structural level. The study may also be helpful on an agency level for the further development of practical guidelines for developing good care work.

All in all, the care rationale approach found in this study indicates that there are possibilities to develop communicative methods in order to achieve a more clearly holistic assessment situation. The field of gerontological social work faces major challenges and it appears necessary for future efforts to focus more clearly on the interaction between formal and informal care, social services, and services provided by relatives in order to develop new service options and a care rationale approach to support older persons who receive home care, and their relatives.

Suggestions for further research

There is a need for further research on the communicative processes that occur within the framework of public old age care in terms of how older persons and their relatives participate, and in terms of how care managers perform their work. Several gaps in this research field are identified:

> How are older persons handled in needs assessment processes on the basis of their gender and ethnicity? Do differences exist in terms of assessment conversations? How are needs described in case file texts, and in terms of the home care services granted?

> There is a lack of research from a communicative perspective on care managers' internal decision-making processes, so-called case conferences, and how these conversations proceed when difficult cases are discussed and priorities determined, based on moral and ethical discussions.

> The role of relatives in assessment processes in regard to their own needs and the family situations in terms of interaction between formal and informal services needs to be elucidated. How can social services personnel work in a manner that supports informal care activities? What can be done, in concrete terms, regarding the communication that occurs in assessment conversations to involve family members more overtly in the care dialogue?

> There is a lack of research on the documentation that occurs in gerontological social work. What developments have occurred in terms of how older persons and their needs are described? What traditions have developed as old age care has evolved in parallel with a shift toward more obvious professionalization? How can the reporting process in the context of old age care be developed to support families and informal care, while at the same time protecting the rights of the individual?

Summary in Swedish

Svensk sammanfattning

Att förhandla om behov
Processande av äldre personer till hemtjänstmottagare inom ramen
för det gerontologiska sociala arbetets praktik

Studien tar sin utgångspunkt i de bedömningsprocesser som äldre personer genomgår för att få tillgång till hjälp i hemmet. Detta är en praktik som i Sverige och i många andra länder ryms inom ramen för den offentliga äldreomsorgen och är en del av gerontologiskt socialt arbete. Kärnan i behovsbedömningsprocessen utgörs av bedömningssamtal, där kommunala behovsbedömare träffar äldre personer i deras hem och ibland anhöriga för att diskutera och besluta kring behov av hemtjänst. Behovsbedömningsprocesser är en kommunikativ praktik i vilken tal och text är de verktyg som används och där bedömningssamtalet utgör kärnan. Samtal om äldres behov formaliseras i skrift genom socialtjänstens utredningar. De äldres situation bedöms och utvärderas vilket i sin tur utgör underlag för beslut om hemtjänstinsatser. Söka hjälp är en komplex process som innefattar flera aktörer där normer, regler, förpliktelser och åtaganden samsas med personliga föreställningar och känslor. I denna studie granskas bedömningsprocesser utifrån de äldre hjälpsökande personernas perspektiv. Avsikten är att studera processen, när äldre personer med utgångspunkt från den egna livsvärlden, söker samhällets stöd för att klara vardagen. Studien utgår från äldre som aktörer med vilja och möjlighet att påverka sin situation utifrån de informella och formella resurser som erbjuds. Idag saknas en mer ingående kunskap om det kommunikativa samspel som äger rum mellan äldre, deras anhöriga och behovsbedömare.

Tidigare studier av processer vid behovsbedömning har till stor del utförts som observations- och intervjustudier, där professionella och organisatoriska perspektiv varit i fokus. Äldres del i dessa praktiker är mindre beforskat, dvs. vad som sker i bedömningsprocessen när äldre personers ansökan om hemtjänst hanteras. Studiens avsikt är att granska dessa processer och studera hur äldre personer, deras anhöriga och behovsbedömare organiserar sitt samspel, vilka insatser som ställs till förfogande, samt vad dessa får för

betydelse för de beslut som fattas. Avhandlingen innehåller fyra delstudier vilka belyser olika steg i behovsbedömningsprocessen (Paper I-VI)

Studien baseras på 20 ärenden där äldre personer ansöker om hemtjänst. Av de äldre personerna var 13 kvinnor och 7 män. Deras ålder varierade från 67 år till 93, varav de flesta var 80 år och därutöver. Totalt 13 behovsbedömare ingick, varav 11 var kvinnor och 2 män. Behovsbedömarna hade arbetat varierande antal år inom yrket från 2 år upp till 20 år. Flertalet hade sin bakgrund inom socialt arbete medan någon var utbildad sjuksköterska med kompletterande utbildning i juridik. Av sammanlagt 20 hembesök bestod 11 av tvåpartssamtal där de äldre själva träffade kommunens behovsbedömare. Nio samtal var trepartssamtal dvs. hembesök där äldre hade med sig anhöriga i någon form exempelvis make/maka eller barn. Datainsamlingen genomfördes under 2003 och 2004 i tre svenska kommuner av varierade storlek. Materialet består av ljudinspelade hembesökssamtal, vilka även dokumenterats via deltagande observationer, samt intervjuer. Dessutom ingår textmaterial i form av utrednings- och beslutsdokument. Samtals- och utredningsmaterialet utgör därvid huvuddelen av det empiriska materialet. Analysen utgår ifrån diskursanalys inspirerat utifrån ett socialkonstruktivistiskt perspektiv där äldres och anhörigas del i behovsbedömningsprocessen studerats genom att rikta fokus på olika forskningsfrågor i de fyra studierna.

Den första studien (I) bygger på material från ljudinspelade och observerade hembesökssamtal. Intentionen var att få en inblick i den interaktion som sker i behovsbedömningsprocessen, med fokus på hur diskursiva konstruktioner av behov framställda av hjälpsökande äldre och hur dessa framställningar mottas av behovsbedömare. Analysen fokuseras på hur språket används i förhandlingar av äldres framställningar om sin situation. Detta sker genom att studera hur de äldres självpresentationer värderas och vilken betydelse dessa presentationer har i bedömningssituationen. Tre olika mönster hur de äldre presenterade sina behov identifierades. De äldre *argumenterade emot hjälp* då de hävdade att de ville vara oberoende och att de ansåg sig var kapabla att klara sig själva. De äldre *argumenterade för hjälp* då hemtjänst ansågs vara någonting som de efterfrågade och tacksamt tog emot. Handläggarna och de äldre identifierade och *konstruerade behov tillsammans,* då de efter en förhandling nådde en gemensam överenskommelse när det gällde definierandet av behov.

Resultaten visade att interaktionen mellan äldre personer och behovsbedömarna fungerar som en problemlösningsprocess. Denna bygger på olika sätt att konstruera fakta utifrån de äldres självpresentationer, där äldres redogörelser antingen accepterades, avvisades eller omförhandlades. Resultaten antyder att detta är en dubbel process dvs. att både äldre och behovsbedömare använder implicita eller explicita sätt att använda beroende som argument i bedömningarna. Mönstret att tillsammans konstruera behov fungerar som ett sätt att bibehålla den äldres integritet, att ses som normal och kunna vara oberoende i sitt vardagsliv - trots inträdet av hemtjänst.

De fakta som framkommer i dessa samtal ställs i förhållande till redan fastställda kategorier, från vad som ger intryck att vara en av äldreomsorgen förutbestämd behovskatalog. Bedömningssamtalen medför en kategorisering av de äldres självpresentationer inom ramen för tillgängliga resurser. Den dominerande diskurs som identifierades i behovsbedömningssamtalen visar att den präglas av ett aktivitetsideal. Resultaten speglar en trend i det västerländska samhället, där oberoende och kvarboende i det egna hemmet förespråkas. Denna diskurs påverkar bedömningsprocessen av hemtjänst, som har en institutionell struktur där medicinska och omvårdnadsmässiga behov premieras före sociala behov, trots att behovsbedömarnas kompetens huvudsakligen är grundat i ett socialt perspektiv.

Den andra delstudien (II) studerar de berättelselinjer och positioner som uppkommer när äldre och deras anhöriga definierar behov av hjälp i hembesökssamtal då tre parter deltar. Trepartssamtalen analyserades i förhållande till Harré och van Langenhoves positioneringsteori, där deltagare i samtal framhäver olika socialt tillgängliga berättelselinjer för att konstruera positioner utifrån förutbestämda syften. Olika versioner av dessa positioner skapas beroende på vem man vänder sig till i samtalet. Analysen rör explicit de positioner som finns och hur dessa skapas, tilldelas och omformuleras av deltagarna när olika åsikter om hjälpbehov förekom. Resultaten visar på tre dominerande berättelselinjer som de äldre och deras anhöriga drev: som ett *intrång* i dagliga rutiner och förhållanden, som ett *komplement* och ett stöd i vardagen och som en *rättighet*.

Anhörigas positionering blev en del i bedömningssamtalen då behovsbedömarna tog hänsyn till deras presenterade berättelse om familjernas situation och informell omsorg och anhörigas stöd till de äldre uppmuntrades. När det kom till beslutsfattandet hade dock de äldre beslutsrätt, även om anhöriga i flera fall hade stor del i omsorgen om de äldre. Dagens lagstiftning är individcentrerad och ger begränsat utrymme för att samtidigt ge hjälp till anhöriga. Familjens roll är central men samtidigt problematisk. Utvecklingen går mot ett större ansvartagande från anhöriga och frivilligsektor inom äldreomsorgen. Detta utgör ett dilemma i konkreta bedömningssituationer

Studie III baseras på material från utredningar och beslutsdokument tillhörande hembesökssamtalen i studie 1 och 2 och syftar till att studera hur utredningstexter är utformade, samt vilken bild av äldre personers hjälpbehov som presenteras i dessa texter.

Utredningarna har i stort en likartad struktur. De var uppbyggda som fritextdokument men utgick från några fasta rubriker. Dokumentationen skiljde sig avsevärt beträffande hur de äldres behov beskrevs. Två olika typer av utredningstexter identifierades. Typ A, den faktarelaterade "objektiva" utredningen, karakteriseras av ett professionellt metaspråk, där texten var skriven i en refererande stil, där objektiva fakta av den äldres fysiska och medicinska behov var i centrum. Underlaget för beslutsfattande om insatser byggdes vanligen upp genom referat från tidigare behovsbeskrivningar och abstrakta etiketter och argument av övergripande karaktär för att beskriva den äldres situation. Typ B, den händelseorienterade "personliga" utredningstypen, kännetecknas av en mer berättande personlig stil där de äldres livsomständigheter var i fokus. I utredningstexten var det främst den äldres perspektiv som dominerade. Grunden för beslut baserades mer på den äldres egna utsagor, upplevelser samt beskrivningar av sin situation. Behov av social och existentiell karaktär fick större utrymme. I båda dokumentationstyperna var det medicinska, fysiska och omvårdnadsmässiga behov som oftast lade grunden för beslut.

I studien diskuteras om dessa två utredningstyper målar upp en rättvis bild av äldre personers behov. Det ställs formella och organisatoriska krav på utredningens innehåll och struktur. Dessa krav skall relateras till äldre perso-

ners krav på att få sin situation bedömd och dokumenterad på ett korrekt sätt, samt i relation till individens autonomi och personliga integritet. Behovsbedömare skriver framförallt för organisationens syften och passar in äldres behov inom ramen för rådande diskurs inom äldreomsorgen. Utredningstexter tenderar att ignorera behovsbedömningens interaktiva inslag vilket medför att utredningstexten inte speglar behovsbedömningsprocessen.

I den sista delstudien (studie IV) värderas vilka effekter "care managementmodellen" har beträffade resursfördelning och hur äldres önskemål hanteras. Detta studerades mot bakgrund av att gerontologiskt socialt arbete under senare år har genomgått en marknadsanpassning där olika modeller för care management har introducerats i syfte att effektivisera behovsbedömning. Analysen är inriktad på hur rekonextualisering sker när äldres önskemål överförs från tal till text för att transformera de äldres behov till ärenden.

En jämförelse av bedömningssamtalen och utredningstexterna visar att samtalen innehöll förhandlingar där de önskemål som uttrycktes av äldre personer inte alltid var de som beskrevs och därmed blev synliga i utredningstexterna och besluten. Samtalen innehöll även moment där insatser förhandlades bort eller omförhandlades, vilket innebar att insatserna "paketerades om". Det fanns även utrymme att tillföra nya insatser utöver de önskemål de äldre hade från början av samtalen.

Ett marknadsekonomiskt tänkande har till vissa delar fått genomslag i bedömningsprocessen där kraven på dokumentation har medfört en byråkratisering vad gäller den överföring som sker från tal till text. Dessutom adderas i beslutsprocessen vissa insatser utöver de äldres önskemål, vilket tyder på att behovsbedömningssituationen är komplex och att man inte enbart kan hänvisa till den byråkratiska formen av care management och resursåtstramningar som orsak till att behov försvinner och förhandlas bort.

Sammanfattningsvis kan behovsbedömning ses som institutionella samtal, där syftet är att bevilja stödinsatser till äldre genom att identifiera, diskutera och bedöma behov. Processen är en förhandling där behov blir inkorporerade i äldreomsorgens diskurs och där äldre kategoriseras till att bli hemtjänstmottagare. Anhörigas roll i behovsbedömningsprocessen är ej definie-

rad och ett familjecentrerat perspektiv saknas. Bedömningssamtalen har tydliga inslag av ett individcentrerat perspektiv där utrymme finns för en omsorgsrationell dialog. Utredningstexten är dock formaliserad efter standardiserade riktlinjer och inte alltid i överensstämmelse med i samtalen framkomna behov. Därutöver har behovsbedömare skilda sätt att beskriva behov. Dokumentationen av behovsbedömningsprocessen behöver således utvecklas.

I behovsbedömningsprocessen finns ett implicit välfärdspolitiskt dilemma. Ett i lagen förespråkat individcentrerat perspektiv står i motsatsställning till den byråkratisering som införandet av modellen med "care management" medfört. Den kommunikativa processen i gerontologiskt socialt arbete behöver utvecklas ytterligare i syfte att skapa en tydligare holistisk bedömningsprocess**.**

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Appendix: Original transcripts in Swedish

Hänvisning för läsning av Excerpt

VERSALER markerar ord som uttalas med högre volym eller
att något sägs med eftertryck

_____ understruket markerar samtidigt tal

Kursiv markerar tal som uttalas i snabbare takt än omgivande tal.

(.) markerar pauser

(xxx) markerar ohörbart yttrande

* * (stjärnor) yttrandedel som uttalas med skratt i rösten

((material inom dubbla parenteser)) markerar kommentarer om hur något
sagts eller vad som händer i den omgivande kontexten

Paper I

Excerpt 1: A = Alice, H = Handläggare

119   A: så man har ju inte legat på latsidan inte

120   H: Nej, och då kan det ju vara skönt och få göra som en vill
                     och få ta det som det kommer

121   A: Ja för det är ju det att man kan ju inte röra sig så mycket
                     som man velat

122   H: Ja men du klarar ju mycket också

123   A: Ja men det gör väldigt ont om jag får gå någonting så jag får
                     försöka att gå lite i alla fall det

124   H: Ja nu i solskenet är det skönt med

125   A: Ja annars så bor vi ju bra här

126   H: Ja det är fint XXX här bra byggd

127   A: Jadå

128   H: Och affären framförallt är väl väldigt bra

Excerpt 2: J = John, H = Handläggare

38   H: har du ont nu i din rygg?

39   J: inte just nu får då har jag gått och då mjuka jag upp det

40   H: har du ont på morgonen?

41   J: ingenting annanstans än där jag
                 fick den där smällen där nej så jag har inte ont någon
                 mer stans, INGENSTANS

42   H: nehej och hjärtat då?

43   J: det dunkar på som vanligt

Excerpt 3: J = John, H = Handläggare

185	H:	* nehej* det tycker jag nog inte du John att du har blivit nej nej
186	J:	NEJ, men VET du hum hum ((harklar sig)) det är det att jag har ett HUMÖR, inte så att jag *flyger på folk* utan att jag, nu jäklar det SKA gå
187	H:	du är envis
188	J:	Ja
189	H:	och envishet är väldigt bra brukar jag säga
190	J:	ja det är inte så dumt att ha
191	H:	det är väldigt bra brukar jag säga, men sen är det när den där envisheten går över till dumhet, det är gränsdragning där då
192	J:	*nej då har jag någonting som reser sig* och ropar John lugna ner dig, jag känner dig
193	H:	du känner det dina begränsningar då?
194	J:	ja jag känner mina begränsningar och så vidare

Excerpt 4: S = Svea, H = Handläggare

167	S:	måndag eller tisdag, det blir endera dagen då? och onsdag, ja då kommer dom. (.) Det är ju så tungt menar jag om man ska ha mjölk och potatis och såna där saker
168	H:	Javisst med tanke på att DU har ont i ryggen och ont i knän
169	S:	Ja jag menar det, jag orkar inte att lyfta. Det känner jag bara jag lyfter en stol Då känns det jobbigt
170	H:	Nej då är det ju bättre om du får hjälp med det tunga så att-
171	S:	Ja jag måste nog ha det. Jag har ju hållit på hela sommaren, jag trodde jag skulle bli bra men…
172	H:	Det är roligt att Du fortsätter att laga mat och ägnar energi åt det och att Du sen får hjälp med det tunga
173	S:	Ja ja, ja och så kan man ju läsa och sådär, böcker

Paper II

Excerpt 1: M = Mona, G = Gunnar, H = Handläggare

<u>Kursiv</u> = <u>intrång</u>; *Understruket = komplement*; Normal text = Rättighet; ***** = Positions-byte

330	M:	*Jag tycker det är lika bra*
331	H:	*Vad säger du Gunnar*
332	G:	*Jag vet inte*
333	H:	<u>Tycker du det är jobbigt att någon främmande kommer och tvättar</u>
		<u>dig och så där är det besvärligt</u>
334	G:	<u>Vilket</u>
335	M:	<u>Tycker du det är jobbigt om någon främmande kommer och</u>
		<u>sköter dina toalettbesök och så</u>
336	G:	*Nej* *
337	M:	*Om det skulle bli så men oftast kommer det ju på förmiddagen*
338	G:	*Nej den tiden är förbi(syftar på när det var besvärligt)*
339	M:	*Ja du har ju legat på hematologen och det gick ju så*
		bra så där var du mycket populär
340	G:	*Ja* *
341	M:	** Två gånger per vecka eller om det skulle räcka med *
		en gång (.) vi tar två gånger
342	H:	*Gunnar önskade ju det och sen kan man justera senare*
		i så fall vi pratas vid i så fall det ordnar sig (.) vi följer upp
		och kolla hur det fungerar
343	M:	Då tar jag för mig

Excerpt 2: F = Fiona, A = Adam, H = Handläggare

<u>Kursiv</u> = <u>intrång</u>; *Understruket = komplement*; Normal text = Rättighet; ***** = Positions-
byte

179 A: *Det är väl mer då hon behöver det*

180 H: *Det är så alltså du klarar inte att klä av dig*

    själv och gå och lägga dig
181 F: <u>JO klä av mig det klarar jag</u>   *

182 A: *Jo men det det är väl bra*

183 F: <u>Va</u>

184 A: *Det är väl bra att ha någon här då*

185 F: *Ja*

186 A: *Här när du ska gå och lägga dig på kvällen*

187 F: *och klä på mig på morgonen det är lite besvärligt*

188 H: *Ja men det har vi ju sagt att då kommer personalen*

    då får de ju komma och hjälpa dig

189 F: *Ja ja*

190 H: *Men frågan är vad du behöver för hjälp på kvällen*

191 F: <u>Nej nej det tycker jag inte jag tycker att jag klarar mig</u>   *

192 A: *Ja ja jag vet inte*

Paper Paper IV

Excerpt 1: J = Jacob, H = Handläggare

1   H: Vad jag förstod så var det enbart hjälp med golven
som du kände behov av?

2   J: Ja i varje fall som en början

3   H: Ja mm. Och då, hur ofta tycker du att det skulle behövas?

4   J: Ja jag har funderat, men jag tycker man kan börja med en gång
i månaden, inte oftare i alla fall.

5   H: Ja det känns som det räcker?

6   J: Ja, jag springer själv omkring lite med dammsugare
så att en del blir ju gjort genom det då. Men hur gör
man om man tänker sig våttorkning? Blir det dammsuget
i alla fall? Eller går man direkt på våttorkning?

7   H: Nej nej, dom dammsuger också.

8   J: Ja jag menar det

9   H: Just det. Så att om du känner att
du orkar underhålla det under den övriga tiden så dammsuger
ju dom och torkar golven en gång i månaden om du tycker att det räcker.
Annars kan dom göra det var 14:e dag.

10   J: Ja jag vet inte men jag tror man ska försöka på det sättet.

11   H: Mm

12   J: Så får jag se sen om jag tycker det ska utökas, men jag
tror inte det. Däremot kan det bli utökat ifall att jag tycker
det är roligt att få hjälp med annat.

13   H: Mm. Men vi börjar så får vi se. Vi kan ju höras vid om
du känner att det behöver utökas eller om det är något annat.

Excerpt 2: FA= Fru Andersson, HA= Herr Andersson H = Handläggare

1   H: Om jag uppfattade dig rätt så är det städning du önskar också

2   FA: Ja och dammsugning

3   H: Eh har du några speciella önskemål om hur ofta eller <u>så där</u>

4   FA: <u>Ja åtminstone en gång i veckan</u>

5   H: Du du önskar en gång i veckan

6   FA: Ja, dammsugning

7   H: Ja, eh jag kan ju berätta det, det är
                inte säkert att jag kan bevilja en gång i veckan.

8   FA: Nehej, utan var 14:e dag då det är det du menar.

9   H: Det kan bli nåt sånt ja.

10   FA: Jaha, jaha, ja vi får ta det som vi får

11   H: I så fall.

12   FA: Ja ja.

13   H: Vill du, vill du, vill ni att jag skriver upp
                städning en gång i veckan?

14   FA: Ja

15   H: Och ni vill ha ett i så fall, eventuellt delavslag
                som det kallas.

16   FA: Ja, en gång i veckan ja, gärna,
                för det *behövs* ju

17   HA: Ja, om det är en gång var 14:e
                dag så tror jag inte det förändrar dammhistorien nåt vidare

Excerpt 3: E= Fru Elsa Lindholm, H = Handläggare

1   H: Ja. Sen vet jag att hemtjänsten hjälper dig att betala räkningar och så

2   E: Ja det gör dom väl

3   H: Ja, jag skulle nästan föreslå att du har en godman, som sköter det istället, vad tror du om det?

4   E: Jag vet inte om (xxx)…

5   H: För det är inte så bra att hemtjänsten har hand om det, även om de säkerligen sköter det till punkt och pricka, så är det alltid bra om det är en godman som gör det om man inte själv kan.

6   E: Jag vet inte

            [Några utelämnade turer]

7   H: Men vill du att jag skall ordna en sådan här godman till dig Elsa? För det blir ju du tillsammans med den personen som kommer göra det här tillsammans, med dina pengar och så där. Så du kommer fortfarande ha full insyn i vad som händer och sker kring din ekonomi och det är ju ingen som kommer att bestämma över dig, Elsa, det är ingen förmyndare.

8   E: Ja, jag är inte så säker på det