

Linköping Studies in Science and Technology

Dissertation No. 747

# **Development of IT-supported Inter-organisational Collaboration**

A Case Study in the Swedish Public Sector

by

**Anneli Hagdahl**



**INSTITUTE OF TECHNOLOGY**  
**LINKÖPINGS UNIVERSITET**

Department of Computer and Information Science  
Linköpings universitet  
SE-581 83 Linköping, Sweden

Linköping 2002

ISBN: 91-7373-314-8  
ISSN: 0345-7524

# Abstract

Collaboration across the organisational boundaries takes place for different reasons. One of them is to solve complex problems that cannot be dealt with by a single organisation. The area of vocational rehabilitation constitutes an example of inter-organisational collaboration motivated by a need for joint problem solving. Individuals are admitted to vocational rehabilitation with the aim of entering or re-entering the labour market. These individuals constitute a heterogeneous group with different kinds of problems, based on e.g. their social situation, long-term diseases and/or substance abuse. As a result, they are handled at more than one welfare state agency at the time, and the practitioners working at these agencies need to collaborate to find individual solutions for their clients. The expected positive effects of such collaboration are long-term planning, increased quality of the case management, and reductions of invested time and money.

In this thesis, an interpretive case study of inter-organisational teamwork within the vocational rehabilitation is presented. The aim of the study was to investigate how the collaboration could be supported by information technology.

During a time period of two years, practitioners from three welfare state agencies took part in the research project. The activities included observations of the teamwork, individual interviews with the practitioners and design of information technology that should support the teamwork. An essential part of the design activities was the user representatives' direct participation in the design group, composed by practitioners and researchers. To stimulate the participation, methods with its origin in the participatory design approach were used.

The design requirements that were defined included support for the team's communication and joint documentation of cases, and also information sharing about previous, present and future rehabilitation activities. The teamwork was characterised by an open, positive atmosphere where the practitioners were trying to find solutions for the clients within the frames of the current rules and regulations, limited by the resources allocated for voca-

tional rehabilitation activities. However, the environment was also found to be dynamic with changing, and in some cases conflicting, enterprise objectives. Furthermore, the enterprise objectives were not broken down into tangible objectives on the operational level.

The physical team meetings and the meetings with the clients constituted essential parts of the work practices and it is concluded that these meetings should not be substituted by technology. The case management could, however, be supported by a flexible tool that meets the users' needs of freedom of action.

# Acknowledgements

Although it is only my name on the book cover, I have not been alone writing this thesis. Many people have contributed to the research presented here, and now I have the opportunity to thank you all.

First, I would like to thank my supervisor Professor Toomas Timpka for discussions, support and encouragement. His commitment and also his knowledge of the area of vocational rehabilitation have to a large extent contributed to the completion of this work.

I would also like to thank Professor Gunnela Westlander, who acted as a mentor in the MTO-project, but also as my supervisor. Her insights and experiences of work-life research have provided an invaluable support, especially during the design and analysis of the interview study.

My colleagues in the MDA-group have throughout these years showed interest in and supported the research and especially, I would like to thank Henrik Eriksson for guidance and fruitful ideas in the design process; Magnus Bång for working together with me in the project and for interesting discussions in the car when travelling to and from the research site; Sofie Pilemalm and Kia Ölvingson for support, concerns and friendship, and for reading and commenting the manuscript.

I am also grateful to Barbro Rohlin, Länsarbetsnämnden i Östergötland, for never-ending interest and support, and for being a committed project leader on the borderline between the reality of vocational rehabilitation and the research process.

Furthermore, I would like to thank the practitioners from the Employment Office, the Social Insurance Office and the Social Services for participating in the project, and for sharing their thoughts and viewpoints.

I would also like to thank Lillemor Wallgren, Britt-Inger Karlsson and Berit Glemhorn for administrative support.

Finally, I would like to thank my mother, father, sister, other relatives and friends for your patience.

Stefan and Lovisa: thank you for just being there for me.

Linköping in April, 2002

Anneli Hagdahl

*This work has been financed by The Swedish Agency for Innovation Systems (VINNOVA) and The Swedish National Board for Industrial and Technical Development (NUTEK) through the MTO-programme.*

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# Chapter 1

## Introduction

Information technology has become a natural part of modern society. We are confronted daily with information technology, at work, at home, when travelling or buying food. Information has traditionally been stored on paper-based media, but when the computer made its entrance, especially in the office, more and more information was converted to electronic format. Today, we find it natural to seek information using a computer, e.g. in a database or on the Internet. Computer artifacts for handling information are essential when it comes to making every-day life in modern society work for the people that are a part of it. The information has to be easy to access and understand, and it should not contain any errors. In many situations, we are dependent upon faultless information access.

The development, use and evaluation of information technology is studied by researchers in informatics, a young inter-disciplinary subject with roots in several academic disciplines, such as computer science, business administration, and the social and behavioural sciences. The research is performed both as studies of how people use information technology, and as intervention projects in business and in society. Information technology is undergoing rapid development and the view of what information technology really comprises, is also changing. As a result, informatics is a subject that has to be continuously developing. Starting out in numerical analysis, moving through business administration and cognitive science to sociology and ethnography, many academic fields have provided theory and methods for the research in informatics today (Dahlbom, 1999).

When developing or studying the use of information technology, an understanding of the users' situation is perhaps the most important aspect to be taken into consideration for a successful design and implementation. Researchers in informatics collect this knowledge through studies of the use situations, e.g. the workplace. Commonly used methods for data collection are

observations, video-recording and interviewing. However, the researchers' understanding of the situation does not suffice, and the users' knowledge and view of the situation must also be considered in the development process. This can be achieved through user participation, and the intervention projects in informatics often include, to a greater or less extent, elements where the users take an active part in the development process. The participation can embrace all users or just a representative selection.

## 1.1 Background and motives

This thesis uses data from a teamwork intervention project in the public sector. The research is a result of a joint effort where researchers and practitioners together have performed analysis and design activities with the aim of creating a tool that supports teamwork. The team consists of practitioners working in the welfare state agencies in a medium-sized community in Sweden. The participating organisations have different areas of responsibility within the Swedish welfare system. In some cases, these responsibilities overlap and the authorities need to collaborate in order to fulfil their public functions.

In the MTO-project<sup>1</sup>, the focus was on work practices involved with vocational rehabilitation. It is a process where individuals, who have been outside the labour market for a long period of time, are supported by the authorities to enter or re-enter the working life. Reasons for them not being a part of the labour market could be unemployment, long-term sickness leave or a combination of these two. The responsibilities of the authorities are expressed in general terms through laws and directives, but when it comes to the daily work with clients, discussions and negotiations are essential for decision-making in each individual case. The Government has asked the organisations to collaborate in the vocational rehabilitation, and different forms of collaboration can be observed in the municipalities throughout the country. A commonly used way of working together across the organisational boundaries is to meet in inter-organisational teams to discuss and agree upon the various actions needed in the rehabilitation processes.

In our project, the expectations placed on information technology were to improve the quality and reduce the time involved in the vocational rehabilitation process. With the use of information technology, the inter-organisational team was expected to be able to share information and communicate in each

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<sup>1</sup>Man–Technology–Organisation, a research programme funded by The Swedish Agency for Innovation Systems (VINNOVA) and The Swedish National Board for Industrial and Technical Development (NUTEK)

individual case, at a high level of security in the computer communication and also according to the laws, e.g. the Official Secrets Act. Quick and easy access to accurate and relevant information for the practitioners would improve the quality of the case management process, from the perspective of both client and practitioner. Furthermore, the benefits of these improvements on the societal level were obvious.

### **1.1.1 Inter-organisational collaboration**

The relationships between organisations constitute a research field that has been given more and more interest during recent years. One contributing factor is the development of inter-organisational systems, i.e. systems for supporting relationships between organisations. They are used in a variety of industries, such as airlines, health care, banking and transport (Williams, 1997). To a large extent, the motives for introducing inter-organisational systems are economic, e.g. for reducing costs or forming strategic alliances.

The relationships between the organisations have been found to be an essential factor when introducing an inter-organisational system (Meier, 1995), and researchers have used a number of approaches and theories for explaining the emergence of relationships across the organisational boundaries. An overview is provided by Ebers (1997), who enumerates disciplines such as industrial and organisational economics, marketing and purchasing, organisational sociology, population ecology, institutional theory and social network approaches (ibid, p. 5).

Within the area of organisational sociology, the building and maintenance of inter-organisational relationships have been the focus of interest for some decades. For example, Eric Trist (1983) argues that complex and fast-changing environments give rise to sets of problems rather than discrete problems, and that the single organisation does not have the capacity to solve these problems. Therefore, groups of organisations form collaborations on a level which he calls the "domain" level. Within the domain, the organisations have identified shared problem areas.

### **1.1.2 Collaboration in the Swedish public sector**

Research about the organisation of the Swedish welfare system has been criticised for focusing on the macro-level, e.g. the effects of a political decision or the Swedish subjects' opinions on matters regarding the welfare (Johansson, 1998). Input in the system has been transformed in a "black box" to some kind of output, and what happens inside the box has been left unexplored. Applying an organisation-theoretical approach, researchers

are aiming at changing this fact, by trying to explain *how* the welfare state agencies work, and not only *what* they do.

The need for more knowledge on the work practices in the borderland between the welfare state agencies in the vocational rehabilitation process has been argued for by e.g. Fridolf (1997) and Ekberg (2000). In the following, related research on inter-organisational collaboration in the Swedish public sector is presented, with a special focus on the vocational rehabilitation domain.

Mallander (1996) studied the steering committee in an inter-organisational collaboration project aiming at rehabilitating disabled individuals. In the study, he built an explanatory model of what factors contributed to the steering committee's belief that the project was successful, he described e.g. how consensus was obtained when the deviant roles of some organisations were redefined and homogenised. Furthermore, the steering committee negotiated afterwards how the work should be interpreted.

The collaboration on different organisational levels was described by Fridolf (1997) as being a matter of integration. In the vocational rehabilitation domain, she defined three levels, the collaboration regarding the individuals, the collaboration between organisational units, and the collaboration between authorities. Based on experiences from case studies in Sweden, she concluded that organisational hindrances in the collaboration were:

- The time aspect, inter-organisational collaboration is time-consuming
- Protection of one's preserves
- Centralised management, the lower organisational levels were waiting for order from above
- Lack of motivation and incentive, the collaboration could not be forced
- The economic risk-taking

Danermark and Kullberg (1999) viewed the development of collaboration across the organisational boundaries as a change process where conflicts at different levels were a part of the process. Despite the fact that the observed inter-organisational project was successful, they also observed fundamental differences on the organisational level. These differences caused problems, and concerned laws and policies, knowledge, and organisation. On the group level, they observed that the inter-organisational teamwork was characterised by feelings of comradeship, equality, well established social relations, and a pragmatic attitude.

The positive and negative effects of the inter-organisational collaboration within vocational rehabilitation were discussed by Lindqvist (2000). In a case study performed in three cities in Sweden, hindrances and possibilities were identified on the organisational level. The hindrances experienced in the study concerned (i) different views on the target group and the selection of clients, (ii) different objectives and visions, (iii) economic resources, (iv) a large variety of benefits to navigate between, (v) the relationship between the team and the rest of the organisations, and, (vi) motivating the client to take part in activities such as education or vocational training when the only thing he or she really wanted was to get an ordinary job. The positive effects of the inter-organisational collaboration included the practitioners' increased knowledge about the other organisations, quality improvements of the inquiries, shorter lead times in the process, increased social support and control in the process, and, finally, the clients' increased motivation and self-esteem.

### **1.1.3 Collaborating with information technology**

The Swedish public administration is continuously improved through modernisation programmes, and the information technology has become an important part of this modernisation work (OECD, 2001). The technology integration within the public administration has gradually increased, from embracing only the linking of internal networks with other organisations, moving on to high-volume data exchange and, most recently, the opening of Internet portals (*ibid*).

On the group level, information technology for supporting teamwork has gained more and more interest in recent years. The technology is used for transferring and storing information that the team members need. Examples of such technologies are Lotus Notes and the World Wide Web (Davenport & Prusak, 1998). Information technology used for supporting teamwork is often called "groupware". The word is explained by Ciborra (1996) as being composed of two words, "group" and "ware":

The word "groupware" includes two distinct elements: a socio-organisational one: the "group", a collective way of working, collaboration, the intimacy of staying together and sharing [...] and a technical one, the "ware", the artefact and the tool. The term "groupware" connects the two worlds, the one of human, collective endeavour, and the artificial one of the artefact. (Ciborra, 1996, p.4)

The challenge in developing and implementing groupware in organisations is to integrate the technology into the workflow, making it an invisible part of the everyday work (Ciborra, 1996; Mankin, Cohen & Bikson, 1996). Issues in the design and implementation of groupware are studied within the field of Computer Supported Cooperative Work, CSCW (see, e.g., Plowman, Rogers & Ramage, 1995). These issues often have a focus on the technology, and the research field has been criticised for not being aware of the importance of understanding the organisational and social contexts in which the system under development is to be used (Kensing & Blomberg, 1998).

Grundén and Ranerup (1997) reported on the outcomes of the introduction of CSCW technology, within the Swedish social insurance board. The two cases in the study were aiming at using desktop video communication when the practitioners at geographically separated offices needed to communicate. In the second case, clients at a hospital clinic specialised in rehabilitation also took part in the video supported communication. However, the implementation of the technology failed due to technical problems, shortcomings in the practitioners' computer training and integrity problems which made the ordinary network impossible to use for video communication.

The importance of planning the introduction of groupware was discussed in another Swedish study (Nilsson, Josefsson & Ranerup, 2000). A case study on the implementation of Lotus Notes in the local government administration showed that it was essential for the management to plan implementation activities and revise the plans over time. The plans also needed to be communicated to all levels in the organisation, and translated into the local context.

Henfridsson (1999) studied the adaptation of a system introduced to promote the internal communication within a social services department. The managers expected the system to enable the social workers to become more active information consumers. It turned out that the social workers used the system for speeding up the frequency and tempo of the communication rather than changing their ways of communicating vertically within the organisation.

The one-stop shop, an undefined form of co-operation where local government offices were represented at the same reception desk, was studied by Eriksén (1998). The one-stop shop could include services such as the police, the Post Office, the Social Insurance and/or the Employment Office, and Eriksén studied the use of information technology in this setting. One of the conclusions of the case study was that when developing computer-based support, the traditional methods were not sufficient, since these were aiming at diminishing rather than making use of the ambiguity and diversity in the use situation.

## 1.2 Aim and research questions

Considering the background described in the previous sections, the increasing interest for inter-organisational collaboration, the need for more knowledge about how the welfare state agencies work and how information technology can support collaboration in the public sector, two research questions were formulated as follows:

*How do inter-organisational teams in the public sector collaborate?*

*How can inter-organisational teams in such settings be supported by information technology?*

The first question aimed at increasing our knowledge about teamwork, and especially concerning the domain of vocational rehabilitation, and the second question aimed at defining the needs of information technology such a team might have.

The study is delimited by that, we have focused on the practitioners' perceptions of their teamwork and of the design process. Alternative perspectives, considered in the initiation of the project, could embrace the client, the management or societal effects. Hence, to study the practitioners, the research process focused on the development of their teamwork, the current work practices, and the future of the team, including the use of information technology as a tool for supporting the collaboration.

The research presented here starts with a first design meeting in March, 1999 and ends with an interview study performed in October, 2000. The preceding phases, i.e. the project initiation including discussions on project organisation and economic issues, and the prototyping and test phases that were initiated during the end of 2000, will not be dealt with in this thesis.

## 1.3 The case study project

The MTO-project with the title "Inter-organisational systems for public services in the local community" was initiated in 1998, in co-operation with the Employment Office<sup>2</sup>, the Social Insurance Office and the Social Services. The aim was to design a work model for the case management within vocational

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<sup>2</sup>During the first six months of the project, the participants from the Employment Office were working at the Employability Institute, but due to organisational changes, the institute was merged with the Employment Office. Throughout this thesis, the organisation will only be named "the Employment Office".

rehabilitation, where the inter-organisational collaboration was supported by information technology (Hagdahl, 1999). The project received its funding from a national research programme and the projects within the programme were proposed to work inter-disciplinarily with change processes and information technology in organisations, private or public.

The research setting was a medium-sized municipality in the south of Sweden. Our research-group had previously performed research projects in the municipality, and on the initiative of the welfare service agencies, a new research project was formulated. The initial activities of the project were aimed at informing about and discussing the ideas, applying for funding, and determining the project organisation, which consisted of three groups; the steering group, the reference group and the working party. The latter was also called the design group. This process took almost a year, from the first meeting until the design group met for the first time in March, 1999.

The background to the project was a problem that the welfare service agencies in the municipality had observed within the administrative process of individuals in need of vocational rehabilitation. These clients could be registered at two or more agencies at the same time, and each agency performed their own investigation. The investigation then constituted a basis for the decision-making on the future actions in the rehabilitation process. Decisions were taken within each organisation without knowledge of what the other organisations had decided. When the responsibility for a client should be transferred to another agency, a referral was sent. The receiving agency considered the referral and mailed an answer. Thus, the communication process was mainly paper-based, and perceived to be time-consuming and not always consider the client's needs and wishes.

As an attempt to solve the problem, the Rehab Team was started in 1996. The aim of the team was to create a model for inter-organisational collaboration in vocational rehabilitation, a model that also could be implemented in other municipalities in Sweden. The Employment Office, the Social Insurance Office and the Social Services were represented in the team by one or two handling officers. The first two organisations were Government authorities, while the third was a part of the local government. The work model included recurrent physical meetings between the handling officers and, when necessary, the clients were also brought to a meeting. The agencies needed a permission from the clients to exchange information about them, and an informed consent form was designed for this purpose. The form had to be signed by the client before the case could be discussed in the Rehab Team.

The Rehab Team was the starting point in the research project, and the vision was to define a model for inter-organisational collaboration in the public sector supported by information technology. The idea was that

through a computer network, e.g. an extranet, the handling officers should share information about the clients in the vocational rehabilitation process. Moreover, the computer network had to fulfil demands regarding security and secrecy prescribed by law. The technology was meant to be complementary to the weekly meetings, and the intention was never to replace those meetings by a video-conference system, for instance.

### **1.3.1 The vision of the Rehab Team**

The team was formed to simplify the rehabilitation process, and to clarify the responsibilities of each participating organisation. The essence of the teamwork was the personal meeting once a week, where the handling officers met and discussed clients. When needed, clients were invited to participate to discuss their specific case. The vision of the team was to have a common arena where decisions were taken and plans for action agreed upon. It was believed that this would reduce the time-consuming administrative process within vocational rehabilitation. The vision is best illustrated by a fictitious case description where the problems and possibilities are discussed.

#### **A case**

Per is 47 years old and unemployed. Previously, he has been working within the building trade, but had an industrial injury. In connection with the injury he also lost his right to receive unemployment benefit. He has running contacts with a number of authorities:

- The health care: support from the psychiatric clinic.
- The Social Services: investigations regarding the custody of his children and his right to receive social security benefit.
- The Social Insurance Office: procurement of vocational rehabilitation
- The Working Life Services<sup>3</sup>: investigation regarding his possibilities to train as a caretaker.
- The Employment Office: referral due to unemployment

During the process, at least two authorities have been investigating Per's case in parallel. After a long period on the sick-list and with assistance from

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<sup>3</sup>An organisation within the Swedish National Labour Market Administration that works with e.g. recruitment, career planning and vocational rehabilitation.

the Social Insurance Office, he has started a training programme to become a caretaker. During the training he receives a special rehabilitation benefit, and it has had the negative consequence of reducing his assessed income, which is used as a basis for calculating the benefits paid by the Social Insurance Office. During the time period on the sick-list, his finances became worse, and he had to cancel his payments to the unemployment benefit fund, which has resulted in his not being qualified to receive any unemployment benefit. He has experienced a troublesome divorce and a trying dispute concerning the custody of the children. He also has a history of drinking, and the cause and effect of this alcohol abuse and the divorce are unclear. After the training, Per became unemployed, and did not succeed in finding a job as a caretaker. Finally he was referred to the Employment Office, where an investigation showed that he was only capable of working half-time. The result of the investigation was sent to the Social Insurance Office that should make a decision about granting Per a half-time disability pension. The Employment Office was commissioned to find him a half-time job, and decided to perform an assessment of his working capacity.

**Per's rights and duties.** Per has the right to receive information from the involved authorities about the current rules, not least regarding economic support. His own responsibility must also be made clear. There is a risk that his own frustration might be directed towards the handling officers if it is not made clear what decisions they can, and are allowed, to, make.

**Per's problems.** Economic issues are often a problem. Who should support him? The Social Insurance Office could pay a special rehabilitation benefit for half the time during his training to become a caretaker. In this case, his assessed income will be set to 0, and the Employment Office, must pay a full-time training grant, although he only needs a half-time grant.

**Handling problems.** The official secrets legislation causes problems, making the exchange of information and co-ordination harder. At the same time, the handling officers are aware of what rights Per has, and that too much information can cause subordinate problems. They become involved in things that are not relevant, or might focus on the disease and not Per's possibilities.

**The vision: The rehabilitation model of the future.** Being responsible for co-ordinating the rehabilitation resources, Per's handling officer at the Social Insurance Office has brought the case to the Rehab Team. Per and the practitioners in the Rehab Team meet and discuss his situation. They

decide on an action plan, for which Per is responsible. The first step in the plan is an assessment of his working capacity which is to be carried out by the Social Services. Meanwhile, he receives a social security benefit and an additional benefit as stimulation. In the next step, Per works at a vocational training place, and receives a rehabilitation benefit. The third step includes discussions about an ordinary job, supported by the Swedish National Labour Market Administration, e.g. through a wage subsidy. Meanwhile, during this third step, Per receives a training grant.

### **Comments**

The case was put together in 1998 to illustrate how the organisations had been working before, and the intentions of the new inter-organisational rehabilitation team, the Rehab Team. The collaboration took place on the local and operational levels of the organisations, and the Rehab Team was developed from a work practice where the handling officers had found it convenient to meet and discuss their clients.

## **1.4 Overview of the thesis**

In this first chapter, the research project, its background, motives and aims were presented. Chapter 2 deals with the area of vocational rehabilitation, and especially the official reports and evaluations that were found to be relevant for this thesis. In the subsequent two chapters, Chapter 3 and Chapter 4, the methods for systems development and the scientific methods used in this research are discussed. The empirical findings are presented in Chapter 5, and discussed in Chapter 6. Finally, conclusions and future work are found in Chapter 7.

The translations of the Swedish terminology used in this thesis are listed in Appendix A.



# Chapter 2

## Vocational rehabilitation

### 2.1 A definition

Rehabilitation is about helping individuals with illnesses, injuries or disabilities to regain their capacities and attain an every-day life which is as normal as possible. Different kinds of actions are considered as rehabilitation, medical as well as social and psychological, and also vocational interventions (Prop.1996/97:63). The rehabilitation is performed within three fields, with different interests and aims (Lindqvist, 1998):

**Medicine.** This field includes hospitals and primary health care centres. The decision-making is based on knowledge gained through experience and research. The decisions concern diagnoses, treatments and judgments regarding working ability.

**Welfare state agencies.** Organisations within this field are the Social Insurance Office, the Employment Office, including the Employability Institute, and the Social Services. They are responsible for decision-making concerning benefits and investigations on such things as working capacity and rehabilitation activities.

**Production.** The private and the public employers are included here. They strive to make a profit on their business and to reduce costs. Their decision-making concerns the volume and content of the business.

The rehabilitation processes that deal with helping an individual return to the labour market are included within the concept of vocational rehabilitation (SOU1996:85). These processes mainly concern the welfare state agencies, the second field in the list above. But the medical and the production fields

can also be involved, e.g. when the process includes medical treatment or when the individual has an employment.

In recent years, the focus of the reforms within the vocational rehabilitation area has been on the vulnerable groups in the community. These individuals constitute a heterogeneous group with different kinds of problems, based on factors such as their social situation, long-term illness and/or substance abuse. A definition of vocational rehabilitation as it will be used throughout this thesis is as follows:

Vocational rehabilitation includes judgements, measures, decision-making procedures, and administrative routines that are performed with the aim of making a long-term sick and/or unemployed individual return to the labour market.

The clients admitted to vocational rehabilitation have different needs, and often, they need to be investigated and treated individually in order to find a solution that suits their special situation. Investigations and activities take place in an arena that overlaps the organisational boundaries, and, therefore, the welfare state agencies must collaborate in order to find the best solution for each individual case.

In the ideal case, a long-term sick person is medically rehabilitated, trained, finds a job and, thereby, the vocational rehabilitation process has come to an end. However, as a result of differences in e.g. goals, roles, economic terms or organisational culture, the process is often obstructed (RRV1996:8). Circumstances in the individual's life could also be contributing factors.

## 2.2 The actors

A variety of organisations within the public sector have different, and sometimes overlapping, responsibilities in the vocational rehabilitation process. On the local level, there are four main actors, responsible for the labour market, social insurance, social welfare, and health care respectively (SOU1996:85). The different levels in these organisations are illustrated in Figure 2.1.

The figure shows that labour market decisions made in the Government and the Riksdag are communicated by The Swedish National Labour Market Board on the national level to the Regional Employment Board, and from there to the local Employment Offices in the municipalities.

The National Social Insurance Board is responsible for the social insurance on the national level, and with the Regional Office on the regional level. The Social Insurance Office acts on the local level.

The Government and the Riksdag			
<b>The labour market</b>	<b>The social insurance</b>	<b>The social welfare</b>	<b>The health care</b>
The Swedish National Labour Market Board	The National Social Insurance Board	The National Board of Health and Welfare	The National Board of Health and Welfare
The Regional Employment Board	The Regional Office		The county council
The Employment Office	The Social Insurance Office	The Local Social Services	The Primary Health Care Centre

Figure 2.1: The public sector organisations within vocational rehabilitation, on the national, regional and local level, (from the original text in SOU1996:85, p. 36).

The National Board of Health and Welfare is responsible for the questions regarding social welfare and health care. On the regional level, the county council is responsible for the health care, while the social welfare do not have a regional equivalent.

On the governmental level, two ministries have different areas of responsibility. The Ministry of Industry, Employment and Communication deals with the labour market issues, and the Ministry of Health and Social Affairs deals with the other three areas in Figure 2.1, namely the social insurance, the social welfare and the health care.

However, in the figure, the conflict between the centralised power and the local power is not illustrated. The local government has the commission to deal with the public service and make decisions e.g. regarding the social welfare on the local level. But the social welfare is also regulated on the national level through laws and directives, and the local government is sometimes regarded as leading a double life where the local objectives must be adjusted to the national objectives. The situation is similar in the county councils, where the self-government gets into conflict with the national regulations. In recent years, tendencies have pointed at a reduction in the centralised control on

the national level, e.g. through management by objectives, and less detailed laws (Pettersson, 1998).

## **2.3 Reforms**

In the early 90s, the Government and the Riksdag performed major changes in the rehabilitation practices. The reform focused on vocational rehabilitation and the working environment (RRV1996:8). The aim was to rehabilitate people, and thereby reduce the labour shortage that had been a reality during the late 80s. As a result of the reform, the Social Insurance Office's resources were increased, and they were expected to take a more active role in the co-ordination of the rehabilitation resources.

However, the reform did not achieve the intended results, mainly due to increasing unemployment rates in Sweden. A contributing factor was that a growing number of the unemployed had also a history of long-term sickness leave. The work of the Social Insurance Office had been to predominantly deal with clients whose employers were responsible for their vocational rehabilitation, and the organisation was therefore not in a position of readiness to handle the unemployed (ibid).

### **2.3.1 The 1996 Government bill**

The problems involved in vocational rehabilitation came into focus again in a Government bill from 1996 (Prop.1996/97:63). The Government wanted a more efficient use of the resources dedicated to rehabilitation, especially for those individuals whose problems could not be solved within a single agency. These individuals had been observed to circulate between the organisations, resulting in short-term and inefficient solutions. The suggestions in the bill for solving the problems were summarised as:

- Joint objectives
- Joint frames for measures and efforts
- Systematic evaluations

It was proposed that the Social Insurance Office should receive more resources in order to improve the rehabilitation process through collaboration across the organisational boundaries. The focus of the collaboration should be aimed especially at the vulnerable groups in the community.

Organisation	Objectives
The Swedish National Labour Market Administration	Increase the qualifications of the unemployed, demand them to be more active in the job-search, work for gender equality on the labour market, and more efficient use of the resources.
The Social Insurance Administration	Administrate and work to allow the national social insurance to provide security during illness, disability, old age and parenthood. Decrease the incapacity rate <sup>1</sup> through co-ordination of rehabilitation resources, and provide uniformity and high quality in procedures.
The National Board of Health and Welfare	Work for good health and social welfare, high quality care under equal conditions, through supervision, evaluation and knowledge transfer within health care, environmental health and the social services.

Table 2.1: Organisations and their objectives on a national level regarding the vocational rehabilitation, (Prop.1996/97:63).

The Government bill reviewed the differing objectives of the organisations on a national level and claimed that a joint objective for vocational rehabilitation had to be formulated. Each organisation had its own objectives, but there were no common objectives. The objectives were also perceived to be incompatible. Table 2.1 summarises the objectives as they were formulated in the Government bill.

According to the Government bill, organisations on a regional level had to perform joint planning, write action plans, and perform personnel training. Training had been found to increase understanding and respect for each other's competences. The bill also emphasised that the handling officers should be informed about the flexibility, and not only the limitations, of the regulations:

*"Increasing and improving collaboration will provide more value for money. The discussions about resources would [...] become easier if the handling officers at the respective offices were informed not only about the limitations of certain grants, but also*

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<sup>1</sup>The incapacity rate is a measure of the payments from the social insurance, expressed as the quota between the number of days of payment divided by the number of insured individuals. From the National Social Insurance Board's webpages, [http://www.rfv.se/stat/socfakt/sjukh/ohals\\_k.htm](http://www.rfv.se/stat/socfakt/sjukh/ohals_k.htm), March, 5, 2002.

*their flexible usage. It might be that the handling officers often do not see the possibilities they actually have to act on, and what resources they actually have access to. It is important to mobilise the organisations' own resources and possibilities."*  
(Prop.1996/97:63, p.56, my translation)

Finally, systematic evaluations of the vocational rehabilitation process had to be carried out. Investigations had shown a lack of methods for socio-economic evaluations, and the Government bill suggested the authorities responsible should start developing such methods. The first step should be improvements to the documentation of process outcomes and client experience.

### **2.3.2 The future?**

In an Official Government Report in 2000, the results of another investigation within the vocational rehabilitation were discussed, and changes proposed (SOU2000:78). The most important change was the suggestion for establishing a new rehabilitation agency, joining the resources from the four sectors. The report pointed at nine factors that motivated a new reform (SOU2000:78, p.23–24, my translation):

- The reform from 1992 had not fulfilled its aim of decreasing sick leave and the marginalisation of working life. More people were sick-listed, for increasingly long periods of time.
- Focus must be on the individual. Previous investigations and reforms focused on the authorities and the co-ordination of their work, rather than on the co-ordination of the individual's rehabilitation process.
- The need for vocational rehabilitation could not be satisfied. Approximately half of the 200 000 individuals on long-term sickness leave at the time of the investigation, were in need of joint efforts or vocational rehabilitation.
- Future needs on the labour market, such as demographical changes, put pressure on an efficient vocational rehabilitation.
- The societal costs for ill-health were increasing on the expense of other important welfare matters.
- From a socio-economic perspective, effort put into was found to be profitable. The investigation reported on a repay of nine times the money invested.

- Preventive measures at the workplace were believed to have a positive effect on finance.
- As a result of a decreasing retirement age, fewer are working and have to support an increasing number of "non-working" individuals.
- The organisations that were referred to consider the proposed measures agreed that current practices did not work, and that there was a need of a new reform within the vocational rehabilitation sector.

The main suggestions to manage the shortcomings in the previous reforms were to confirm the individual's rights to influence their rehabilitation process by law, and to define a single rehabilitation actor.

It was proposed that the individual's rights should be dealt with through a legal right to receive a rehabilitation investigation when needed, and to have a supervisor. The investigation should take place after four weeks of sickness leave, or earlier if the individual so wished. The supervisor should act as an adviser, not as a representative. The insurer, i.e. the employer or the Social Insurance Office, should be responsible for supplying a supervisor.

The new rehabilitation actor should, on the national level, be organised as "The Rehabilitation Board", whose responsibilities should comprise such things as co-ordination, supervision and the establishment of a fund that should finance a new rehabilitation insurance (SOU2000:78).

In January, 2002, another investigation was published as an Official Government Report. The aim of this investigation was to define an action plan to improve health in working life (SOU2002:005). The main proposals that concerned vocational rehabilitation were:

- Within 60 days of the notification of illness, basic data regarding the rehabilitation process must be reported to the Social Insurance Office. These data include e.g. capacity for work, prognosis for a return to the labour market, and actions taken. If the ill person is also unemployed, it was suggested that the Social Insurance Office should be responsible for the report.
- The Regional Employment Board was proposed as the body responsible for providing access to occupational health service for the unemployed.
- The labour market policies should be expanded to create a complementary labour market for people with a limited capacity for work due to illness. While waiting for such an implementation, the National Social Insurance Board and the Swedish National Labour Market Board

should be commissioned to develop the collaboration between the Social Insurance Office and the Employment Office on the local level regarding speeding up sick-listed individuals' return to the labour market. It was proposed that the collaboration should be developed within the limits of the organisations' present economic resources.

- It was suggested that the Government should consider a permanent, organisational collaboration between the Employment Office and the Social Insurance Office.
- A personal co-ordinator should be appointed in each case. The co-ordinator should be responsible for decisions and co-ordinate the activities during the time the individual was ill.

The investigation also stressed the responsibility of the Social Insurance Office for co-ordinating the rehabilitation resources.

## 2.4 Evaluations

As a result of the Government bill from 1996 (Prop.1996/97:63), systematic evaluations of the collaboration within vocational rehabilitation were performed. The National Board of Health and Welfare was responsible for conducting the evaluations, and the final report, summarising thirty-two reports of basic data, was published at the end of 2001 (Socialstyrelsen, 2001). The three-year study was performed in two parts, yearly follow-ups of the inter-organisational collaboration, and evaluations of the outcome of the rehabilitation activities. The following three perspectives were applied on the data:

- i The individuals. What effects of the collaboration can be observed regarding economic support, quality of life, and health?
- ii The organisations. What facilitates or hinders the collaboration? In what ways are the different parts of the organisations - staff, managers and/or politicians - affected?
- iii The society. What socio-economic effects can be measured? How do the different systems for benefits function together? Are the regulations counteracting each other? What hinders the successful outcome of the regulations?

In the study, different methods for data collection were used and combined. The main methods were questionnaires and interviews, but also individual case studies and computer-simulations of economic effects were used.

### 2.4.1 The individuals

The effects on the individuals were investigated using questionnaires, interviews and a case study. In the final report, the investigators stressed that the response rates to the questionnaires were low, and that the results should therefore be interpreted with caution. The non-responders stated in a follow-up interview study that they did not want to answer questionnaires from the authorities, or that they were too ill/did not have the energy to answer. Others were concerned about the protection of anonymity. Moreover, in one of the surveys, a Quality-of-Life study, the number of participants in each group was too low, which made the comparisons uncertain.

The number of individuals that were in need of joint rehabilitation efforts was estimated at about three to seven percent of the population of working age, or, in figures, about 200 000 to 350 000 people. Based on the results of a questionnaire, about half of the individuals in the group were part of some kind of inter-organisational collaboration. In the report, six forms of collaboration were identified and defined:

*Multi-party discussions between the practitioners and the client.* Two to five handling officers met with the client in order to discuss his or her situation. The initiator was often a handling officer. The client was informed about his rights and how the different actors judged the situation. During the interview studies, clients reported that they felt uncomfortable with these discussions, especially when it came to economic questions.

*Multi-party discussion about the client.* This was the most common form of collaboration where the clients signed a consent form, allowing the practitioners to exchange information about the case. Clients in the interview studies thought it was unpleasant not to know what the practitioners were talking about, although they knew that multi-party discussions were needed to get better help.

*Representatives.* Some clients, especially the ones with a mental disturbance, had a personal representative who co-ordinated planning, activities, and follow-ups. The work was built on a personal relationship that gradually developed.

*Contact persons.* A person, e.g. a physician, a colleague or a relative, helped the client in the contacts with the authorities.

*A joint individual plan.* The client had an individual plan that he or she

owned, and brought to the meetings with the authorities. The practitioners got access to the plan if the client so desired. The client was the process-owner of the rehabilitation process.

*Joint activities.* Activities such as rehabilitation or vocational training were performed by the collaborating actors either as a project or through special funding.

Individual support, professional treatment and the clients' active participation were found to be important factors for reaching a positive result in the rehabilitation process. The clients' motivation was of crucial importance, and they had to have the possibility and be given the support needed to take responsibility in the process. Other important success factors identified in the study were long-term planning, participation in activities, and a foreseeable economic situation.

## **2.4.2 The organisations**

The organisations were studied mainly through interviews, but questionnaires were also used. The response rates for the questionnaires were higher in this group, between 60-70 percent. The subjects in the studies were practitioners, managers and politicians.

The main finding in the study was the importance of organising the work to meet the needs across the organisational boundaries. Many collaborative activities had been restarted due to the inability to take action. Moreover, the collaboration was often built on individual practitioner's, manager's or politician's deep commitment to the vocational rehabilitation. When the initiative came from the operational level in the organisations, the administrative and political support from superiors were important success factors.

The practitioners on the operational level often collaborated without the managers' or the politicians' involvement. As a result, the inter-organisational collaboration took place without having active support or legitimacy from the decision-makers. Furthermore, the study also showed that the collaborative activities did not have clear, communicated objectives. As a consequence of the lack of objectives, the outcomes of the activities could not be assessed or evaluated.

## **2.4.3 The society**

Effects on society were studied through questionnaires to the actors in the public arena, and to the employers. In addition, a socio-economic study was

performed using a computer-based tool.

The computer simulations pointed at positive socio-economic effects of the inter-organisational collaboration. The positive effects were the result of the individuals' increased capacity in the production combined with a decreasing dependence on allowances. However, the economic effects were not divided equally across the rehabilitation actors. The costs for rehabilitation decreased within the local authorities, the health care and at the social insurance organisations, while they increased in the labour market organisations, mainly due to increased payments of wage subsidies.

## **2.5 Summary**

In this chapter, vocational rehabilitation was defined as the measures, decision-making procedures, and administrative routines that are performed with the aim of making a long-term sick and/or unemployed individual return to the labour market.

During the last decade, a number of official reports have pointed at the importance of focusing on the vocational rehabilitation. The suggestions have included increased resources to the Social Insurance Office, the need for formulating joint objectives across the organisational boundaries, development of inter-organisational collaboration, and evaluation of the outcomes of the vocational rehabilitation process. The most recent suggestion also includes a new rehabilitation actor on the national level.

The evaluations performed during the late 90s showed that important success factors in the vocational rehabilitation process included the client's motivation, long-term planning, clear enterprise objectives, and support from the management.

An interesting observation is that neither the official reports nor the evaluations brought up information technology as a possible enabler to support the inter-organisational collaboration.



# Chapter 3

## Participatory methods for systems development: theory and case study application

### 3.1 Participatory design

Research into participatory design was initiated as a reaction to the introduction of computer-based systems in working life in the mid 1970s. The computer was regarded as another tool by which the management could control the workers, and not a tool that would improve working conditions. The workers and their unions also feared that the computers, introduced at the workplaces on the initiative of the management, would lead to reductions in the workforce when the work was automated or performed under a higher degree of control (Kensing & Blomberg, 1998).

As a result, researchers and unions initiated projects aimed to explore the consequences of the introduction of computer-based systems, and develop goals and strategies for workers and unions to use at the introduction of new technology. The research projects also helped in the formulation and adoption of laws and agreements related to the introduction of computer-based systems. The first project started in Norway (NJMF), and shortly after, similar projects were started in Denmark (DUE) and Sweden (DEMOS) (ibid).

The Scandinavian setting of these projects was not a just a mere chance, but was rather the result of the relatively high level of workplace democratisation that was a reality in Scandinavia. The workers in these countries were educated and engaged in the trade unions. Moreover, the relations between the trade unions and the employers were regulated through laws and agree-

ments, and the political parties, social democratic, had strong links to the national trade union federations (Ehn, 1993).

Probably the most famous and important subsequent participatory design project in Scandinavia was the UTOPIA project. It started in 1981, and aimed at "designing tools and environments for skilled work and good-quality products and services" (ibid, p. 57). The inspiration was the design of tools that took place in the traditional crafts, which in the project was extended to embrace designers of computer-based tools, and their relationship to the users. Initially, the researchers tried to achieve a process of mutual learning between the designers and the future users. Discussions among the design group concerned work processes, technical possibilities and limitations. The designers and the future users also paid visits to other workplaces, research laboratories and vendors. However, the designers ran into problems when trying to communicate with the workers using traditional tools such as information flows, and the situation was drastically improved when they introduced the "design-by-doing approach" (ibid, p. 58). The workers were given the opportunity to actively participate in the design work through the use of mockups and other prototyping tools.

After these initial projects, the participatory design community within the information systems development realm has continued to grow, and today, it comprises researchers from a number of countries outside Scandinavia. The approach has been applied in different areas, such as dental care (Bødker & Grønbaek, 1991) and local government (Ranerup, 1998).

However, participatory design has also been criticised for only being used in research projects, and that the projects seldom survive after the researchers have left the arena. A solution suggested by Kensing (2000) was to see participatory design in the light of a commercial context, and he discussed different "contexts" that should be considered when participatory design was carried out in a commercial setting. The designers needed to take into consideration the organisational processes, the work practices and the strategies surrounding the the design project. Furthermore, technical aspects must also be considered, such as the implementation context, and the technical platform.

### **3.1.1 The concept**

When participatory design is presented and defined, the active participation of the future users in the design process is a recurrent feature. The users are regarded as the experts on the work situation under study, and their skills, experience and interests should be considered in the design of information technology. Therefore, the designers need to know about the context in which the technology will be used, and the workers need to know about possibilities

and options. This is achieved through an active user participation in the design process (Kensing & Blomberg, 1998). During the design work, the designers and users are often co-located since the context in which the new tool will be used must not be neglected in the design. Besides working together in the design process, the designers also observe and interview the users in their workplace (Namioka & Rao, 1996).

Kensing and Blomberg (1998) discussed the spectrum of user participation. At one end, the users were asked to participate when their input was needed, such as describing work practices and testing the technology. Many participatory design researchers regarded this level of participation as insufficient, since the real worker influence in the design was missing. At the other end of the spectrum, user participation was valued and considered important to the success of the project. The users' interests were acknowledged and supported throughout the process.

Cavaye (1995) also discussed the dimensions of user participation. In the literature study, she concluded that user participation was not a clear-cut, homogeneous concept, instead it concerned aspects such as the proportion of users that participated, all or just a representative selection, and the degree of responsibility given to or taken by the users. Moreover, the dimensions also included the activities and the phases of the development process in which the users took part.

### **3.1.2 The practice of participatory design**

The activities in a participatory design project are often performed in one or more work groups. Sometimes, an additional steering committee has an advisory function in the project. The work group analyses the needs and possibilities of information technology in the organisation, and this knowledge is then used in the exploration of new technologies and in the formulation of design requirements. In the final stage of a project, the group also often works with the prototyping of the new system and the implementation in the organisation (Kensing & Blomberg, 1998). When needed, one or more steps in the development process are iterated. These iterations constitute an essential feature of participatory design, and they are performed for example when the designers want to get the users opinion on a design matter (Namioka & Rao, 1996).

Knowledge of the users' work situation is obtained through different tools and techniques (Kensing & Blomberg, 1998). The everyday work could be studied using techniques that are inspired by ethnography, such as observations and interviews. Video- or tape-recordings are often used to support the data collection, and the actual design work often employs techniques and

tools such as scenarios, mock-ups and prototyping (ibid). In different ways, researchers in participatory design have combined and developed the tools and techniques into methods that are further developed and evaluated in participatory design projects. Moreover, they also work to unite experiences, tools and techniques to obtain a model that covers a complete development project.

## **3.2 The design process in the MTO-project**

The Action Design methodology, theoretically derived from action research and activity theory, provided the basis of the MTO-project. Action Design focuses on the relationship between the design process, the system, the social environment, the design group and the design objectives. The Action Design toolbox comprises guidelines and instruments for supporting both the design process and the project management activities (Timpka, Nyce, Sjöberg & Johansson, 1993). The methodology was first applied in the field of health care, at a primary health care centre (Sjöberg, 1996) and at a university hospital clinic for supporting inter-organisational information systems design (Hallberg, 1999; Johansson, 1999). Pilemalm et al (2000) used Action Design in the development of a support system for local union representatives in the Swedish Trade Union Confederation (LO).

The practical work in an Action Design project is performed by the design group, and the formal decisions regarding the project are left to a steering committee where the organisations involved are represented. The methodology focuses on ensuring that the users participate in the design process, and the instruments for Action Design aim at enabling users and designers to analyse the work situation, plan the development process, set the design requirements, and finally evaluate the outcome (Timpka, Nyce, Sjöberg & Johansson, 1993).

### **3.2.1 Project organisation**

In the MTO-project, the work was organised in three groups; the reference group, the steering committee and the design group. The reference group had an advisory function and met only a couple of times during the project. The group was made up of the chief executive officers at the regional level of the two Government organisations, the chairman of the municipality's executive committee, the chief executive officer of the county council, and representatives from the university and the Government research funders. The steering committee and the two researchers in the design group also

participated in these meetings.

The steering committee consisted of two senior researchers from our research group, and a management representative from the Regional Employment Board. The management representative was also the initiator of the project, and her participation in the steering committee was considered a matter of course. The committee had the overall responsibility for the project and supported the work in the design group. The management representative was not head of any of the representatives in the design group, and therefore, she also took an active part in the design process, bringing a management perspective and long-term experience of vocational rehabilitation into the design work.

The three participating organisations were each represented by two handling officers. The two researchers, the Author of this thesis and another graduate student, alternated as chairpersons in the design group. Thus, including the management representative, the design group consisted of nine people. The early phases of the design process, lasting for a time period of about nineteen months, are discussed in this thesis. During such a comparatively long time, things change at a workplace, on the individual level, on the group level and/or the organisational level. This was the case in the MTO-project, with the result that there was some turnover among the representatives in the design group. The ambition was to maintain a representation of two handling officers per organisation, and each representative was responsible for finding a replacement when needed. One representative from the Social Services and one from the Employment Office remained the same throughout the design process. Replacements of representatives occurred during the first phase, the activity analysis phase. When the design requirements were settled and during the rest of the design phase until the prototyping started, the representatives in the design group remained the same.

In total, thirteen persons took part in the design process at different times, including the management representative and the researchers.

### **3.2.2 Activities**

The design process could be described as consisting of four phases, see Figure 3.1, although the dividing line between the phases is not manifest. A participatory design process is iterative, returning to issues that have previously been treated. During the first phase, when the representatives in the design group had been replaced a couple of times, we started each meeting with a short presentation of the project, and these presentations often led to discussions about things such as the current political situation, although

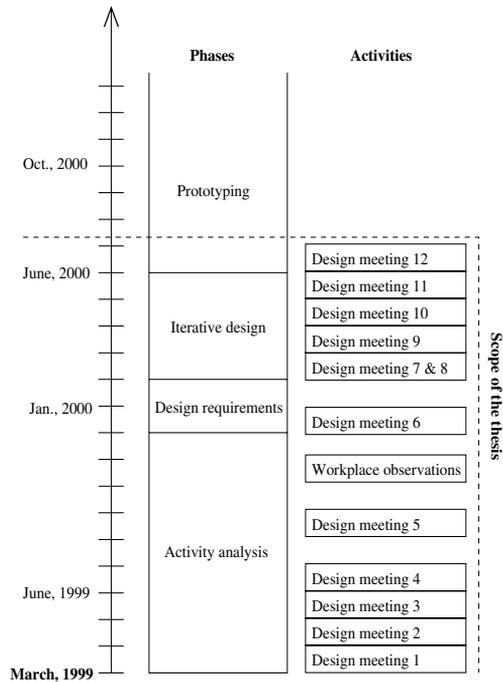


Figure 3.1: Overview of the design process.

it had not been intended to raise that topic at the meeting. We considered those "spontaneous" discussions valuable, and let them continue until we felt the topic had been exhausted, before we moved on to the agenda for the day.

However, the activities involved were planned and performed with the objective of moving from analysis to design and then on to the prototyping.

The design group met twelve times during a time period of nineteen months, with each meeting lasting for approximately two and a half hours. The first six meetings were held in a conference room at the Employment Office, and the other six in the flat where the Rehab Team had their weekly meetings. A complete list of the meetings, including brief descriptions of their contents, can be found in Appendix B.

The design meetings were video-recorded, and the video tapes were used by the researchers/designers as a way of recalling what had happened during the meeting. We watched and discussed the tapes together after the meeting, and, when we believed it to be useful, we also wrote a summary of the

discussions.

At the end of the analysis phase, we, the researchers in the design group, also conducted workplace observations with the aim of learning what an ordinary working day looked like. We wanted to visit the organisations one day each, and follow the handling officers' work, such as their paper work, telephone contacts, meetings with colleagues and clients. The representatives set the agenda for the workplace observations, in total six full days of observations.

## **Tools and techniques**

During a design process, tools and techniques are needed to increase knowledge about the work practices and the context. In the MTO-project, the ambition was to make the representatives participate actively in the analysis and design activities, and to achieve this, a number of tools and techniques were tested and applied.

*Storytelling.* At the first design meeting, the participants were asked to describe their work tasks, including something that had worked well, and something that had not worked well recently. They were asked to keep the stories short, about five minutes, and then the rest of the group were free to add, comment and discuss what had been said. Since each organisation was represented by two people, they could also help each other, by clarifying or filling in details.

Talking about the work situation is a common activity in a systems development project. The storytelling technique is a means to get the representatives to know each other, and to learn about each other's work situation. In an evaluation of a participatory design project, Greenbaum et al (1993) also found that the participants in a storytelling workshop came to realise that their problems were not unique, and that the other participants had experienced the same kinds of problems.

*Scenarios.* The uniting activity in the inter-organisational collaboration was the case management process, and we therefore decided to arrange a scenario with a fictitious case. A moderator led the meeting, and we had provided her with a set of questions aimed to stimulate the discussion.

The scenario was divided into four parts, the first presented the client's background and current social, occupational and medical situation. In the subsequent modifications of the case, the client's situation changed in various ways, and the handling officers were asked to describe what they would have been doing in each case. They were also asked to describe how they would

have acted before the Rehab Team was started.

The use of scenarios in design with the purpose of achieving a rich understanding of the actual use situations have been reported by e.g. Carroll (1997) and Bødker (2000).

*Project planning.* The aim of the project planning activities was twofold. First, we wanted to increase the representatives' knowledge about the systems development process, making them understand, feel responsible for, and participate actively in the design activities. Moreover, and perhaps most important, we wanted to achieve joint decision-making in the group.

*Rich Pictures.* One way of representing structures, processes, relationships and issues in systems development is to draw pictures. A tool that was introduced in the Soft Systems Methodology (Checkland & Scholes, 1990) is the Rich Picture. The technique has no formal syntax, the person or people who are drawing the picture are free to decide what it should contain and what it should look like. However, the Rich Picture should be easy to understand, and self-explanatory (Avison & Fitzgerald, 1995). The object of concern, e.g. a whole organisation or a department, is put in the centre of a picture, and then structures, such as organisational boundaries or activity types, processes and relationships are connected to this object. Details could be described on separate sheets if there is no room for them on the main sheet. Often, problems are found in the relationship between structure and process, e.g. in the mismatch between an established structure and a new process (ibid).

In the MTO-project, the Rich Picture technique was introduced at one design meeting as a way of mapping actors and their relationships. The representatives were given "homework" for next time to draw a picture of their work situation, where they put themselves in the centre and depicted their relationship to all actors. Each representative drew a picture on the whiteboard, and explained his or her relationships to the other actors within the vocational rehabilitation sector.

*Design decisions.* At the end of the analysis phase, we documented the findings of the design meetings in a report. It was based on the summaries that we had written while watching the video tapes. The report was distributed to the representatives, and they were asked to read it and take up the issues they found most important. The comments were sent to us between two design meetings, and at the next meeting, we brought a summary of the issues that had been raised. The summary was used as a basis on who constituted the future user group, and which activities were the most

important to focus on during the design work.

*Paper-based design.* After having discussed and decided on the design requirements, we wanted to find out visually what the users thought about the future system. At a meeting, they worked together in small groups with printouts of a blank web browser screen. They all had experience of using the Internet and therefore, we thought that the browser interface would be a suitable starting point. The division into small groups was based on which organisation they belonged to, i.e. the representatives from the Employment Office worked together in one group, the Social Insurance Office in another, and the Social Services in the third. Each group spent about an hour on the design, and then they were asked to demonstrate how the system worked in front of the video camera.

### **3.3 Summary**

The core of the systems development in the MTO-project was the users' active participation in the design process. To achieve this, the participatory design approach was used, and especially the Action Design methodology. The design activities aimed at both increasing the designers' understanding of the users' work situation as well as increasing the users' understanding of systems development. In addition, the Action Design methodology provided facilities for the organisation and management of the project as a whole.



# Chapter 4

## Scientific methods

### 4.1 Research approach

#### 4.1.1 Interpretivism

Empirically based research aims to increase our knowledge about a phenomenon in the world. Data about the phenomenon is collected, analysed and interpreted using defined scientific methods. The critical element in this process is the theory about how the knowledge is construed.

In recent years, researchers within our field, the development and usage of information technology, have showed an increasing interest in interpretivism, an epistemological position concerned with the understanding of reality. Within interpretivism, knowledge is regarded as subjective, since it is constructed by the human actors (Walsham, 1993; Klein & Myers, 1999). An objective reality, where e.g. cause-effect relationships can be studied and replicated, cannot be presumed. Interpretivism is contrasted by the positivistic approach, sometimes also called the "scientific approach", where the findings are expected to be repeatable and refutable (Galliers, 1990; Walsham, 1993). Examples of studies within the positivistic approach in our research area are studies in laboratory settings and simulations (Galliers, 1990).

The data collection and analysis in interpretive studies need to be performed in an iterative process, where theories are considered, re-considered and, perhaps, abandoned. The researcher should be aware of this, and be open to modify initial assumptions and theories (Walsham, 1995).

### 4.1.2 The context

When performing longitudinal studies on organisational processes, the process itself must be seen in the light of the context in which it takes place (Pettigrew, 1985). The process is composed of "sequences of individual and collective events, actions, and activities unfolding over time in context" (Pettigrew, Woodman & Cameron, 2001, p.700). This definition of process contains two essential factors in the study of change processes, namely time and context. The subject under study must be set in its social and historical context, making it possible for the reader to understand the emergence of the situation (Klein & Myers, 1999).

In the MTO-project, the design process constitutes an example of an organisational change process. The methods for systems development described in the previous chapter are a part of this process, but in isolation they cannot explain the project outcomes. The design process and its context need to be studied from a scientific perspective. In the following, the research process is described and discussed, with its theoretical starting point in the interpretivist approach outlined above.

### 4.1.3 Case studies

The empirical research presented in this thesis has been carried out as a case study. The case study is not a single research strategy with clear directions on how the research should be carried out, but instead, is a multi-faceted way of performing empirical research where the epistemological foundation can be positivistic as well as interpretivist, and the methods qualitative or quantitative. Moreover, the research can embrace a single case or multiple cases (Cavaye, 1996). The case study strategy is widely accepted within research on the development and usage of information technology, where it contributes to the understanding of how the information technology and the context interact (Darke, Shanks & Broadbent, 1998).

Like other research strategies, case study research has strengths and weaknesses. One of its strengths is that the case study provides a holistic view of the phenomenon under study since it includes both context and details of the process or event. The richness of detail also contributes to a more complete understanding of the phenomenon (MacNealy, 1997). The case study has also been acknowledged for being an effective means to communicate findings and interpretations to practitioners (Benbasat & Zmud, 1999). However, the results from a case study are usually not generalisable, i.e. they could not be applied to another case or to a whole population. Another weakness is that the researcher cannot control the independent variables or the rela-

tionships between variables, which may limit both the internal validity and the conclusions (Cavaye, 1996).

Considering that case study research is multi-faceted and that the researcher often ends with an extensive collection of data to analyse, it is important to describe how the research was carried out. In such descriptions, methods for data collection and analysis must be explained, giving the reader the possibility to form his or her own opinion on the validity and reliability of the results that are presented. Alternative interpretations of the results must also be provided and argued for (Darke et al., 1998).

In the interpretive case study, the practitioners participating are perceived to be essential for the findings. The interaction between the researchers and the participants constitutes a continuous process of analysis and interpretations, a process in which the participants' actions are altered by their insights (Klein & Myers, 1999).

## **4.2 The research process**

The results presented in the case study are based on data collection through observations and interviews. Below, this process is described. An overview of the research process is illustrated in Figure 4.1.

### **4.2.1 Observations**

The observations include twelve meetings in the design group and five in the Rehab Team. The aim of studying the design meetings was to define design requirements and to analyse the social process of a systems development project. The Rehab Team was observed with the aim of increasing our knowledge about the practical, daily work of the team. During the design process, we also conducted workplace observations with the purpose of getting to know the practitioners and their organisations. These observations have not been further documented or analysed, and will not be discussed in this thesis.

### **Subjects**

The design group and the Rehab Team consisted of almost the same representatives during the majority of the time-period under study. However, some changes occurred, for example when the project organisation was decided at the beginning of the project, and when people were changed in the Rehab Team. The Employment Office also increased their resources in the team

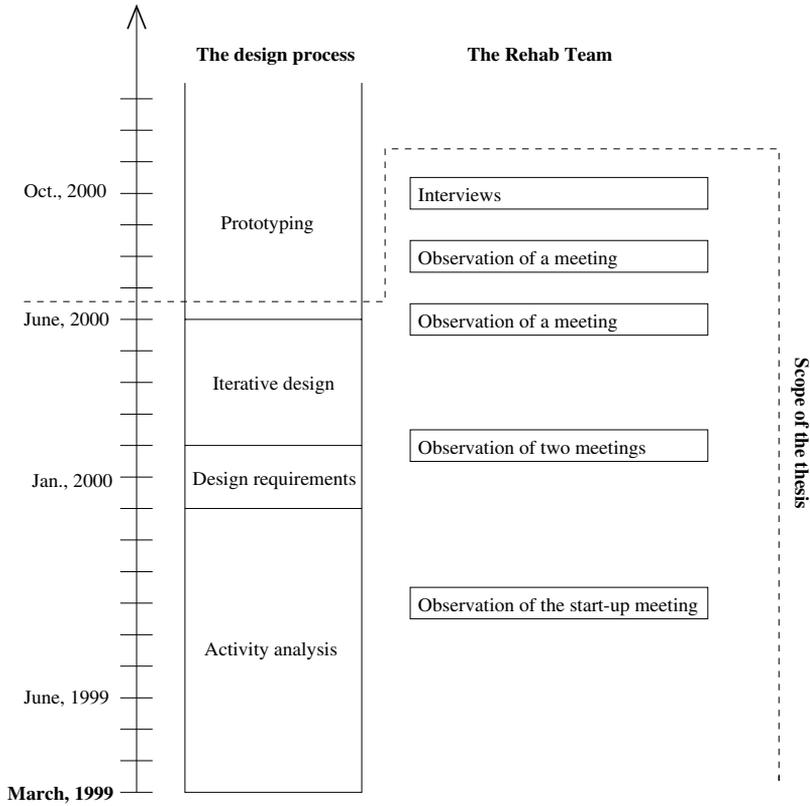


Figure 4.1: Overview of the research process.

through an additional practitioner that participated in the case management process.

During the first four meetings of the design group, we focused on trying to understand what inter-organisational collaboration within vocational rehabilitation entailed. This process included activities for discussing the work situation, the case management process, and the context. The three organisations had decided who should represent them and participate in the meetings. However, at the fourth meeting, a decision was taken by the group that the practitioners in the Rehab Team should participate in the design process, and therefore, beginning with the meeting in August 1999, the group consisted of the representatives in Table 4.1. Three of the representatives in

Representative	Organisation	Role
Repr1	The Social Insurance Office	The Rehab Team
Repr2	The Social Insurance Office	The Rehab Team
Repr3	The Social Services	The Youth-Rehab Team
Repr4	The Social Services	The Rehab Team
Repr5	The Employment Office	The Rehab Team
Repr6	The Employment Office	Management representative
Repr7	The Employment Office	The Rehab Team

Table 4.1: Representatives in the design group.

the design group were the same throughout the analysis and design phases.

The Social Insurance Office decreased its representation in the Rehab Team when Repr1 received another position within the organisation and left the team. However, Repr1 continued to participate in the design meetings. Repr2 was replaced at meeting six due to illness, but since the role still was the same, the person who substituted was named Repr2 as well. Repr3 was a member of another inter-organisational rehabilitation team, the Youth-Rehab Team, working in a similar way as the Rehab Team, but with young people only. The Social Services' representative, Repr4, remained unchanged on the Rehab Team during this study. The Employment Office's representation in the Rehab Team was extended with one additional person during the period, and Repr7 was replaced since he left the team for another position within the organisation. Despite the change, Repr7 continued to participate in the design meetings, while the team member did not take part in the design group. Repr6 was the management representative (see also Section 3.2.1).

## Data analysis

In the design process, we had a double role in both leading the design work and observing it. It is not possible to do both these things at the same time, and therefore, we decided to record the meetings on video tape. After the meeting, we watched the tape together and discussed the outcome. We also wrote a summary, focusing on issues that were important when deciding on the design requirements. In total, the video recordings comprise twelve meetings, each with a duration of approximately two and a half hours.

The Rehab Team was observed on five occasions. The first was a startup meeting, when the team had devoted a full day to discuss work practices, and the subsequent four meetings were ordinary weekly meetings in the team. The startup meeting was video recorded and transcribed verbatim by the

Author. The transcripts comprised approximately fifty-five pages of type-written text. The text was read and reduced in a process where the core of the discussions was selected and translated into English (see Appendix C). The translated material was then used in the analysis of the outcome of the meeting. The video recordings covered the whole meeting, about five hours in total. For practical reasons, the breaks that took place outside the conference room were not recorded.

Due to legislation and ethical concerns, we did not tape the meetings in the Rehab Team. Therefore, field notes were taken during the meetings, and typed by the Author the same day. A translation of the observation protocol from an ordinary Rehab Team meeting is found in Appendix D. Each meeting lasted for about two hours, and the field notes from the meetings comprise about twenty pages of type-written text. Data from all four meetings was included in the analysis.

#### **4.2.2 Interviews**

When the researchers had been working with the project for almost two years, an interview study was carried out. By this time, the researchers were well-acquainted with the organisations and the practitioners' daily work. The study was designed to study the practitioners' personal views of inter-organisational collaboration, and individual interviews provided the possibility to discuss this subject without the interviewee being affected by the other participants in the project. Four main themes regarding inter-organisational collaboration were formulated and in a fifth theme, questions about the practitioners' expectations of the MTO-project were included. The themes were:

- How does collaboration involving vocational rehabilitation function today?
- How did the practitioners work before the inter-organisational rehabilitation team was formed?
- How do the management in the different organisations support the inter-organisational collaboration?
- Does the collaboration need to be changed, and if so, in what way?
- What are the expectations for the MTO-project regarding changes in work practices, use of information technology, and the researchers' participation?

## **The interview guide**

Within each of the five themes, open-ended questions were formulated, allowing the interviewees to talk freely and spontaneously about the issue at hand (see, e.g., Westlander, 2000). In the interview guide (Appendix E), certain expected answers had been listed as a support for the interviewer to ask attendant questions. The interviewer kept a log in the interview guide whether an answer was reported spontaneously or as a response to an attendant question. The interviewees did not have any access to the interview guide or the expected answers. The aim of the attendant questions was to act as a support in the conversation, not as a complete covering of the current question. If the interviewee answered briefly or with something like "I don't know", the attendant questions were an aid to continue the conversation on the subject.

The questions were organised in a general-specific way. The introductory questions concerned the interviewee's background, current work situation and how the Rehab Team started. The interview then moved on to what the interviewee wanted to change regarding the team work and his or her perceptions about how the management supported the team. The intention of ordering the questions in this way was to first create an atmosphere where the interviewee felt comfortable with the questions and the aim of the study. After having talked about the previous and the current work situation, questions regarding the interviewee's opinions on changes in the inter-organisational collaboration, and the management's support of the team, were considered. Finally, the last section concerned the interviewee's conception of the MTO-project.

Through asking about how they worked before the team was created, how they work today, and how the interviewee would want it to be in the future, a time perspective for the development of work practices in the inter-organisational team could be acquired. The purpose was also to study both the interviewee's personal view on management support and work practices, and belief about the team's opinion on the same matter. For example, the question "How do you personally think that the work in the inter-organisational rehabilitation team functions?" was followed by the similar question on group-level "Is there a general opinion in the inter-organisational rehabilitation team about how the group functions?".

## **Subjects**

The practitioners participating in the MTO-project and/or in the Rehab Team were invited to participate in the interview study, in total eight people (see

Table 4.2). Six of the eight subjects participated in the MTO-project, and of these, five were or had been members of the Rehab Team. One was a member of another inter-organisational rehabilitation team, the Youth-Rehab Team, working in a similar way to the Rehab Team, but with young people only.

Finally, two subjects were only members of the Rehab Team.

All eight accepted to participate, but one person (Repr9) had to be excluded the day before the interview should have taken place due to a long-term sickness leave. The interviews were held at the interviewees' workplaces, either in their own offices or in a conference room. Nobody apart from the interviewer and the interviewee were present in the room at the time of the interview. Each interview took approximately one and a half hours and was tape-recorded when permission from the interviewee had been obtained. All subjects agreed to the tape-recording. Before the interview started, the interviewer explained about the interview guide and how it was to be used. The seven interviews were performed and transcribed by the Author during the autumn of 2000. The interviews were transcribed verbatim, including pauses and laughter. The transcript was then sent to the interviewee for approval before any analysis was carried out. All interviewees approved of the transcripts and returned a signed copy within two months. Copies of the approved transcripts were used throughout the analyses.

Besides being a representative in the MTO-project, Repr3 was also a member of the Youth-Rehab Team, a team that worked in a similar way to the Rehab Team, but with clients under the age of 25. The Youth-Rehab Team consisted of representatives from the Employment Office and the Social Services. The Social Insurance Office did not participate since the clients, the young people, were often not qualified to receive benefits.

During the MTO-project, Repr1 and Repr7 moved on to other positions within their respective organisations, and no longer worked with vocational

Interviewee	Organisation	Comment
Repr1	The Social Insurance Office	
Repr2	The Social Insurance Office	
Repr3	The Social Services	
Repr4	The Social Services	
Repr5	The Employment Office	
Repr7	The Employment Office	
Repr8	The Employment Office	
Repr9	The Employment Office	Excluded due to illness

Table 4.2: Subjects in the interview study.

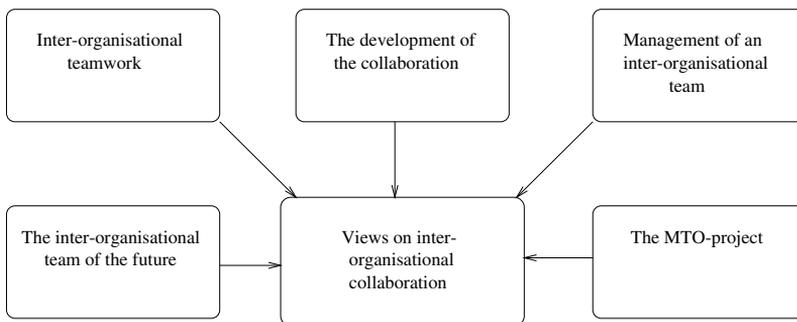


Figure 4.2: Themes in the interview study, and their contributions to the overall view on inter-organisational collaboration.

rehabilitation. Their experiences from the rehabilitation process and from the MTO-project were still found to be valuable, and therefore, they were included in the study. The interviews took place about half a year after they had left the Rehab Team.

Subject Repr8 was the only interviewee who did not participate in the MTO-project, and consequently, did not answer the last three questions about the project.

### Data analysis

The transcripts of the interviews totalled approximately 150 typewritten pages, and the data analysis process consisted of reducing the text and finding the essence of the question at issue (see, e.g., Kvale, 1997). The process of data reduction was performed in five steps. The first step consisted of reading through the transcripts and getting an overall picture of the interviewees' view on inter-organisational collaboration. These findings were written down in a shortened form. Next, the short-form versions were read, and the views sorted into the five themes that are illustrated in Figure 4.2.

After being sorted into themes, the original transcripts were read again, in order to find statements that also corresponded to the themes. These statements were summarised in the same way as in the first step of the analysis. In the next step, the summaries were used for writing parts of the text presented in Chapter 5. Issues that the interviewees did or did not agree upon were the main focus of the presentation. Finally, the original transcripts were read once more, in the search for dissentient views. Quotations were

selected to illustrate the findings.

### **Comments**

The interviews were performed late in the project, when the researchers had been working for almost two years analysing the work practices and context, as well as the design of the information system. Being in a research context for such a long time influences and changes your ideas of the situation under study. At the beginning of the project, the practitioners talked about laws and directives that conflicted and obstructed the inter-organisational teamwork. As the project and the practical design work progressed, we got closer and closer to the essence of the work situation, and the practices in the Rehab Team. This led to a curiosity to study the practitioners' personal views on the inter-organisational work of which they were a part, and the interview study was initialised.

Performing interviews in a project of which you have been a part for almost two years certainly affects the way an interview study is designed. The knowledge we had gained about the context and practices of the work is reflected in the formulation of both the questions and the attendant questions. One example of how the attendant questions were formulated is illustrated in the question "Is there something you would like to change with regard to the work practices in the inter-organisational team?". The attendant questions reflect viewpoints that had been observed during design meetings and workplace studies, i.e. different views on how long the meetings should last, who should participate, and how many clients it was possible to discuss at each meeting.

# Chapter 5

## Results

In this chapter, the empirical findings from the case study are presented, starting with the background of the project, and then moving on to how the researchers and the practitioners, respectively, perceived the work. Perceptions of the management of the team is then presented, and finally, the chapter ends with findings regarding how the collaboration could be developed in the future, and how it might be supported by information technology. In the presentations, data from the design process, the team observations and the interviews have been integrated.

### 5.1 Background

In this section, the background of the Rehab Team and of the practitioners themselves will be described based on what they reported during the interviews.

#### 5.1.1 The collaboration

Before the Rehab Team was created, the traditional case management within vocational rehabilitation consisted of paper-based, administrative routines. During the interviews, the referral system between the Social Insurance Office and the Employment Office was used as an illustration of the procedures.

Clients at the Social Insurance Office were referred to the Employment Office for consideration by mail. At the Employment Office, a group consisting of a social welfare adviser and a psychologist considered the referral, and decided whether the case should be taken up. The outcome of this meeting was then sent by mail to the Social Insurance Office. The group at the Employment Office also dealt with referrals from other organisations, for ex-

ample primary health care centres, and it was "the eye of a needle" to be accepted by that group, as one interviewee from the Social Insurance Office expressed it. All interviewees were of the opinion that they did not want to return to such an unwieldy system.

Besides the paper-based referral system, the personal contacts between the practitioners were an important part of the working routines. They built their own networks with other colleagues, both within and between the organisations. The quality of the case management varied depending on skill and personal chemistry.

*"From the same commission, it's the same in our organisation, from the same legislation and possibilities, you make different judgements, depending on how experienced you are, and what you personally think, and what relationships you have."*[Repr3, interview]

One interviewee at the Social Services described the work situation as a question of finding the right people and persuading them to take up the client, "for your own survival". This networking also resulted in a great variety of small, inter-organisational teams, sometimes working without being commissioned by the management, and unaware of each other's aims and existence. The clients were passed around, and the work was often duplicated. The personal contacts between the practitioners were time consuming, since most of them were made by telephone.

The problems in the case management process led to the start of the Rehab Team as a project in the middle of the 90s. The aim was to deal with the clients that, for some reason, ended up in no-man's-land, and to make them the focus of the collaboration. The team was composed of three organisations, the Employment Office, the Social Insurance Office, and the Social Services. The group was supposed to work with the clients who were aiming to enter or re-enter the labour market, and therefore, health care organisations were not included in the collaboration.

The initiative came from the practitioners, who began by producing some information and finding a physical location for the group. The location should be neutral, without any association to public authorities, and the flat that still was used at the time of the interviews, was chosen. The project was led by a steering committee, consisting of management representatives from the three organisations. Later, the Rehab Team became permanent, and the steering committee was dissolved. Originally, the team only worked with a selection of the target group, but when this proved to be an efficient way of working together, the number of clients handled by the team was increased.

At the beginning, representatives from all three organisations participated in the meetings with the clients, even if they were not involved in the case at the time. As the number of clients increased, this way of working had to be changed, and who should participate was pre-decided.

The organisations had different views on the use of computers, and as a result, the Social Insurance Office and the Social Services set up workplaces with computers in the flat, while the Employment Office chose to bring a portable computer to the meetings.

*"You can prioritise through money, make sure that you have appropriate means. I think that the priorities are different at the Social Services and the Social Insurance Office. We haven't put any stuff there [in the flat] to work with."* [Repr7, interview]

The Youth-Rehab Team started in a way that was similar to the Rehab Team. It was initiated by the practitioners, who saw the advantages of having personal meetings between the practitioners and between the practitioners and the clients. They reserved time in their agendas for the meetings, and obtained the clients' permissions to share information. At the time of the interviews, merging the two inter-organisational teams had been proposed.

### **5.1.2 The subjects in the Rehab Team**

The interviewees had been working within the organisation for between five to twenty-seven years. They had learned their work through experience, on-the-job training, courses at the university and from colleagues. The interviewees from the Social Services also had university degrees in behavioural science.

Two of the interviewees had recently moved on from working as case managers to leading positions in their organisations. Repr7 had been accepted on a course in leadership, and had a trainee position at the Employment Office in another municipality. Repr1 had received a managerial position within the Social Insurance Office, and was, at the time of the interview, a member of the steering committee at the local office.

## **5.2 The Rehab Team at work**

In this section, the observations of the five meetings held by the Rehab Team are presented. The presentation starts with the "startup meeting", where the Rehab Team met for a full day with the aim of deciding their working practice. The majority of the participants at the meeting were already working

in the team and the startup meeting constituted an opportunity to discuss issues they did not have time to deal with at the weekly meetings.

The subsequent four observations of the Rehab Team's weekly meetings took place during a time period of within five to eleven months after the startup meeting. The presentation will focus on how the team worked in practice compared to what was decided at the startup meeting.

### 5.2.1 Deciding on work practices

The startup meeting took place in a conference room at the Employment Office with an agenda previously decided by some of the practitioners. The items on the agenda were: Background, Objective, the Commission, Organisation, Informed Consent, Specialists, Documentation, Statistics and Joint Action Plans. Below, the outcome of each item on the agenda will be commented on, based on the transcript in Appendix C. The representatives from the Employment Office, the Social Insurance Office, and the Social Services are abbreviated to EO, SO and SS respectively in the quotations.

#### Background

The practitioner from the Social Services was the only one who had participated in the Rehab Team from the beginning, and gave a short description of the background.

The Rehab Team had existed for some time before it was formally initiated, although no one seemed to remember the exact lifetime of the team. The initiation was a reaction to the attention another municipality received for a similar project. The manager at the Social Insurance Office was not positive at first, since he had previously been working in the other municipality, and thought that the initiation of the Rehab Team was some kind of criticism of the other project. However, he later changed his mind and gave his support to the team.

Moreover, the Rehab Team also discussed whether they had a steering committee or not. When the Rehab Team started, it was organised as a project, with a steering committee, but later, it had become a permanent group. The practitioners were not sure if the committee still existed, and the discussion was brought to a close with the statement:

*"Let's say there is no committee, it does no longer have any purpose."*[SS, startup meeting]

## Objective

The item on the agenda concerning the team's objective resulted in a discussion about issues other than those planned, and one of the representatives from the Employment Office made two efforts to bring attention back to the topic, through interrupting the talk. The discussion did not result in any clear agreement about the team's objective, despite some statements like:

*"Objective. Co-ordinate the resources around the individual customer."*[EO, startup meeting]

However, they did not seem to reach any consensus of opinion on the topic. They also established that the three organisations did not have the same commission, and:

*"That's what mess things up. And a whole lot, too."*[SO, startup meeting]

## The commission

The representatives presented and compared their organisations' commissions. The presentations led to discussions about the interface between the organisations. The Social Insurance Office was declared to have the commission to "decrease the incapacity rate", meaning in practice that the number of individuals receiving a benefit from the social insurance system should decrease through transferring them to the labour market. This was interpreted by the representatives from the Employment Office as a transfer from the Social Insurance Office to them, since the Social Insurance Office did not have the commission of finding jobs for their clients. Another problem was that the physicians put unemployed people on the sick-list when they thought that they would not be able to find a job.

The enterprise objectives were decided on a national level and communicated in a manner that was illustrated at the meeting:

*"[...] the percentages are distributed, "now women between this and that [age] should be decreased by four percent."*[SO, startup meeting]

The communication of the objectives was perceived as an indication that the Social Insurance Office had a strong centralised management, and, furthermore, the objectives seemed to change each year. The practitioners also commented on their supervisor wanting them to sign a contract about the enterprise objectives. The annual plan should be included in a contract which

the handling officers were expected to sign. However, no one knew what would happen if they refused to sign this. The objectives in the contract were formulated as "to decrease the incapacity rate".

The commissions at the Employment Office concerned their two groups of customers, the unemployed, and the employers. The unemployed should be prepared through job finding activities, education and so on. Regarding the other customers, the employers, the commission was "fill the positions", meaning that when a job opening arose, they should find a person to fit the job. The enterprise objectives were communicated by percentages, set by the Regional Employment Board. The practitioners had been given the opportunity to express their opinions about the objectives, but they did not feel that their point of view was considered:

*"We had the opportunity to say "we would like to have it this way", but it will not be like that anyway. You get it from the Regional Employment Board."*[EO, startup meeting]

Furthermore, the representatives from the Employment Office and the Social Insurance Office also commented on the fact that the objectives were not realistic. They felt that they could not take the objectives seriously, when they seemed to be unreachable:

*"[...] When they define the objectives, there's no reasonable chance to reach them in reality. Therefore, you have the objectives, but you push them aside. There's no reasonableness in them, and you don't take them seriously."*[SO, startup meeting]

The representative from the Social Services did not think that their commission was as delimited as the other two organisations. Their starting point was the law, the Social Services Act, which was interpretable. The internal objective at the Social Services was that none of the clients should be left without anything to do.

## **Organisation**

The participants hesitated about what they had meant by the item "Organisation" on the agenda. A guess was that it concerned who should participate in the Rehab Team, and how and when they should meet. After a short discussion, they decided that the Rehab Team should consist of the people present at the meeting.

The Employment Office's representatives used a system for dividing the cases between the handling officers which was based on the day of the month

the client was born. This system raised some discussion, since there had been problems when a handling officer was not present at the Rehab Team meeting, and the client was born on "his" date. They had had discussions at the Employment Office about changing the system, but:

*"It's hard to make organisational changes just like that [snaps his fingers]."*[EO, startup meeting]

The team met on Thursdays between eight and twelve o'clock, and the first two hours were devoted to joint discussions of cases, and then clients were booked at ten and eleven. One of the representatives from the Social Insurance Office wanted to extend the team time to a full day. This caused irritation in the group, and the representatives from the Employment Office became upset, claiming that they had other clients as well, and could not work a full day with the Rehab Team's clients. The question was finally solved through a decision that, at the beginning of each meeting they should set an agenda for the day, and that they should prepare the cases before bringing them. It was believed that these changes in the work routines would save time, more clients could be discussed at the same meeting, and they would not need to double the meeting time.

### **Informed consent**

The informed consent form was an important document in the group. Before a case could be discussed, the client was supposed to sign a form stating that the authorities had permission to exchange information about his case. The representative from the Social Services did not agree with the others from the Government organisations as to whether questions about the clients who had not given their consent, could be discussed. This was due to the fact that people receiving benefits from the Social Services had already consented to the practitioners being allowed to put questions to other authorities when needed. The representative thought that it was a matter of trusting the other team members and that they had received a formal right to discuss the case:

*"We have to trust each other in this group, that the one who asks, also has received informed consent."*[SS, startup meeting]

However, the Government organisations claimed that the client must sign the informed consent form before the case could be considered by the team.

The filing of the informed consent form was another subject for discussion. One of the representatives from the Social Insurance Office claimed that they needed to have the original form in their files, while the others wanted the

form to follow the client between the authorities. After some discussion, the representative from the Social Insurance Office denied she had said that they needed the original, and it was decided that the form should follow the client.

## Specialists

The item "Specialists" concerned how and when the handling officers in the Rehab Team should consult specialists within their own organisation. At the Employment Office, a social welfare counsellor and a psychologist made investigations about a client when the handling officer felt it was necessary. The representative from the Social Services claimed that this need might already have been fulfilled by the specialists at the local authorities, and that the purpose of the team was to avoid all clients with a psychiatric diagnosis being investigated as a matter of routine at the Employment Office.

The Social Insurance Office consulted a couple of insurance physicians as specialists. They were physicians specialised for example in psychiatry or orthopaedics. The insurance physicians were commissioned to judge the medical assessments at certain intervals during a person's period of illness. In the discussion, a conflict between the practices of people falling between the two Government organisations could be observed. The conflict concerned a person that did not have the right to receive a sickness benefit according to the insurance physician, motivated by the judgement that the person could take an ordinary job on the labour market. The person would then be transferred to the Employment Office. The representatives from the Employment Office were upset about this:

*"But if we consider it from the labour market's point of view, we're the ones who are supposed to be the experts on the labour market. That's why you consult us. But if we say that, then it's no good either. In principle, you could say that if you should find an ordinary job, then we're the ones who will have to deal with it. Then there's no point in having the Rehab Team."*[EO, startup meeting]

The responsibility for the "healthy" client seemed to be a matter of negotiation, and one of the representatives from the Social Insurance Office motivated it with a law from 1998, stating that the hinders for not being able to work should be regarded in the light of the whole labour market, and not only within the sector that the client had been working in before falling ill. Despite the law, some cases were still solved in a "convenient way".

However, the situation was believed by the Social Insurance Office's representative to work in reverse as well:

*"[...] The labour market is getting better, and your [the Employment Office] rates are decreasing while our benefits are increasing, people get more and more ill. [...] And then you go to the media, telling them that the unemployment rates are decreasing, people are working and so on, when it might be that we have taken over the cases. And then you say that the Social Insurance Office cannot fulfil their duties."*[SO, startup meeting]

After the discussions about the problems with the social insurance system and the labour market, the representative from the Social Services summarised the discussion. In all, it was decided that specialists could be consulted, but the question should be discussed in the team before an inquiry was initiated. The other participants did not oppose this.

### **Documentation and statistics**

The cases discussed in the Rehab Team were documented in the organisations' own systems. There was not any joint documentation of the outcome of the team's activities, and consequently, statistics could not be produced. At the meeting, the representatives discussed whether they should have a joint system for documenting cases. The practitioners at the Employment Office opposed the suggestion, since they could get statistics from their own computer systems, through marking the clients that had been dealt with by the Rehab Team. At the Social Services, they were also able to do that, while the Social Insurance Office could not mark clients in their system.

The members of the Rehab Team agreed that a tool for producing statistics was essential, but talked about it as being something for the future. They agreed that they should have an agenda which would work as a means of documenting the work in the team, and also that they should continue to document the cases in their own systems.

The representative from the Social Services described how they had previously made an attempt to document and file the cases in the Rehab Team electronically:

*"[...] And, suddenly, I got an impulse, and sat for days, writing on a floppy disk about the cases I've been involved in. Then I printed it. The same thing happened. For example, the case was transferred to the Employment Office, and the paper was transferred too. But things happen all the time in a case, and then the file was on my floppy disk. Besides, there were other cases on the disk as well, and I kept the disk locked up. The woman from*

*the Employment Office solved it through writing by hand on the paper, and then she also documented it in your [the Employment Office] system. Then we ended up with double work. This isn't easy."*[SS, startup meeting]

### **Joint action plans and computers**

The final item on the agenda concerned how the decisions that were made by the team should be documented. The organisations used a computerised or a paper-based action plan to document activities in which the client should participate. Each organisation had its own set of rules for how the documentation should be performed, and the discussion concerned whether the Rehab Team also should have an action plan, a joint action plan. The point in writing a joint action plan was that it constituted a proof that all parties had agreed on the planning, and then could not withdraw from the agreement. At the meeting, the members of the Rehab Team did not reach any agreement about how the joint action plan should look, or be used. A final statement by the representative from the Social Services might indicate some kind of decision:

*"In fact, when you write, you write it when the client is there. Either by hand or if we have a computer there. Since we're anyway obliged to write in our own systems, then this is something we do for the client. And you don't do it in all cases, but maybe when you see that it's important to the individual, that he's manic about his planning."*[SS, startup meeting]

The discussion about joint action plans also moved on to the question about having computers in the flat where the team met once a week. The aim of installing computers in the flat was to provide a possibility for the handling officers to document the cases after the meeting and also for them to have access to the files in the organisations' databases. The representatives from the Social Insurance Office and the Social Services had already decided that they should install computers and work in the flat when needed on Thursdays. The representatives from the Employment Office hesitated, wanting first to find out whether it was "efficient enough to become profitable".

### **Summary**

The meeting was intended as a restart of the Rehab Team, where new and old team members should agree on work practices. According to the analysis, they reached agreements on the following items:

- The steering committee no longer existed.
- The Rehab Team should consist of the people present at the meeting.
- Each meeting should start with the setting of an agenda.
- The practitioners should prepare cases before discussing them in the team.
- The informed consent form should follow the clients between the authorities.
- The practitioners could consult specialists within their own organisation, but the question should be discussed in the team before an inquiry was initiated.
- There should be no joint documentation of the clients, but the cases should be documented in the agencies' own systems, as before.
- If a client wished to have a joint action plan, they should write one, otherwise, they should use the agencies' own routines for writing action plans.

### **5.2.2 Observations of the teamwork**

The four ordinary Rehab Team meetings that were observed in this study were supposed to start at 8.15, but this time could differ by thirty minutes. The meetings lasted for at least three to four hours, except once, when the representatives from the Employment Office and the Social Insurance Office had another meeting, and they had to finish by ten o'clock. In the afternoons, meetings with clients took place. Compared to what was discussed at the startup meeting, the meeting time allowed for the Rehab Team had increased.

The atmosphere at the meetings was open and positive, the practitioners seemed to know each other well, and they also joked and laughed a lot. The dialogue was straightforward, when an indignant discussion about a client was finished, the meeting moved on with, at least seemingly, no hard feelings. To the outside observer, the meetings appeared to be unstructured, and in the beginning, it was hard to follow and understand what was going on.

The meetings did not start with the setting of an agenda and cases were brought up by the person who first introduced them. Often, two or three people would actively discuss a case, while the others would sit and wait. Some of the cases discussed ended with the handling officers reserving a time in their diaries when they could meet the client or a specialist, e.g. a

physician, in order to further discuss the case. Other cases were only raised as follow-ups and did not result in any actions. During the meeting in June, some cases were postponed until August or September, due to the summer holidays.

The cases did not seem to have been well prepared before the meeting. Often, the handling officer responsible talked for a while, giving background, medical history and so on, before the important issue at hand was raised. During this time, the others, especially those not involved, sat and waited or did something else.

The forms for obtaining informed consent that, in accordance with the decision taken at the startup meeting, should follow the clients when the cases were transferred between the organisations, were not dealt with at all during the four meetings observed. Moreover, some clients were brought up for discussion without having given their informed consent.

In short, to an outside observer, the meetings in the Rehab Team, appeared unstructured. However, many cases were discussed in a comparatively short time, approximately forty to fifty at each meeting. The main purposes of the joint case management seemed to be:

- inform oneself or the others about the current status of the case,
- follow up a decision, and discuss what should happen next, or
- reserve a meeting time with a client or a physician.

## **5.3 Self-descriptions of the teamwork**

In the study, the practitioners were asked, during design meetings as well as interviews, to describe their work. The findings include the practitioners' perceptions of the organisations' area of operations, descriptions of the work in the Rehab Team, a scenario-based discussion of the case management process and finally, positive and negative experiences of the teamwork.

### **5.3.1 Area of operations**

The participants were asked to describe their work tasks at the first design meeting, and also something that had worked well, and something that had not worked well recently. They kept their descriptions on a general level, and took up enterprise objectives and problems on a regional and national level. This was perhaps due to the fact that it was the first time we had met the majority of the participants. The descriptions from this first design meeting are summarised in this section.

## **The Employment Office**

The Employment Office was responsible for finding jobs for the clients, and providing vocational education or other kinds of preparatory education. The practical work included writing action plans together with the clients, for example. The Swedish National Labour Market Board decided on objectives and regulations, according to instructions given by the Government and the Riksdag. Their current commission was to increase the employment rates, and the practitioners thought that this was often achieved through placing the clients in "programmes". This meant, the unemployed were not visible in the statistics, but on the other hand, they did not have ordinary employment either. The Employment Office had a fairly large number of long-term registered clients. The major part of this group were immigrants and middle-aged women with a short formal schooling and neck and/or shoulder- problems. The practitioners often met clients that were unhappy about their situation, or had started to accept the fact that they were unemployed on a long-term basis.

Every year, the politicians set up new enterprise objectives, and these did not always correspond to those of the previous year. One practitioner commented on the situation:

*"We have to, sort of, adapt [...] when you have the things in order, they disappear."*[Repr6, Design meeting 1]

They were also concerned about the continuously changing enterprise objectives from the clients' perspective:

*"Suddenly, we start ordering them to work, they should not be allowed to be left alone."*[Repr6, Design meeting 1]

An important example of an enterprise objective was that 70% of the registered clients should have a job within 90 days after the termination of a training. This objective was not fulfilled at the time of the design meeting, as only 30% of the clients had a job within 90 days.

## **The Social Insurance Office**

The representatives from the Social Insurance Office were responsible for the co-ordination of resources in the rehabilitation process. Their perspective for the client's reentry on to the labour market should be more general. In order to achieve this, they had to clarify what had to be done to make the client job-ready. In the rehabilitation work involving people who had employment, the

Social Insurance Office was also responsible for ensuring that the employers worked in a preventive way. The responsibility was shared with the Labour Inspectorate, who worked with the rehabilitation routines at the workplaces.

As far as problems in the daily work were concerned, the practitioners reported that they worked in a complex situation. The politicians set unclear and indistinct enterprise objectives, and the practitioners were not certain about how these objectives should be fulfilled. One example that arose during the first design meeting was the Social Insurance Office's commission to take preventive measures as part of the rehabilitation work. The people working there found it hard to navigate between different courses of action, and it was also hard to find time for taking preventive measures. Furthermore, the boundaries between the Social Insurance Office and the Labour Inspectorate were believed to be indistinct.

### **The Social Services**

The representatives from the Social Services were responsible for people who had never been available on the labour market or had been away for a very long time. They were also responsible for individuals who did not have any kind of economic support. Common reasons for such a situation were substance abuse and social problems. The commission was to take the clients as the starting point, and consider their abilities and resources. Important factors for making the clients feel well physically, mentally and socially, were economic support and employment. Inquiries performed by the Social Services should aim at both changing the clients' situation and motivating the clients to deal with it. The problems had to be visible before they could be solved.

Two frequent groups of clients at the Social Services were immigrants and young people, who often were not qualified to receive other kinds of economic support, such as sickness benefit or unemployment benefit. The practitioners thought that it was important to work with the young people, to prevent the problems becoming permanent or leading to other problems, e.g. depression. At the time of the first design meeting, there were about 40-50 young people who were clients of the Social Services, of whom twenty had been registered for more than two years. Still, there were no long-term solution for these clients. The practitioners believed that one reason for this situation was that each organisation took their respective responsibility, but that no one considered the client's total life situation.

The local authorities had taken a clear standpoint that priority should be given to work with the development of rehabilitation efforts aiming at counteracting substance abuse and social assistance dependency.

Regarding the co-operation with employers, the practitioners reported on the advantage of working in a comparatively small municipality. Contacts with the companies were easily established and maintained. The employers also felt a certain amount of solidarity with regard to positions for vocational training.

### 5.3.2 Work structure and process

The Rehab Team consisted of representatives from the Social Insurance Office, the Employment Office and the Social Services. The Youth-Rehab Team did not include anyone from the Social Insurance Office, since most of their clients were not qualified to receive sickness benefit or similar benefits from the Social Insurance Office. Apart from their contacts in the inter-organisational teams, the practitioners working at the Social Services and the Social Insurance Office had established collaboration with the health care sector, mainly the psychiatric units. Case management at the Employment Office also included contacts with employers, potential as well as those already engaged in a client's rehabilitation process. The employers were working within both the public and the private sector, and in nonprofit- and profit-making organisations.

The members of the Rehab Team met once a week and sometimes they needed to contact each other by telephone between the meetings. The meetings took place in a small flat close to the centre of the town and had no physical connection to any of the participating organisations, apart from the fact that the building was owned by the local authorities. Thursdays were reserved for meetings:

*"The Thursdays are holy." [Repr1, interview]*

In the morning, the practitioners talked about clients, new as well as old, and discussed how to proceed in the rehabilitation processes. In the afternoon, individual meetings with clients took place, and the representatives from the organisations that had responsibilities within the rehabilitation process participated in the client meeting. When needed, physicians or other people involved also participated.

In the flat, the Social Services and the Social Insurance Office had installed personal computers connected to their information systems. The computers were used for checking information about clients during the meetings, and after the meetings for documentation. The participants from the Employment Office brought a portable computer which they used during the meetings for retrieval of data from the central database.

The morning meetings started with a run-through of how many client dossiers each team member had brought to the meeting for discussion. Before clients could be discussed by the team, they must sign a paper allowing the organisations to share information related to the rehabilitation process. A case manager who decided to bring up a client in the meeting was also responsible for obtaining the informed consent form. The Thursday morning meetings consisted of discussions regarding the clients on the agenda, and decision-making on the next step to be taken in the case. Often this included a meeting with the client, and during the morning meeting, the members of the Rehab Team decided who should participate in the client meeting, reserved a time for the meeting, and agreed who should call the client to the meeting.

A person could become a matter for the Rehab Team for two different reasons, but the aim of the rehabilitation was always the same - to help the client enter or reenter the labour market. Clients brought to the team from the Social Insurance Office most commonly had a history of a long-term sickness leave from which they had been medically rehabilitated and were ready for studies or a job, either on the regular labour market or through sheltered employment. The clients from the Employment Office were people that registered as unemployed but who had been discovered to have medical problems that disqualified them from the regular labour market. The Social Services' clients were mostly people that had had sheltered employment and were ready to start work on the ordinary labour market.

At the time the interviews were performed, the Employment Office was about to change their representation in the Youth-Rehab Team, and the situation was a bit unstable. The interviewee from the Social Services was worried about what was going to happen when, due to a parental leave, the person from the Employment Office was replaced by a consultant employed by the Employment Office. The previous plan had been to work two afternoons each week, one afternoon with new clients, and one afternoon with clients who had been registered for a long period of time. However, this plan needed to be negotiated with the consultant since he also had other duties at the Employment Office.

In the meetings with the clients, the practitioners wanted to find out what was needed in order help them start studying or working. This process consisted of aid and support, inquiries, trial at a work place, and evaluation, for example. The personal relationships between the practitioners and between the practitioner and the client were regarded as important success factors in the vocational rehabilitation process. It was necessary to have the same view of people and their possibilities in order to make decisions about the next step in the process. The outcome of the process could also vary depending

on the practitioner's skills and experience.

### **5.3.3 The case management process**

During the second design meeting, the representatives were given a fictitious case to stimulate a discussion on case management. The meeting was led by a moderator. The fictitious case was divided into four parts, the first describing the client's current situation, and in the subsequent three parts, the situation changed in various ways. The practitioners were asked to describe how they would act in each of these four situations, and the moderator put follow-up questions to get further illumination of the case management process. Examples of follow-up questions were:

- What could happen to the client now?
- Who would initiate and co-ordinate the resources?
- How would you communicate? Oral or written communication?
- Who would be responsible at the moment?
- How would you document the case?
- How did you act before the Rehab Team was formed?

#### **The starting point**

*The case used as a basis for visualisation of the case management process concerned a man, Kent, 40 years old, living in a detached house on the outskirts of the town. He was an unemployed woodsman, and due to eczema and contact allergy, he received a sickness benefit. He was married, without children, and his wife worked part-time in a grocery store. Their house and car were mortgaged. Kent's father and brother had a history of alcohol abuse, and Kent had been in contact with a psychiatric clinic a couple of times during the 90s.*

The representatives decided that, when the scenario started, Kent was registered at the Social Insurance Office, where they had taken a decision to grant him sickness benefit. Due to the fact that he was unemployed, the Social Insurance Office had to consider the skin problems in relation to what kind of work he could apply for. This was done in co-operation with a physician who was engaged as an expert. The handling officer then mapped out Kent's situation, how long he had been unemployed, what he had been working with before, his educational background and social situation. Having

these basic data, Kent's case was then ready for the Rehab Team, where the case manager responsible presented it.

The Rehab Team was responsible for decision-making regarding the client's further actions and economic support. During the design meeting, the practitioners were not sure who would be responsible if Kent was working at a practical vocational training place. The practitioners from the Employment Office thought that the Social Insurance Office had the responsibility, while the practitioners from the Social Insurance Office claimed that the Employment Office was responsible since Kent had a training place. The economic support was, however, provided by the Social Insurance Office all the time. The practitioners agreed that the Rehab Team had a joint responsibility for formulating an action plan, which included a description of the present situation and future courses of action. The team used the Social Insurance Office's template for rehabilitation plans as their action plan.

Problems that could occur during the rehabilitation process were for example lack of training places, Kent's unwillingness or the public transport between Kent's home and the place of training. Kent's family history of alcohol abuse could also cause problems. The vocational training would have to continue until they found something that suited Kent and his skin problems.

The practitioners also discussed two alternatives regarding Kent's employment conditions. The first alternative concerned the situation if Kent had been unemployed before the skin problems started. He would then have been registered at the Employment Office until they had discovered that he was in a situation of long-term unemployment, and referred him to the vocational rehabilitation unit within their own organisation. There was no special routine for discovering such cases at the Employment Office, and it all depended on the skills and workload of the responsible practitioner. If Kent had not been referred to the vocational rehabilitation unit, he would probably have been referred by the Employment Office to the municipality's Labour Market Unit, where they would try to find him a practical vocational training place. In this process, Kent's skin problems would have been discovered, and he would have been sent back to the Employment Office and the vocational rehabilitation unit.

In the second alternative, Kent was employed when the skin problems started. In this case, the employer would have been responsible for carrying out an inquiry into the rehabilitation and sending a report to the Social Insurance Office. These inquiries often obstructed the process, as a result of the employers neglecting to perform the inquiry, and the Social Insurance Office had to send reminders to the employers. If the inquiry had shown that Kent could not continue his work due to the skin problems, then the Employment Office would have performed an inquiry, commissioned by the

Social Insurance Office. The next step would be for the Social Insurance Office to negotiate with the employer on the sharing of the rehabilitation costs. If Kent had been employed when he fell ill, his employer and the Social Insurance Office would have been responsible, and his case would not have been discussed in the Rehab Team.

Before the Rehab Team was initiated, Kent's case would have been managed through referrals. Each organisation would have performed separate inquiries about his case, and he might have been sent between the organisations for a long time before the true nature of his situation was discovered.

### **Changing conditions I**

*Kent was tired of being at home on a sickness benefit. Until now, his consumption of alcoholic beverages had been moderate, his father's drinking problems constituted a warning lesson. But, gradually, things changed, and finally he went downtown and met the social drops-outs. The local police observed Kent's problem, he got arrested for disorderly conduct, and spent a night in the drunk cell. The Social Services were contacted.*

At this time, Kent would be called to the Social Services in order to get help with the drinking problem. The case might also be discussed in the Rehab Team - on condition that he had signed an agreement - since the alcohol abuse would affect the rehabilitation plans. The Employment Office could not work with a client that was not ready for the labour market, which in this case would mean that Kent should not have been drinking alcohol for the last six months. While trying to solve the drinking problems, he could get a practical vocational training place that the municipality was responsible for. The Social Insurance Office would be informed about the alcohol abuse through the Rehab Team, and question his right to a receive sickness benefit due to skin problems. The sickness benefit might be withdrawn, and since Kent was not available for the labour market he would not get any economic support from the unemployment benefit fund either. Kent would end up in a no-man's-land.

Kent must go to the Social Services to get social allowance, and there they would tell him that he had to be registered at the Employment Office before he could receive any money. At the Employment Office he might then be registered by a handling officer who had no knowledge of the case. There were no restrictions in the computer system, since anyone living in Sweden had the right to register at the Employment Office, and therefore, the practitioner responsible at the Employment Office could not take any action to prevent Kent from registering. However, being registered would not automatically give him the right to demand a course of action.

Even though the drinking problem might have been temporary, the Social Insurance Office would have demanded an investigation. They claimed that it would be no use trying to rehabilitate Kent as long as he was drinking. The Social Insurance Office was not allowed to buy services for treating alcohol abuse, but a physician could refer Kent to a clinic for the treatment of alcoholics. The municipality also had resources for dealing with drinking problems, and the representative from the Social Services could have argued in the Rehab Team that Kent should get a new chance at the vocational training place. If it was believed that Kent would manage this, he would also be entitled to sickness benefit.

## **Changing conditions II**

*Kent's wife had problems at work. The grocery in which she worked, got competition from a newly opened store, and the manager decided to cut the costs by reducing the staff. Kent's wife lost her job, and the family finances became worse than before. The situation was critical, and Kent felt a responsibility to act. He went to the Employment Office and registered himself as unemployed.*

These changes in the conditions had already been discussed in the scenario. The practitioners at the Employment Office would have sent Kent to the vocational rehabilitation unit in their organisation if he wanted to register as unemployed. But, of course, he could always go to the Employment Office just to have a look at the job openings. The participants in the design meeting agreed to assume that Kent was sober, and that the Rehab Team had set up an action plan. Due to his skin problems, Kent could not continue to work as a woodsman and therefore, he needed to receive some kind of training for another trade. A psychologist at the Employment Office would then perform a work-psychological test. The test would then have been documented, and summarised in the computer-based case record by the handling officer responsible. The Rehab Team would be informed about the outcome of the test, and the responsibility would be transferred from the Social Insurance Office to the Employment Office.

At this stage, Kent's case would be regarded as closed, and documented according to the routines within each of the participating organisations. However, Kent's case would not be documented in any special way by the Rehab Team, since they did not have any routines for reporting process outcomes. Consequently, the inadequate follow-up routines resulted in it being impossible for results from the team work to be presented, something the representatives perceived as a shortcoming in the work practices. The closing of Kent's case also resulted in a discussion as to when a client's case should

be closed by the Rehab Team. When the scenario-based design meeting was held, the team had not agreed on how to close a case. A client could move on to activities within one organisation, and then the other organisations would regard the case as closed, even though there was no long-term solution. The participants thought it was interesting and important to discuss this question, especially from a socio-economic perspective.

### **Changing conditions III**

*In the third modification of the case, Kent was a single mother, Kate. The three children had different fathers, one with drinking problems, and he kept harassing the family. As a result of the turbulence at home, the children found it difficult to keep up with their studies. Kate finally realised that she was not able to solve her problems by herself, and she was also bothered by her returning skin problems. She called the primary health care centre and got an appointment with the family doctor.*

Kate's case would probably already be known at the Social Services, and the representative in the Rehab Team would be informed that there was an ongoing investigation at the unit for family care. If this had not been the case, the Social Insurance Office would have contacted the Social Services when they received information about the case. Kate would first and foremost be a case at the Social Services, her skin problems and unemployment could not be dealt with until her family situation had been sorted out. It might also happen that the Social Insurance Office would question her right to receive sickness benefit. The skin problems were perhaps not the main reason for her being sick-listed.

### **Concluding discussion**

After the third and final changes of the case, the participants at the design meeting were asked what could obstruct the rehabilitation process. The critical issues in the discussion were the definition of what it means to be ready for the labour market, and how to motivate the client.

There was often a conflict between the case managers and the physicians as to when a client should be regarded as ready for the labour market from the medical point of view. The physician could argue that a client had the capability of working, while the practitioners at the Employment Office were of a contrary opinion. A job was sometimes regarded as "therapy" by the physicians or by the social workers, believing that supportive supervisors and colleagues would solve problems that no one else had managed to solve. Considering this, it was hard to find work-practice positions where clients

like Kent, with a hidden drinking problem, could fit in.

The practitioners felt that they did not always have the time to deal with the client's motivation to work. If the client could work, but did not want to, they must try and talk about positive and negative consequences of working. The aim was to show what the client would gain if he or she became well, but sometimes, there might be nothing to gain "the point is to be ill", as one practitioner from the Employment Office expressed it. The motivation to work decreased with time, and therefore, it was important to start with the motivational work at an early stage in the rehabilitation process.

### **5.3.4 Positive experiences of the teamwork**

The representatives from the three organisations agreed that one of the strengths in the rehabilitation process was the inter-organisational collaboration. They were dependent upon this collaboration to make the process work. A variety of reasons contributed to the clients' unemployment, and these had to be mapped from different perspectives. Long-term action plans provided a base for coherent occupation and economic support. The connections between the organisations were perceived to having been refined through the inter-organisational collaboration.

Furthermore, in answer to a direct question, the subjects in the interview study also reported on an overall positive attitude towards working with vocational rehabilitation in an inter-organisational team. They thought that the group worked well, and that it was efficient. The inter-organisational team was a way of uniting the resources of the different organisations and of using them more efficiently. The time-consuming procedures of trying to reach each other by telephone, or sending documents by mail, had been reduced, and the decision-making process had been shortened. Communication in the group was straightforward and open, but the meetings could sometimes become rather unstructured. However, the lack of structure could also have a positive effect, as some of the interviewees thought that the group constituted an arena for ventilating problems in the daily work situation, and, from that perspective, they also appreciated an open atmosphere.

The meetings with the clients in the afternoon were also perceived as an efficient way of working, since the practitioners and the clients received the same information at the same time. This reduced both the risk of misunderstandings between the parties involved and the possibility for the clients to manipulate or play off one organisation against another. The interviewees felt a joint responsibility in the rehabilitation process, meaning that they tried to find a solution together, instead of passing the clients on to another organisation. Meeting each other and the clients on a neutral ground was

another positive aspect of the collaboration.

From the clients' point of view, the inter-organisational team had a positive effect on the rehabilitation process. When sitting at the same table, you could fit all the pieces together and get a more true picture of the clients' past, present and future. Then you could agree together upon the next steps in the process, and make sure that everyone involved would play their part as far as was possible. The clients felt more confident with what was going to happen, they got a general view of the situation and knew what the plans were. The phases in the rehabilitation process could be extended in time when the organisations had agreed upon what was going to happen, and the clients felt confident. They knew what would happen next, and that they could take the time needed before moving on to the next, known, step in the process. Furthermore, the clients received similar service when it was the same people who were responsible for managing the vocational rehabilitation.

*"You sit there together and decide how to proceed, or you sit together with the client, all involved have heard the same thing. You do it, right here and now you take the decision. It's good. That's the point. The client also feels that you collaborate for his best."*[Repr7, interview]

### **5.3.5 Negative experiences of the teamwork**

Despite the facts that the inter-organisational team worked well, and that it had positive effects on the clients' rehabilitation processes, the representatives also reported on negative aspects of the collaboration. The dependency between the organisations was perceived as a problem, and in the interviews, two main sources of conflict in the group could be distinguished; resource allocation, and incompatible rules and regulations.

#### **Dependencies**

A negative consequence of the inter-organisational collaboration was reported by the practitioners at the Social Insurance Office, who thought that the inter-organisational collaboration was creating dependencies between the organisations. Others agreed, and communication problems, in their own organisation, and also between the organisations were believed to be the core of the dependency problems. For instance, at the Social Insurance Office, one could try to contact a person for weeks without succeeding. This was found to be very time-consuming and increased the workload in a work situation that already was "madly overloaded".

## Resource allocation

A deficient resource allocation to the inter-organisational team affected both the practitioners' daily work situation, and the clients' rehabilitation processes. The interviewees felt that they did not have enough resources to work in the Rehab Team, there were too many clients to handle, and too little time. They did not have the time to discuss all the clients they would like to, and for each meeting they must consider which clients were the most urgent. As a consequence, it might take a long time before a client was discussed. The work in the group was focused on the clients, and there was no time for general discussions on issues such as attitudes or working routines.

The three organisations participated in the Rehab Team under, in some ways, different conditions. During the interviews, the practitioners at the Employment Office talked about working with groups of people that were not visible in the organisation's statistics. The long-term sick clients were not listed at the Employment Office, and therefore, the representatives' efforts in the Rehab Team could not be measured. The practitioners at the Social Insurance Office regarded the Rehab Team as "the only way out" with regard for the long-term sick, unemployed clients:

*"I can imagine that this is the Social Insurance Office's only way, their way of testing people. It is a huge part of their total time. For me, as a case manager at the Employment Office, it is a small part, I think they devote more time to this than we do." [Repr7, interview]*

However, in one way or another, the long-term sick clients were transferred to the Employment Office during the rehabilitation process, unless they were found to be unable to work, and therefore should receive a pension instead. The transfer increased the workload at the Employment Office, and according to one interviewee at the Social Insurance Office, participants from the Employment Office sometimes tried to limit the flow of clients by arguing that "I shouldn't be dealing with this". This could happen for example when the practitioners from the Employment Office were of the opinion that the client was not job-ready, and therefore, they should not be dealing with the case. The objection from the practitioners at the Social Insurance Office was then that the Employment Office's representatives knew the labour market and were the only ones who could assess which clients were ready to start working.

According to one interviewee at the Social Insurance Office, was another way of handling the increased workload at the Employment Office a wish from the practitioners to either reduce the Employment Office's participation in

the Rehab Team or to reduce the number of clients brought to the team by the Social Insurance Office.

The lack of resources caused stress among the practitioners in the Rehab Team. For example, when the interviews were performed, the Social Insurance Office had been one full-time employee short, half of the organisation's representation in the Rehab Team, for five months. The other employee from the Social Insurance Office, who had to handle a workload meant for two full-time employees, was working under a lot of pressure. The other participants in the Rehab Team were concerned about the situation and critical of how the manager at the Social Insurance Office was dealing with it.

In addition to the problems of the increasing workload and staffing in the Rehab Team, the interviewees also talked about the lack of resources for possible courses of action in the rehabilitation process. These were a recurrent subject of negotiations in the team, which sometimes had taken place during a meeting with the client. The interviewees found such a situation uncomfortable, and thought that it had to be humiliating for the client to have to listen to negotiations between the organisations' representatives.

One interviewee was concerned about the negotiations leading to decisions which were contrary to the law:

*"It's perhaps not correct, according to the regulations, and then it's we who...if there would be an audit, then we are the ones who get nailed for it. Not our bosses. We are responsible for having made an erroneous decision."*[Repr8, interview]

### **Incompatible rules and regulations**

The problem with incompatible rules and regulations was a recurrent subject during the interviews. Each organisation had its own set of rules and regulations setting what they could, and could not do. These rules were written for each organisation independently, and did not work when the organisations were supposed to collaborate. The incompatibility was most manifest between the Government authorities, that is, the Social Insurance Office and the Employment Office. The interviewees talked about the fact that changes on a national level would be necessary to enable inter-organisational collaboration.

*"But sometimes you think that the Social Insurance Office's regulations are strict and inflexible. It feels like the one who is most flexible in most respects is the Social Services and their rehabilitation activities. Then we [the Employment Office] are reason-*

*ably flexible, while the Social Insurance Office is very conventional.*"[Repr7, interview]

Within the organisations, the rules and regulations continuously changed, and the interviewees felt insecure about their working situation from that aspect, as one expressed it:

*"You can never be certain about doing the right thing."*[Repr5, interview]

Moreover, tendencies towards resignation could be noted with regard to this incompatibility, one interviewee thought that the Rehab Team focused too much on the rules and regulations, and therefore, they could just as well return to the routines they had had before the team was formed.

Despite the criticism of lack of resources and incompatible rules and regulations, the interviewees from the Social Insurance Office and the Social Services were positive to the inter-organisational collaboration. The interviewees from the Employment Office expressed a more negative attitude, and for example questioned the efficiency of the group when you had to sit and listen to discussions about clients that you were not responsible for. Moreover, one interviewee did not like having to bring the portable computer to the meetings, it was bothersome, and only one person at a time could work with the computer. Working in the Rehab Team-flat, physically separated from the other colleagues at the Employment Office, was another negative aspect.

### **The colleagues' attitudes**

The interviewees also talked about problems with colleagues who were not working in the Rehab Team. Interviewees from two of the three organisations were troubled by colleagues who did not send clients through the inter-organisational team, but instead tried using other ways in the case management process. This was interpreted as a shortcoming in the internal routines, or as a way of making things happen at times when the Rehab Team was overloaded.

At the Social Insurance Office, the colleagues were envious of the representatives in the Rehab Team, as they thought that those who worked with vocational rehabilitation were getting more possibilities for training, and their work was more geared towards the outside than the regular working routines at the Social Insurance Office. For example, they often went to meetings outside the office, and the colleagues used to comment on this with expressions like "running away" and "having fun".

One interviewee from the Social Services had a similar example of how organisational culture could limit the development of inter-organisational collaboration:

*"There is a culture, maybe not only here in Sweden, that if you work as a social welfare officer, then you should...then all must work in exactly the same manner. Everybody must sit and do the payments, and sigh and be locked up in the office, instead of saying 'but are there any people who do not want to have contacts with the clients and are satisfied with making payments [...]', while there are others who like to be in the field, and collaborate, and meet the clients we have. Within the group you must allow that. It's easy to say, but very hard to implement, because you must have support...some only get to do the fun parts of the work."*[Repr3, interview]

### **"No one wants The Old Maid"**

Finally, another interesting observation in this category is an expression that was used by two of the interviewees, from different organisations. When talking about the client being sent between the organisations, they said "No one wants The Old Maid"<sup>1</sup>, meaning that the client was passed around like the card no one wants to end up with and lose the game.

## **5.4 Perceptions of team management**

The practitioners had different points of view concerning how the management supported the inter-organisational collaboration. These variations in perception were most visible between the organisations, but differing, individual views within the same organisation could also be observed. The variations concerned freedom in decision-making in the daily work situation, support from one's immediate superior, resources, support from the controlling authorities, and rules and regulations.

### **5.4.1 Freedom in daily decision-making**

The practitioners at the Social Services and the Employment Office felt that they had fairly free scope to decide what to do during a workday, and whom to collaborate with in order to proceed in the rehabilitation process, although,

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<sup>1</sup>In Swedish: "Svarte Petter", which is a card game with rules similar to the Old Maid's.

it was sometimes necessary to have their superiors' approval before inter-organisational collaboration could be established. The practitioners at the Social Insurance Office did not talk about freedom of action in the work situation during the interviews. However, the interviewees from the other organisations were of the opinion that the employees from the Social Insurance Office were more regulated than they themselves.

#### 5.4.2 Support from the middle management

On the question of support from the middle management, the interviewees had different ideas about the meaning of support. The practitioners at the Social Services were satisfied with knowing that the superior was interested in and supported what they were working with. They did not feel a need for a superior to turn to for day-to-day problems, as these were often solved together with other colleagues, either within their own organisation or in another organisation. However, the interviewees from the Social Services would like their managers to create possibilities for expanding the collaboration, that is, to engage more employees in the collaboration with other organisations. As the situation was at the time of the interviews, they had to compromise and take the clients that were most urgent. One interviewee commented on the situation:

*"There is no objection to collaboration, but on the contrary, there is no one who paves the way for it either."*[Repr3, interview]

The situation was somehow different in the two other organisations. The interviewees felt that they had their superiors' support, but, unlike the practitioners at the Social Services, they lacked daily support. The superiors supported the collaboration on a general level, but the practitioners did not feel that they got enough support in every-day problems. Their superiors did not show any interest in the inter-organisational collaboration, and did not ask how the team was getting on. However, some also blamed themselves for not keeping the manager informed about what was going on:

*"What I would want from the superior [short pause], of course, it's up to us as well, we cannot just claim that the boss should ask us. The responsibility to ask the boss is just as much mine. Of course. But that will hardly be the case when you are working under great pressure, and the boss is not always present. And if you then perhaps meet indifference, right or wrong, then it dies in some way. It's unfortunate."*[Repr2, interview]

*"If I only have the ability to convey what the work is like, the shape of it, and what problems I have, then I also have the support for solving them. That's what I think, and the response can be both 'yes' and 'no', but that's something you have to accept."*[Repr5, interview]

Another topic was the follow-up of the Rehab Team during the first six months that had still not been performed. It was decided that it should have been carried out in January, but at the time of the interviews in the autumn the same year, they had still not heard anything.

To the question of how they would like their immediate superior to act regarding the inter-organisational collaboration, the answers were about the allocation of resources, the superiors showing more interest and their attitudes towards inter-organisational collaboration.

*"I would want a boss to be interested, and at least ask how the work is going, if there is something that needs to be brought up."*[Repr2, interview]

The allocation of resources was a recurrent subject in the interviews. The superiors said that the practitioners should collaborate, but they did not devote time for the employees to participate in the inter-organisational collaboration. One interviewee at the Employment Office commented on the situation:

*"If you have too much to do and tell the boss, then you are pig-headed."*[Repr7, interview]

The interviewees from the Employment Office especially were critical of the lack of support regarding how different work tasks should be given priority, in terms of time and money. They felt that everything was given priority, and when you asked the superiors they only enumerated all work tasks as having priority.

*"In the end, all is prioritised when everything should be given priority."*[Repr5, interview]

The practitioners handled the situation by trying to selecting cases and give priority to the most urgent clients. The problems at the Employment Office were confirmed by the other interviewees, who also talked about how the participation in the Rehab Team not was given priority by the superiors at the Employment Office.

*"I have the possibility and the benefit to focus on the task [the Rehab Team], but the guys from the Employment Office don't have the same possibility. They do the same things, but they also have other constellations at the workplace that call for their attention. They are torn between different tasks, which, I think, leads to them not having the same positive feeling for participating in the Rehab Team-meetings when the pressure is so hard on them."*[Repr4, interview]

Interviewees from both the Social Services and the Employment Office were critical of the allocation of resources at the Social Insurance Office. Although they had the greatest demand for the Rehab Team, they had decreased their participation to a half. During the same time period, the Social Services had increased the commitment in the team. One interviewee from the Social Services commented:

*"The boss [at the Social Insurance Office] says that he knows about the situation, but that answer is not interesting, it's all about how he handles it in practice. It shows contempt towards the client, the empty phrases about collaboration, they are not worth anything in practice. Furthermore, it's also a slap in the face for the poor thing who has to sit and work with it. It doesn't matter what big words you say, it's all about how you are backed up in reality."*[Repr4, interview]

### **5.4.3 Support from the top-level management**

The views on the support from the controlling authorities differed between the organisations. The Social Services were closer to the decision-makers, the local government politicians, than the other two organisations, where the decision-making was centralised and often regulated by political decisions taken by the Government or the Riksdag. Being close to the decision-makers was perceived to affect the local variations between the municipalities in Sweden:

*"Because the municipalities are not controlled by the Government, they develop in different ways. It depends on what the officials are interested in, and what questions they pursue, and what the politicians in the local government are like, what questions they jump at. You have an interplay between politicians and officials in a completely different way than is the case at the Employment*

*Office and the Social Insurance Office, because the politicians are not present there in the same way.”[Repr4, interview]*

The support for collaboration was expressed in documents, but not always in reality, i.e. in the resources allocated for collaboration. One example was the Social Insurance Office which, according to a Government decision, was the responsible for co-ordinating vocational rehabilitation, but had decreased its resources in the Rehab Team. In addition, the controlling authorities had not given any recommendations as to how the inter-organisational collaboration should be carried out in practice.

One of the interviewees from the Employment Office thought that the Rehab Team had not changed the case management of the clients in need of vocational rehabilitation. Despite the fact that they had been given permission to meet once a week, a place to meet and a portable computer, they still worked in the same way. The reason for this, according to the interviewee’s interpretation, was that they did not have access to what was considered most important - the money. The interviewee wanted to have a budget for the Rehab Team, within the limits of which they could make decisions, instead of having to negotiate in each case:

*”It’s all about the money.”[Repr8, interview]*

This opinion was also supported by another interviewee from the Employment Office, who said that the controlling authorities did not allocate enough resources for financing benefits that should be paid during a client’s rehabilitation process. Without enough resources, the practitioners could not make decisions about certain activities in the rehabilitation process. The rules and regulations often changed, and one interviewee said that they did not have time to read about them until they had already been changed again. This created a feeling of uncertainty in the decision-making process at the operational level. The interviewees from the Employment Office also talked about not feeling any support from the regional managerial levels of their organisation.

#### **5.4.4 Policies and regulations**

The interviewees talked about incompatible bodies of regulations that caused problems or obstructed the handling of cases in the Rehab Team. The Social Insurance Office’s regulations were perceived to be more rigid than those of the Employment Office, and they were not always compatible. Interviewees from all three organisations talked about the incompatibility, and

wished the controlling authorities could reach agreements on issues in the inter-organisational case management of vocational rehabilitation. Rules and regulations could not be changed on a local level, but instead changes on a national level were needed. One interviewee from the Social Insurance Office was critical of how their superiors handled the problems with the legislation:

*"I would want the superiors to work with the legislation that causes problems for us. What you can see is that the Social Insurance Office is responsible for co-ordinating..., we shall co-ordinate the societal resources. But when it comes to the unemployed, there are limitations that might obstruct the collaboration, and you cannot only say that all parties must take their responsibility. But, anyway, when you collaborate, you have to face the problems, and raise the question. If you raise a question, you expect an answer, feedback. We have raised many questions, but we don't get any answers, any feedback. They are not any easy questions, I understand that as well, but the superiors are the ones who can work towards a solution."*[Repr2, interview]

At the Employment Office, information about new policies, rules and regulations was distributed on the Intranet. The rules and regulations changed fast, and one interviewee talked about the lack of long-term planning in the decision-making at the organisational level:

*"There is no long-term planning regarding the decision-making, and I think that's what makes people feel more worn out than they ought to be. We have employees who are on sickness leave, on a long-term basis, here at the Employment Office."*[Repr5, interview]

## **5.5 Organisational changes and design requirements**

In the final section of this chapter, findings concerning organisational changes and design requirements are presented. These results include the subjects' point of view on the MTO-project, suggestions for operational, organisational and political changes of the collaboration, and the requirements regarding the design of the information technology.

### 5.5.1 Expectations of the MTO-project

The interview subjects found the MTO-project to constitute an arena for talking about work practices in a way they neither had the time nor the opportunity to do in the every-day work. One of the interviewees thought it was positive to break down working routines into smaller parts and then analyse them. Another interviewee found it difficult to only talk about how the information system should work, and wanted to work practically with the system during the design phase:

*"It's very hard when you just sit like that and talk about it, you must work with it, and with the clients, to be able to see how it works, and if there is something that needs to be changed. It's difficult to sit there with the papers and try to see how it is supposed to work."*[Repr2, interview]

Changing participants in the design group was seen as having both positive and negative effects on the work. A new participant could add a new perspective on the design work, but changing people in the group could also result in slowing things down. One interviewee was concerned about having the superiors' support, it was essential that they found the project worth investing time and money in. The time aspect was also touched upon by another interviewee, who thought that, although the project was interesting, it had taken a long time. One of the interviewees from the Social Services talked about the initial phase of the project and had been worried about whether there was ever going to be a project when the process of applying for financing the research became drawn-out.

#### Expected effects on the work in the Rehab Team

The MTO-project was perceived by the interviewees as a way of supporting the current work practices in the Rehab Team. They thought of the project in terms of developing information technology to facilitate their teamwork and strengthen the current organisational structure. The latter would make the team less dependent on the people working in it, and replacing participants would go more smoothly.

The inter-organisational teamwork was believed to be supported by information technology through simplified communication and documentation. A communication aid could be used for example to set up an agenda for the next meeting. The interviewees also wished to have the possibility of common documentation of the clients in the team, and to produce statistics for follow-ups. The documentation of the clients was also seen as a possibility

for performing individual follow-ups, such as analysing a client and finding out what worked and what did not. The documentation should only contain information that was relevant to the client's present situation. An interviewee from the Social Insurance Office was concerned about designing a system that could be used regardless of the different needs of the three organisations.

Some of the interviewees expressed both positive and negative perceptions about information technology overall. One interviewee from the Social Services had changed her view of information technology:

*"I see the technology a little more as a possibility and as a friend, and not just something you must use to be able to do your job. It's not that I have been anti-technical, but I think it's more fun now, I can see the possibilities."*[Repr3, interview]

Another interviewee from the Employment Office brought up the negative effects that formalisation might have on users and clients. A system that is too formalised does not give freedom of action, which is important in many cases, not the least in vocational rehabilitation. The decisions taken in the rehabilitation process are important for the clients, and the authorities have the responsibility for the decisions.

### **Expectations on the researchers**

Generally, the interviewees found it interesting to participate in a research project. One interviewee from the Social Services thought that by being observed, you also became interested in how you work and how the work can be developed. The same interviewee also reflected on the fact that the researchers were a natural part of the every-day work, and that she sometimes did not think about it as a research project.

Diffusion of research results constituted an important part of the project. The results from the project were thought to help the practitioners in their every-day work through an increased interest from the superiors, which in turn would lead to allocation of more resources for collaboration. Other colleagues, both within the same municipality and in other municipalities, were also believed to make use of the experiences of the MTO-project.

### **5.5.2 The inter-organisational team of the future**

The interviewees talked about different ways of improving inter-organisational collaboration. These include changes in work practices, developing their competence, and structural changes on a national level.

## **Manifesting the structure of inter-organisational teamwork**

The interviewees from the Social Insurance Office wanted to increase the time the Rehab Team spent together. In the beginning they only had half a day/week, at the time of the interviews they spent one day/week, but they saw a need for two-three days/week. By increasing this time there would also be opportunities to discuss general issues, such as attitudes or rules and regulations. The practitioners from the other two organisations wanted to improve the preparations before the meetings, and have a more structured meeting. This could be achieved through communication before the meeting, and through setting an agenda. If the other participants knew which clients should be discussed, they could also bring information about the case, and provide a better basis for the decision-making. One interviewee from the Social Services wished to have a common tool for documentation and communication, through which quick questions could be solved thereby relieving the pressure on the Rehab Team's actual, physical meeting.

The interviewees from the Social Services were concerned about the fact that the inter-organisational collaboration was dependent on the individuals in the team. When a person was replaced, the work in the team slowed down. The interviewee from the Youth-Rehab Team saw a need for more rigid organisational structure in the team, and for documenting the work, in order to make replacements easier, and less dependent on the individual.

## **Maintenance and development of competence**

The interviewees at the Social Insurance Office wished to have a supervisor who could attend the team meetings and give suggestions about improvements. One of the interviewees had raised the question in the team, but did not get any response from the other participants. The interviewee thought one reason for this could be that the others thought the team worked well and, therefore, they did not need any supervision:

*"I think, it's like this, that if you have started the Rehab Team, and been there all the way, and think it works well, we have the right to make decisions and everything, then maybe you don't see there might be other needs. I haven't brought up the thing about the supervisor again, but I can still feel, I still wonder if it wouldn't have been a good idea. It doesn't have to be someone who follows us all the time, but just see how we work, what can be changed, is there something we should think about."*[Repr2, interview]

The interviewees from the Social Insurance Office also wanted to have recurrent planning days, and invite the superiors to a meeting for discussions on problems that occur in the inter-organisational collaboration.

### **Structural integration on a national level**

The external conditions for inter-organisational collaboration also needed to be changed, according to the interviewees. These changes concerned resources, especially monetary ones, and rules and regulations. To some extent, these were also related, as the rules limited the decision-making about activities and benefits in a client's rehabilitation process. The rules and regulations needed to be changed on a national level. In addition, the practitioners also wanted to have their authority extended regarding the money in the vocational rehabilitation. Some of the interviewees thought that the money for rehabilitation must be put together in a common budget, or perhaps that the rehabilitation should be a separate organisation in the society:

*"It's a pity you haven't reached that far, this thing about the money is of great importance, and I think that regarding the rehabilitation, maybe you should have the same purse in one way or another."*[Repr1, interview]

### **5.5.3 Design requirements**

The design group identified two main themes for computer-supported vocational rehabilitation, support in the case management process, and support in the work with motivating the client. After having considered the two alternatives, the practitioners decided that they wanted to focus on designing for supporting the case management process. The decision was based on the practitioners' feeling that the work practices in the team were the most urgent to be developed and changed. The computer-supported motivational work was also perceived as hard to grasp.

After having decided on the design theme, the target group was discussed and identified. The representatives agreed that the target group consisted of inter-organisational teams that were working with individual cases, a definition that not only included the work in the Rehab Team, but also other forms of collaboration, such as the Youth-Rehab Team.

The physical, regular meetings were perceived as the essential part of the collaboration, and these should not be replaced by any kind of information technology. The team constituted an arena where questions and clients could be discussed in a less formalised way. However, the meetings were perceived

as time-consuming, and the information technology provided a possibility to support the teamwork. The main design issues were defined and settled by the representatives as communication, sharing of information and documentation.

## **Communication**

The design requirements for communication in the target group could be described on three levels, the client level, the group level, and the organisational level.

The practitioners wanted to communicate on matters regarding the individual cases, for example when changes in benefits or activities were about to take place, or had already taken place. Moreover, the system should alert the user when a change had been entered into it by someone else in the team. The computer-based tool should also contain email and "chat" facilities, where the practitioners could discuss clients in a way that guaranteed the client's confidentiality according to the Official Secrets Act.

On the group level, design aspects that concerned administrative matters in the team were defined, such as setting the agenda for the next meeting through announcing what cases to take up, or deciding on times for client meetings. The "chat" facility should also be available on the group level, where the practitioners could discuss matters that were not connected to a certain case. It was believed that a built-in function for video conferencing would support communication in the team. Moreover, the practitioners wanted the system to be only accessible to members of the team in question, e.g. the Rehab Team.

Finally, on the organisational level, the requirements concerned the contacts with handling officers other than those taking part in the team, e.g. a user should be able to send a request that he or she wished to get in touch with a certain handling officer in another organisation.

## **Sharing of information**

An essential part of the case management process, especially when the organisational boundaries were crossed, was informing others involved about past, present and future events in a case. The need for information sharing on the organisational level was also communicated in the design work.

On the individual level, the system should provide information concerning the client's present situation, including activities, measures and benefits. The client's history and planning for the future should also be accessible. Other important issues were information about who the handling officer responsible

was and which other actors were involved in the case, as well as inquiries that had been made. Furthermore, it was suggested that the client should have the possibility to enter his background himself in the system.

The participants in the design group also wished to have a visual representation of the client's rehabilitation process. A visualisation, e.g. a time axis where different important milestones were illustrated in varying colours, could be used both by the practitioners in order to get an overview of the case and as a pedagogical tool in the meeting with the client. The practitioners had previous, positive experiences from explaining the turns in a case to the client by the use of graphics.

The information sharing on the organisational level was regarded as another important design issue. The practitioners wanted to get information about the other organisations involved in the collaboration, e.g. regarding rules and regulations, courses and vacancies. The information shared had to be of use to the others, and the person forwarding the information to the team should be responsible for assessing the information. On the organisational level, the system should also provide information about other inter-organisational teams, and contact information.

## **Documentation**

The practitioners wanted in some way to document the cases that had been handled by the inter-organisational team. However, the documentation should not be too extensive, since it would probably have consequences for keeping it updated. A suggestion was some kind of journalising facility where written text could be entered in an optional manner.

## **5.6 Summary**

The inter-organisational team worked with a focus on the individual. The staff resources from each participating organisation were allocated and their work was organised around the client, see Figure 5.1.

The clients constituted a heterogeneous group, with a history of unemployment, long-term sickness leave and/or social problems, which could not be handled by the single organisation. The individuals risked being sent between the organisations, or ended up in a no-man's-land, but by working together in a team, the practitioners aimed at preventing the occurrence of such a state.

At the team meetings, individual cases were discussed and decided upon, and the clients were also appointed for separate meetings with the handling

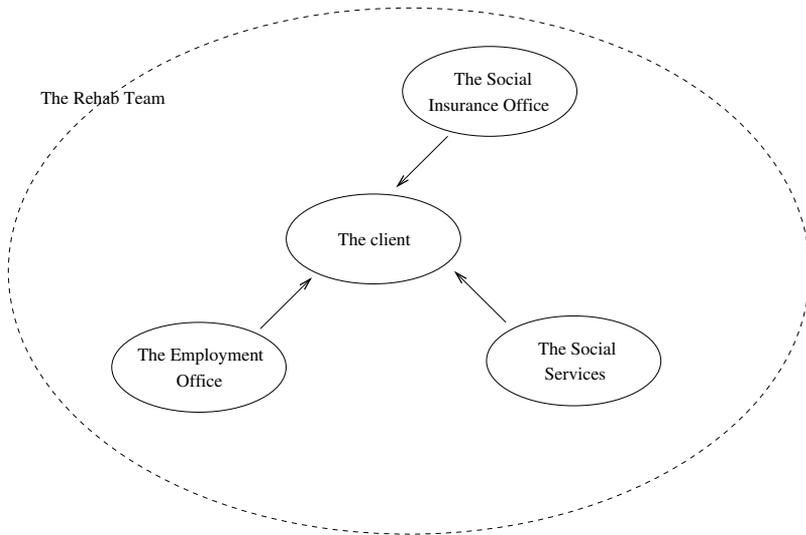


Figure 5.1: Resource allocation with the client in focus.

officers involved in the case. The practitioners perceived the Rehab Team to be an efficient way of working together, and especially the joint client meetings were positive aspects of the team work. The risks for misunderstandings and confusions were reduced when they all, the client and the practitioners sat together at one table.

However, the joint client meetings also had negative sides. The decisions regarding benefits and activities were often a question of negotiation between the authorities, and sometimes, these negotiations took place during a client meeting. The practitioners considered such discussions uncomfortable when the client was present, since they thought it must be humiliating for him or her. Furthermore, due to the lack of resources, the practitioners had to prioritise and take the cases that were most urgent to discuss in the team. Consequently, it could take a long time before a client was brought up and the client's possibilities to return to the labour market were put at a risk.

The scenario-based design meeting illustrates the turns in a case, and how the rehabilitation process might become confusing for the client. In between the turns, there were also obvious risks displayed when the case could become more complicated and confuse the client. The dividing lines between the Rehab Team and other commissions within the authorities were not sharp,

and it might happen that the client initiated another process in parallel to the one in the Rehab Team, without anyone noticing. An example was when the client in the case went to the Employment Office to register as unemployed while at the same time being handled by the practitioners in the Rehab Team, who were trying to find him a vocational training site. Being investigated in two parallel, quite similar, processes might confuse some clients, while others might use the situation and play off one organisation against another.

The practitioners expressed an overall positive attitude towards working in the inter-organisational team. The team was efficient, and the open atmosphere enabled a straightforward communication. However, they also reported on some negative aspects in their work situation, such as stress, feeling of insecurity in the decision-making, communication problems and problems with colleagues. Mainly due to lack of resources, the case managers had too many clients to handle, and they felt that they only had time to deal with the cases that were most urgent. Furthermore, the client work included the uncertainty regarding the rules and regulations, that were continuously changing. The practitioners were worried about making decisions that were contrary to the law, and that mistakes would be noticed in an audit.

The workload was also increased as a result of the communication problems. Most contacts outside the Rehab Team were made by telephone, and it could take a long time before the handling officer managed to get hold of a colleague in another organisation.

Regarding the management of the team, the practitioners perceived themselves as having a fairly free scope in the daily work, but they also reported on a lack of support from the supervisors. The managers expressed a support for the collaboration on a general level, but the practitioners, especially from the Government organisations, felt that they did not get enough daily support. They also wished the managers to show more interest in the inter-organisational teamwork. The lack of resources was another recurrent subject in the study, causing a situation where the clients who were the most urgent, had to be given priority. The rules and regulations, which were perceived to be incompatible in some cases, were reported as another problem in the work situation.

The suggestions for improving the collaboration included operational, organisational and political changes, and design requirements concerning an information system that could support the collaboration. In the study, the subjects expressed needs for better case preparations and more structure at the team meetings. They also mentioned the need for teamwork training and support, e.g. through a supervisor who could attend some meetings and give suggestions about improvements. On the national level, the policies,

rules and regulations within vocational rehabilitation had to be harmonised. Furthermore, the allocation of resources for inter-organisational collaboration needed to be integrated and considered in a perspective crossing the organisational boundaries.

Information technology that should support inter-organisational collaboration was suggested to include functions for communication, information sharing and documentation. The team meetings were perceived to be an important part of the work, and the information system was believed to complement to the physical team meetings and provide for quick and easy access of information the practitioners needed in the rehabilitation process.



# Chapter 6

## Discussion

The research questions in this study were aiming at increasing our knowledge about how an inter-organisational team works, and how this work might be supported by information technology. In this chapter, the findings in the study will be discussed with the starting point in these two questions.

The discussion about the teamwork is structured around a framework, where the interaction processes constitute the core of the theory. These interaction processes will, in the second half of the chapter, be discussed in relation to the design of information technology.

### 6.1 The teamwork

Inter-organisational relationships are usually developed as attempts to solve problems that cannot be dealt with by the single organisation (Van de Ven, 1976; Trist, 1983; Cummings, 1984). In this study, the Rehab Team constituted an example of how the practitioners attempted to solve complex problems through integrating the efforts of the involved organisations.

Before the team was established, the work practices within the case management rested upon a widespread, informal networking between single handling officers. They built their own networks of colleagues, based on skill and personal contacts. As a result, the quality of the case management varied and work was duplicated. Furthermore, there was also a risk that clients took advantage of the confused situation and manipulated or played off one organisation against another.

Cummings (1984) has presented a framework for the development of what he calls "transorganisational systems", and which are defined as follows:

"Transorganisational systems are federative or coalitional structures whose member organisations maintain their separate identi-

ties and disparate goals, yet employ either some formal organisation or informal collaboration for joint decision making.” (Cummings, 1984, p. 368)

In the case of the Rehab Team, the inter-organisational collaboration constituted the transorganisational system. Cummings’s framework was based on an input-process-output model (Figure 6.1) and is focused on the interaction processes that take place in collaboration. In his theory, he claimed that the processes were affected by the input, e.g. the organisations’ motivation to interact based on resources, commitment to problem solving and mandate, and also their assessments of each other. Furthermore, the tasks and problems, i.e. the purpose of the collaboration, had influence on how the interaction processes affected the outcomes. Finally, the stability of and the resource scarcity in the environment were considered as important factors affecting the inputs as well as the actual interaction processes.

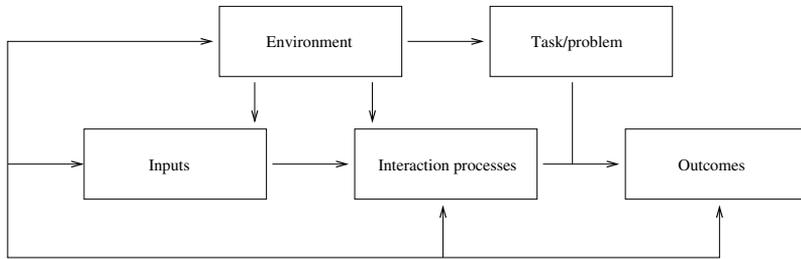


Figure 6.1: A framework for transorganisational functioning, (Cummings, 1984, p. 376).

The framework was used by Cummings (ibid) as the starting point in a model for the development of transorganisational systems, or as in the case of the Rehab Team, inter-organisational collaboration. When developing collaboration, the outcomes must first be decided upon, and also who should be participating. If an important stakeholder is left out, the collaboration might become undermined.

### 6.1.1 Outcomes

The members of the Rehab Team had on an early stage decided that their collaboration should concern people who were believed to manage a job on the regular labour market and therefore, the representatives from the health care

organisations were not included as ordinary members of the team. During the startup meeting, the practitioners tried to agree on an objective for the team, but they did not seem to reach consensus about specific aims, only some vague formulation about that the team should co-ordinate the resources around the individual. Furthermore, the unclear role of the steering committee, which, at the startup meeting, was believed to no longer exist, might also have contributed to the inability of formulating the team's objective.

Beside lacking an explicit objective for the team, the practitioners in the Government organisations perceived their enterprise objectives to be unrealistic and unreachable. The objectives were decided on a national level, and communicated as e.g. "lower the incapacity rate by four percent", an abstract measure when performing the operational, day-to-day work. The difficulties of carrying out such objectives as a practitioner on the operational level were also expressed in the interview study, where the subjects from the Government organisations expressed a wish for getting more support from the manager in the daily work.

### **6.1.2 Inputs**

The inputs in inter-organisational collaboration are affected by the outcomes, but also by the environment. For example, resource scarcity can be expected to influence the organisation's motivation to participate.

In the case of the Rehab Team, the inputs in the process concerned staffing and economic resources, and authority from the managers, factors that had influence on the organisation's motivation to participate in the collaboration. During the studied time period, the allocation of human resources varied, causing concerns as well as conflicts in the team. The lack of economic resources for possible courses of action in the rehabilitation process also caused conflicts between the practitioners and these conflicts had sometimes taken place in the presence of the client.

Both middle management and the management on the national level had expressed their intentions that the organisation should participate and formulated support for the collaboration. However, in practice, the nature of this support was not always tangible. Consequently, the practitioners knew about the importance to collaborate, but reported on being insecure about how the collaboration should be carried out in practice.

### **6.1.3 Task**

The organisations in the Rehab Team had joined together for a common purpose, i.e. to make unemployed and/or long-term sick people return to the

labour market. The activities in the team consisted of inter-organisational case management, including judgements, negotiations and decision-making in the individual cases.

However, a problem in the inter-organisational collaboration appeared to be that the organisations did not have the same priorities about the clients. For example, outcomes of the efforts concerning the group of long-term sick people could not be measured at the Employment Office, because these people were not registered there.

#### **6.1.4 Environment**

In the study, environmental factors that could be expected to affect the collaboration concerned the organising of vocational rehabilitation on the national level.

As was described in Chapter 2, the participating organisations were governed in different sectors, the labour market, the social insurance, the social welfare and the health care respectively. Decisions made by the Government and the Riksdag were communicated and interpreted by the national, regional and local units respectively within each organisation, and expected to be implemented and realised by the practitioners at the operational level.

However, the practitioners involved in this study reported on having to deal with conflicting or unrealistic enterprise objectives, incompatible rules and regulations, and lack of resources. Shortcomings in the political decisions and in the management had to be negotiated by the practitioners and here, the Rehab Team constituted the arena where these negotiations took place.

#### **6.1.5 Interaction processes**

The essential work practices of the Rehab Team were found to be centred around the physical meetings between the practitioners and between the practitioners and the clients. At these meetings, judgements, discussions, negotiations and decision-making concerning the activities and benefits in the rehabilitation process took place. This process will be further discussed below, in the discussion of the second research question, i.e. how inter-organisational teamwork can be supported by information technology.

### **6.2 Designing for the rehabilitation process**

In this thesis, the activities within the vocational rehabilitation have been referred to as "the rehabilitation process". However, it was early found that the

processes, or the flows in the processes, are not easily identified or described. The "ideal" process, in which the sick-listed, unemployed client enters and exits as a healthy, job-ready person, will in this section be contrasted with the fictitious process from the scenario-based design meeting.

### 6.2.1 The ideal process

The ideal rehabilitation process might look something like Figure 6.2, where the client enters the process when he has been medically rehabilitated, and exits the process when he is ready for an ordinary job on the labour market.

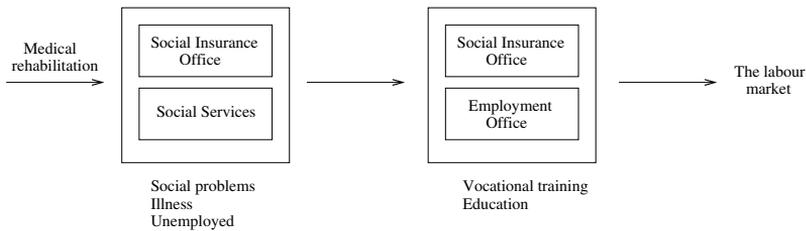


Figure 6.2: The ideal rehabilitation process.

The two organisations to the left in the figure, the Social Insurance Office and the Social Services, are responsible for providing the economic support in the beginning of the process. If the client has the right to receive a sickness benefit, the Social Insurance Office has the responsibility, otherwise, the Social Services has the ultimate responsibility for the subjects' economic support. The next step in the process is when the Employment Office takes the responsibility for preparing the client for the labour market. This could be done through education and/or vocational training. At this stage, the Employment Office is providing the economic support, but if the client still is ill, a full- or part-time benefit could be paid by the Social Insurance Office. Finally, when the activities at the Employment Office are finished, the client should be ready for the labour market, find a job, and earn his own living. The process has come to an end, and the case is closed at the authorities.

### 6.2.2 A real process

The study of the Rehab Team, and perhaps especially the rehabilitation scenario and the observations of the Rehab Team meetings, showed that in reality, the process is not that straightforward. The teamwork was found to

be focused on informing each other about the current state of a case, follow up decisions, and deciding on meeting times with clients or specialists.

The rehabilitation scenario provided important contributions to our understanding of the vocational rehabilitation process. Even though we used a fictitious, simplified case in the scenario, the many turns in the case caused confusion among the user representatives. This might, of course, have an explanation in the case being fictitious and lacking details about the client's situation, but, more probably, it depended on the varying nature of the individual rehabilitation processes.

Figure 6.3 constitutes an attempt to illustrate the turns in the process described in the scenario-based design meeting, and also how the responsibility for the client is shared by, and transferred between the authorities.

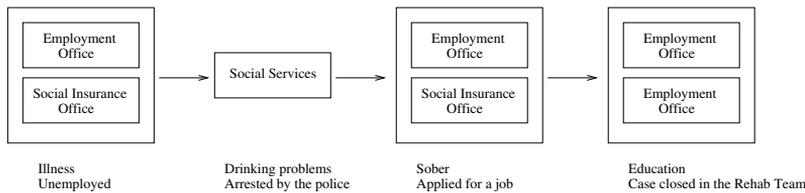


Figure 6.3: The rehabilitation process in the scenario.

At the initial stage in the scenario, the client was unemployed and had medical problems, therefore he received a sickness benefit while the Employment Office was conducting an investigation on his future ability, and possibility, to work on the ordinary labour market. When he started drinking and got arrested for disorderly conduct, the case was transferred to the Social Services. At the same time, the Social Insurance Office questioned his right to receive a sickness benefit, and maybe he also would be registered at a clinic for the treatment of his alcohol abuse. A new actor would then enter the scene. When he had regained control of his drinking problems, the case would be transferred to the Employment Office where they would take up the vocational training, and, finally, the client was expected to find a job and return to the labour market.

### 6.2.3 Understanding the process

The simplified process illustrated in the scenario indicated that the rehabilitation process was not a straightforward process, which could be easily represented in a workflow diagram, and realised by traditional means in an

information system. Early in the project, our attempts to describe the process turned out to be a difficult, and perhaps even an unrealistic, task. Instead, using the participatory design approach, we focused on a joint understanding of the inter-organisational team work, and the reaching of consensus regarding the needs communicated by the representatives (Cherry & Macredie, 1999). The approach and the activities in the design process also contributed to the practitioners' increased understanding of how information technology could be developed.

The challenge in this design work was to meet the needs of a dynamic environment such as the inter-organisational teamwork in vocational rehabilitation. The richness of the work situation as well as the breakdowns in the collaboration had to be supported by information technology (Bardram, 1998; Bødker, 2000). These aspects were expressed by the user representatives as needs for supporting communication, information sharing and documentation in the case management.



# Chapter 7

## Conclusions and future work

The study of the work practices in the Rehab Team and the development of a computer-based, supporting tool contribute to the understanding of inter-organisational teamwork and design work. It was found that the team worked in a dynamic environment where the organisational conditions changed constantly and the individual rehabilitation processes could vary considerably. The practitioners perceived the physical meetings to be an essential part of their inter-organisational collaboration, and the general opinion was that these meetings should not be replaced by information technology. Instead, it was suggested that the teamwork should be supported by a flexible tool, where the activities in the physical meetings were not replaced, but backed up.

In this thesis, the early phases of the development of information technology were analysed and discussed. However, the study raises questions for future work, questions that were outside the delimitation of the research presented here.

The first question concerns the continuation of the project, where a prototype has been developed and tested (see, e.g., Bång, Hagdahl, Eriksson & Timpka, 2001). The participating organisations have expressed interest for continuing the development work and implementing the system in the actual work situation. Such implementation processes include questions concerning conflict and power in design, sharing of resources and also a management perspective on the inter-organisational collaboration.

Secondly, the clients have not been explicitly addressed in this study. Their viewpoints and experiences of the inter-organisational teamwork, and also their experiences when the system is implemented has to be studied and compared. The use of information technology for motivational client work is another interesting and important question from the clients' perspective.

Finally, the diffusion of the system to other teams has to be studied, both

within the vocational rehabilitation area, but also in other settings within the public sector such as the collaboration between different organisational units in health care or in the care of old people.

# Appendix A

## Terminology

**Additional benefit as stimulation** Stimulansbidrag

**A public sheltered employment** En offentligt skyddad anställning

**Assessed income** Sjukpenningsgrundande inkomst

**Case management** Handläggning

**Case manager** Handläggare

**Government bill** Regeringsproposition

**Handling officer** Handläggare

**Occupational health service** Företagshälsovård

**Official Government Reports** Statens Offentliga Utredningar, SOU

**Practical vocational training place** Arbetspraktikplats

**Primary health care centre** Vårdcentral

**Rehabilitation benefit** Rehab-penning

**Sickness benefit** Sjukpenning

**The county council** Landstinget

**The Employability Institute** Arbetsmarknadsinstitutet

**The Employment Office** Arbetsförmedlingen

**The Labour Inspectorate** Yrkesinspektionen

**The National Board of Health and Welfare** Socialstyrelsen  
**The National Social Insurance Board** Riksförsäkringsverket  
**The Regional Employment Board** Länsarbetsnämnden  
**The Regional Office** Centralkontoret  
**The Social Insurance Administration** Socialförsäkringsadministrationen  
**The Social Insurance Office** Försäkringskassan  
**The Social Services** Socialtjänsten  
**The Swedish National Labour Market Administration** Arbetsmarknadsverket  
**The Swedish National Labour Market Board** Arbetsmarknadsstyrelsen  
**The Working Life Services** Arbetslivstjänster  
**Training grant** Utbildningsbidrag  
**The unemployment benefit fund** A-kassa  
**Vocational rehabilitation** Arbetslivsinriktad rehabilitering  
**Wage subsidy** Lönebidrag

# Appendix B

## Descriptions of the design meetings

**Design meeting 1 - Introduction.** Each participant was asked to describe his or her work tasks, something that had worked well, and something that had not worked well recently. Based on these three topics the discussions were afterwards analysed and categorised into objectives, strengths and weaknesses.

**Design meeting 2 - A scenario.** Discussion of a fictitious case, a middle-aged man with drinking problems. The purpose of the meeting was to discuss how to proceed in such a case as a practitioner. The case consisted of four parts, the first presented the client's background and current situation regarding health, work and social factors. In the following three parts, the client's situation changed in different ways, and the participants were asked to explain how they would act in each case. They were also asked to say how the case would have been handled before the Rehab Team was created.

**Design meeting 3 - Project planning.** Presentation of how an information systems development process can be designed. Discussions about activities, formation of the design group and the time perspective. Discussion of the aim - what do we want to achieve? Review of the Rich Picture-technique and "homework" for next time - draw a Rich Picture of your work situation.

**Design meeting 4 - Rich Pictures.** The Rich Pictures were presented and discussed. We also discussed the next meeting and who should participate in the design group.

**Design meeting 5 - Project planning.** Data collection during the au-

turn. Discussion on how and when the workplace observations should be performed.

**Design meeting 6 - Requirement specification.** Distribution of a report from the analysis phase. Homework: read and raise important issues, and send these by mail before next meeting.

**Design meeting 7 - Overall design decisions.** Summary and discussion of important issues from the report, first in two smaller groups and then the whole group together. The meeting took a long time, and it was decided to move the design decisions until the next meeting.

**Design meeting 8 - Overall design decisions.** Continuation of the discussions from the previous meeting.

**Design meeting 9 - Target group and delimitation.** Identification of the future user group and delimitation of the process that should be supported.

**Design meeting 10 - A first design.** A paper-based design of the future system. The participants worked in small groups with pen and paper for about one hour. Then they were asked to explain to the researchers how their system was meant to work.

**Design meeting 11 - Modules.** Using the paper-based prototypes from the previous meeting, the researchers identified five "modules", which were discussed and ranked.

**Design meeting 12 - Focus on the handling officers' module.** Drawings and discussions of the handling officers' module.

# Appendix C

## The startup meeting

*This is a summary of the transcript of the videotape from the startup meeting in the Rehab Team held in September, 1999.*

### **Participants:**

Repr1 and 2 from the Social Insurance Office (SO)

Repr4 from the Social Services (SS)

Repr5, 7 and 8 from the Employment Office (EO)

### **Agenda:**

Background

Objective: collaboration

The commission

- The Social Insurance Office

- The Employment Office

- The Social Services

Organisation: who, how, when, where

Informed consent

Specialists

Documentation

Statistics

Joint action plans

## Background

EO: Do we still have a steering committee? Consisting of whom?

...

SO: I don't think there is one anymore, since we are permanent. When it

was a project, a steering committee was needed.

SS: Let's say there is no committee, it does not serve a purpose anymore.

...

SS: I don't remember [how it started], it might have been in '95. The Rehab Team was formally started when Repr6, I and a few others attended a meeting about collaboration. There was a lot of talking about a project in another community at that time, and at this meeting, the project was going to be presented. We thought that they hadn't done much in reality, it was mostly about organisation and money. We thought that "we have been doing that for several years", so much noise about something that was nothing. Therefore, we decided to go home and start the Rehab Team. The boss at the Social Insurance Office at that time was not positive at first, he came from the community where the other project was running, and thought that we were criticising it, but then he gave us his full support. In the beginning, we spent a lot of time, maybe too much, discussing what kind of cases we should handle. We were more ambitious and detailed than we are now. The cases were more prepared. On the other hand, we didn't have so many people to communicate with.

## Objective

EO: The purpose of the Rehab Team is to co-ordinate the resources, the one who is the best to manage it, should do it. Despite everything, we still don't have really the same commission, and that's what messes things up.

SO: That's what messes things up. And a whole lot, too.

SS: But it wouldn't have been easier if we hadn't met.

...

EO: Objective. Co-ordinate the resources around the individual customer. Qualitatively, but not quantitatively.

SS: They should have a job.

SO: We're supposed to lower the incapacity rate, that's the obsession.

SS: But it's about co-ordinating resources around the individual, and it's about being healthy and be able to work. We say that they should be self-supporting, not dependent upon subsidies. And you say the incapacity rate, but that's the same as saying you should not have a sickness benefit.

SO: You should not receive any benefits from the social insurance system.

EO: Everyone who receives a benefit, they increase the incapacity rate.

## The commission

### The Social Insurance Office

EO: Let's move on, shall we take a look at our commissions? They are not directly conflicting, but they are not similar.

SS: Shall the Social Insurance Office start? What's your commission?

SO: It's to decrease the incapacity rate.

SS: Can't you be a bit more concrete?

SO: Yes, decrease the numbers on the sick-list, and get people out on the labour market.

SS: You want to get rid of them, in other words.

SO: The commission we have is not to find them a job, but to get them out to the labour market.

SS: That is, to another authority.

EO: In other words, you decrease the incapacity rate by moving them to us, so to speak.

SO: Yes.

...

SO: That was something about the commission, to decrease the incapacity rate, and these enterprise objectives that we get, they are different each year. We don't decide on the objectives, that's done on the central level.

EO: Are you not allowed to decide on the percentages, "we think this is a reasonable figure"? You don't do it on the local level?

SO: No, the percentages are distributed, "now women between this and that should be decreased by four percent".

SS: And where do you invent these figures?

SO: It's on the central level.

SS: It's a bit strange. Where do they get it from?

SO: It comes from above, from the agency, yes, the Government, the Riksdag, the whole line.

SO: "The number of people with a long-term illness longer than a certain amount of days should be decreased by a certain percent".

SS: That's a very strong centralised management.

SO: Yes, it is.

SO: The Government rules.

...

SS: If we continue on the agenda..since Gerhard is nagging about it. The Employment Office?

SO: Do you think that was clear?

EO: Decrease the incapacity rate.

SO: People should have the right to receive benefits. If they are entitled to a sickness benefit, they should also receive it.

EO: That's the way we see it too. There are many people that the physicians put on the sick-list because they're unemployed, and that's wrong too.

SO: It's in the law that the social insurance should cover illness and ignore the labour market, economic, social and other hindrances.

...

SO: The funny thing is that we're supposed to sign a contract.

SS: With whom?

SO: Each group should sign a contract with the local manager that we should reach the objectives. It's the annual plan we sign [...] We have an annual plan which we have to include in a contract with our boss, that we should reach these objectives, decrease the incapacity rate.

SS: And you sign that, even though it's like Anna says...

SO: Yeah, yes, we're supposed to sign even if we say that, we know that we won't reach the objectives. "Yes, but we have these directives, and this is what it should look like".

SS: If you would have said "I won't sign this".

SO: I've said I won't sign it...It's stupid to sign a contract that...

SO: No one can tell us what happens if we don't sign.

...

## **The Employment Office**

SS: Order! The Employment Office is going to describe their commission.

SO: Now we're eager to listen. What's your commission?

SS: Get rid of people.

EO: Our commission is to "fill the positions", the available positions. We have several customers, the unemployed and the employers. We're moving towards working more with a focus on the positions. This is on an overall level.

EO: Avoid bottlenecks. Prepare the individual.

EO: Stimulate the demand.

SS: What does it mean to prepare the individual?

EO: For example, it could be activities for finding jobs, education, guidance, inquiries. Stimulating the demand is also one of our general... to work up the labour market, to influence the employers to take any business.

SS: Do you do that?

EO: We spend a lot of time at the companies.

SS: Do you have time for that?

EO: Yes, that's a condition. That's where you are supposed to spend most

of the time.

...

EO: On the general level, we have objectives at each office.

SS: Like enterprise objectives.

EO: Yes, we should have 100 percent action plans and 100 percent activity, we should be able to send someone to all orders that we get.

...

EO: This year you're not allowed to have more than a certain number of long-term unemployed or long-term registered.

EO: You [The Social Insurance Office] got this from above. We had the opportunity to say "we would like to have it this way", but it will not be like that anyway. You get it from the Regional Employment Board.

SS: Do you also have a certain amount of centralised management, or regional management, maybe you should call it?

EO: We have management by objectives, that's what they call it. But then they pick at it a whole lot.

...

EO: The most important thing is to have objectives that are supported by reality. A year ago, or something, we had objectives that we were not able to reach, and then our grants were decreased as well. It's better to have objectives that you can fulfil.

EO: You have to set a limit.

EO: But then you must have partial objectives... somewhere you must see that you succeed as well.

SO: That's what we are arguing against in our objectives. When they define the objectives, there's no reasonable chance to reach them in reality. Therefore, you have the objectives, but you push them aside. There's no reasonableness in them, and you don't take it seriously.

EO: You don't practice flying if you plan to crash.

EO: That was a good metaphor.

EO: But that's the way it is, and that's damn rotten.

...

## **The Social Services**

SO: Regarding the Social Services, our commission is not as delimited as yours. Everything has its starting point in the Social Services Act, everything that's left in the society [...] You should feel as well as to be able to handle your own situation. We don't have centralised management in the way you describe, we have the Social Services Act, and that's always a

question of interpretation [...] We have as an internal objective that no one should be without something to do.

...

## Organisation

EO: Organisation, yes. I don't really know what we were thinking of. Who should participate, and how and when...

...

EO: If the cases not are yours, and you're not a resource, then there's no point in participating.

EO: No, no, no.

EO: But there are cases that I can bring up.

EO: It isn't only like that, you should be able to bring cases as well.

SO: Yes, it's mutual.

EO: The idea is that you should have a rate of flow.

EO: But shall we define the team as, it's us, so to speak? No more?

SO: No.

SS: From our point of view, there might be someone in a single case. We have said that I work with it continuously. When there are cases that the handling officer knows more about, I let him or her replace me.

EO: But, that's in the meeting...

SS: Yes, in the meeting with the client.

...

SS: But how do you handle the dates? Have you made up your minds?

SO: You don't know how you would want to work, what's best for you?

EO: Well, what's best for the organisation.

SO: Yes, for the organisation, I can understand that too.

EO: Best for our customers.

EO: We can agree that we work on those that have been registered for a long time, during a certain period of time. It's something like what we have been talking about, what's best for the organisation and so on. You have to take the opportunity when an open position turns up.

SO: But those who are long-term registered, aren't they our clients? If you are supposed to work with them?

SS: But that's from their perspective. We don't work together in that way.

SO: Well, no. But when a person shows up that should move on...

EO: That could be the result when you set resources free to work with some

of your cases too.

EO: Since we're working with groups, you could be more efficient then.

SS: Yes, I don't see there should be any problems. We have different starting points, and when we meet, we see what has to be done, and what we're able to solve.

...

SO: If you want to separate the clients into days in the Rehab Team, it doesn't matter. We discuss the case together, and it has no importance to me who takes care of it. The important thing is that someone takes it, if it's your case. I'm not ruled by your routines. I just want it to be practical.

EO: Then we have got rid of one obstruction.

SO: But I've never said that you should...

EO: I know it's an obstruction since Daniel has been absent. Then you have felt that you've not been able to...

SS: And the blood pressure rose.

EO: I've been absent twice.

SO: Three times.

EO: And you were absent this summer.

SO: Yes, I was on holiday. [laughter]

SO: Being separated on birth dates, I don't know if that really holds. It's the most practical way to work when people call you, whom they should talk to. It might look different for us too, I don't know.

EO: Up to now, we're separated on birth dates.

EO: We haven't talked about changing that until next year. Isn't that right, that's what we decided?

EO: It's hard to make the organisational change just like that. [snaps his fingers]

...

EO: When we meet, it's between eight o'clock and twelve. [...] So, we have the time between eight and ten for group discussions, and then we have client meetings at ten and eleven, that's the way we've been working.

SO: Well, now, I don't think that's enough. I see a need, at least from our point of view, that the whole Thursday is needed.

...

EO: What's all this about? Who should participate on those Thursdays? If all are supposed to participate, you will have to prioritise...you have to do that all the time. We have other clients as well. The question is, we have decided on half a day, and I think we should keep that.

SS: I've been thinking about that we need to structure ourselves. I have to think about what I want to discuss. If I have ten cases, and two of them just have to be discussed, then the others will have to wait. I've also been

thinking that I must make better preparations, much time is spent on "hmm, I don't remember, let me think". I must bring the information. Otherwise you just spin around.

EO: We don't have an agenda.

SO: No, that's another point.

SS: There we should pull ourselves together.

...

SS: I can increase the time, but I feel that the first step is to structure the meetings.

SO: I can agree to that.

EO: Me too.

SO: We talk about cases even when we have coffee.

SS: Sometimes we get stuck on things you can't solve.

SO: What I miss in the team, is that we don't have an agenda, and we don't perform any follow-ups.

...

EO: Can I ask one thing? These meetings on Thursdays. They are not the only way you communicate? You have to contact each other at other times as well?

...

EO: The follow-up is not only taken care of within the team. However, we do bring cases, but the point is that we should not call each other.

...

SS: If we try the agenda, and it isn't enough, then we can discuss if we need to increase the time?

SO: I'm not fighting for it. I only see the coming needs.

EO: It should come from above, that the bosses say how...

SO: They meet above our heads and discuss...

EO: Well, let them, but if they tell me that I should spend half my time here. But as long as you have 100 percent other tasks, then, well, I don't have more than 100.

SS: But they don't meet that often today. Regarding the local authorities, we don't have anyone who deals with the team on the overall level.

SO: No, but I meant that the we and the Employment Office are having discussions. We'll have wait and see what happens.

SO: This is also about our lack of showing what we do. We need to be more clear, and show what collaboration is, and that it's important. Sometimes, our silence results in your being run over.

## Informed consent

EO: Informed consent? Do you get a formal informed consent before you talk? [turns to the Social Insurance Office]

SO: Yes, we are obliged to do that.

SO: They fill in the form that you designed earlier.

SS: I do both. If I'm sure, I take a written consent, and sometimes I take a verbal consent first, and then the written. Furthermore, I also have "questions", "can you check if he has been registered in your files?", when I'm not sure if there is going to be a case. And then I don't have the informed consent. We didn't do that in the old Rehab Team either. Questions were statistically registered as questions.

EO: Is it formally correct to do so?

SS: At least it's practical. [...]

SO: But with regard to individual cases that we discuss, we must have an informed consent. The cases we bring contain medical issues and everything, and there, we have a consent. Then it could be like that, that I want to ask a general question about someone, and then I don't mention any names.

EO: But in general, if you're asking something, the formal stuff must be clear. Otherwise, you're dealing with information that you can't use.

SS: It's up to the person who asks to deal with that problem...

EO: No, it can't be...

SS: Let me finish, Edvard

EO: Then we decide on a basic policy.

SS: Individuals who get social welfare benefits, they already agree when they apply, that we can get information from these authorities.

EO: But then, that's a consent.

SS: But when we talk about consent here, we mean the form belonging to the team.

SO: It depends on how you get the consent. I can also make a person sign a form. But you obviously have such a form?

SS: With regard to those that receive a benefit. They have already given their consent.

EO: And you could show us that consent in that case?

SS: Yes.

EO: We're obliged to ask for consent if someone asks.

SS: We have to trust each other in this group, that the one who asks, also has a consent.

...

EO: But then a verbal consent is enough?

SO: We must have a written.

...

EO: I've been talking to someone who...this woman, I've asked her if I could discuss her case in the team, and then I should have had a written consent. At the same time, it is not a hindrance to her. It's something that makes the case progress.

SS: You'll have to handle it...it can become silly. Each and everyone must think when they are working with a case, that it is important that we have it.

SO: But, in the beginning, you feel that I will have to show this, then you must get the consent. Because then I inform you about medical issues and everything about this person.

...

EO: It's easier to have the form than to document it in our computer system.

SS: The reason we talked about the form was that, if there's more than one organisation involved, then the case can be transferred. When we work with different activities, then formally you're responsible, and then you get the form. If you must have it in your files. You can say that the form follows the client through the authorities, since we're not one single authority.

EO: Ok.

...

EO: If you have a form, then it's enough that it is filed at one authority.

SS: That's what I said, the one who is responsible files the form.

SO: On the form, you can read who brought the case to the team, and if it's my client, I put the form in his file. And then you must trust that I tell you the truth, if you want to see it, I can show it.

EO: But you said, it was supposed to be transferred between the authorities.

SO: But I won't let go of it, if it's my case.

SS: That's something we must solve in the long term, otherwise it will get stupid. The point of collaborating is that...as is the case of the action plan, it must follow the client. And then you could keep a copy. But technically, there are things you must solve. There will be a lot of turnabout that the client won't understand.

...

SO: But what should we do then? Should it follow the client?

...

SS: The question about the form cannot be solved as long as you [Barbara] says that "we must have the original".

SO: Who says we must have the original?

SO: No, I don't know if we must have it, maybe we don't...

SO: But you said that...

SO: No, Daniel said it.

SO: No, you did. [laughter]

SO: No, I don't know if it's enough with a copy. I haven't thought about it. I don't know.

SO: Then, perhaps the most logical thing is that it follows the client.

## Specialists

SS: Specialists - what was that about?

EO: Public sheltered employment.

SS: Alright, that was the function.

EO: It's also this about social welfare counsellors and psychologists.

SO: That's the connection I made.

SS: You were not thinking about action?

EO: From the beginning it was like that, the public sheltered jobs have been handled by a social welfare counsellor before.

...

EO: This thing about the specialists, I think it was like this, when we wrote the agenda, concerning abuse and psychiatric stuff, I feel that they have a lot of competence, and that we should use that in our team. But...

SS: You have to make a selection.

EO: What do you mean?

SS: If you look at the people that are registered somewhere else at the local authorities, for example at the Bureau for Advice on Abuse, and you have the competence there, then it's better to go that way than to let the specialists at the Employment Office deal with it. It has a bad reputation, related to how the situation used to be.

SO: Unfortunately.

EO: It's clear in our directives, what we are supposed to do before a person is available for the labour market. It's very clear.

SS: Isn't that something we take care of in this group?

EO: I feel that, if something about an abuse comes up, then I want to discuss it with our specialist, and also if it comes from the correctional system or the psychiatric unit, before I can say that I can take the case. It falls outside my qualifications. Maybe, it isn't an easy process to transfer the case to me, if I want to consult our specialists.

SO: No matter what's been done before, you want to...

EO: Yes, but I, I make a judgement and inform you.

SS: In this team, we must be competent to look at a person's history. I have nothing against you consulting them, they are your colleagues...

EO: Yes, colleagues, but they are also our specialists, because you don't have

specialists. There's a difference between colleagues and specialists.

SS: What I want, is that people act with common sense. That we don't end up with all psychiatric cases passing them, because the purpose of this team is to avoid that. When we don't know the history, their help could be useful.

...

SS: Within the local authorities, at the Social Services, a section of the economic unit contains specialists within their area. But then it's more that I can talk to them, how do we solve this case economically. Otherwise, I think about that, within my area, we have many specialists from the psychiatric unit, physicians and nurses.

...

EO: Do you [the Social Insurance Office] have contacts with physicians? Your insurance physicians?

SO: The insurance physicians maybe don't have direct contact with the physician responsible, unless they feel they need to speak their own language. But we have access to the insurance physicians for all our inquiries. They are supposed to judge the medical assessments, they don't consider the questions regarding the insurance, based on the statement we have.

SO: Because they're going to judge the right to...

SS: Is it one physician?

SO: No, three or four.

SS: Didn't you have only one before?

SO: They have different functions, based on their competence, that we can use, but we can also consult them in general.

...

SO: We have fixed moments in time when we should consult the physicians for advice on whether we're on the right track, or if we should do something else instead. The first time is when the person has been ill for twenty-nine days, before we pay the benefit, then the insurance physician should make an assessment of the person's own information versus the physician's statement. Before, we're not allowed to pay the benefit. Then we have the one-year limit.

...

EO: If someone is ill, and the insurance physician says that "he or she should not have a benefit, he or she can take an ordinary job on the labour market". Then you can cancel the benefit and transfer them to us. Is that so?

SO: In practice, we could do that.

EO: But if we consider it from the labour market's point of view, we're the ones who are supposed to be the experts on the labour market. That's why you consult us. But if we say that, then it's no good either. In principle, you could say that if you should find an ordinary job, then we're the ones who

will have to deal with it. Then there's no point in having the Rehab Team.

SS: That's why we have it. We don't work that way anymore.

SO: We have seven steps to follow. And regarding the unemployed, you should move on to step five immediately. An unemployed person can take any job. The sixth step is that they need rehabilitation to get ready for the labour market.

EO: Oh dear! Any job! Oh dear, oh dear, oh dear! That's tough!

SO: At least, the medical issues are not the hinder.

...

SO: We have a connection to the new law in 1998. Before, I was only obliged to work within the area I had left before the sick-leave, but today, you consider the hinders, and the whole labour market, and it isn't only connected to the work I had left before I fell ill. If you can do something else on the labour market, then you're not allowed to receive a benefit.

SO: If you only can work part-time at your current job, but should be able to work full-time at another job, then you're not allowed to receive a benefit.

EO: Then you find the job as well?

SO: No, we don't, that's not our commission. That's your commission.

EO: That's the silly thing about it. If you're fifty-five, working in the manufacturing industry, and only have six years of schooling, then you tell him to find another job. There are no such job anymore, and education doesn't work either.

...

SO: It could be that, a fifty-eight year old man who doesn't have a job, and then we must perform the inquiry through the Employment Office because the insurance physician doesn't think there's enough to go on. Then we, well...in some convenient way...[laughter]

SO: Damn, that thing was on. [the video camera]

EO: Do you want to rewind it?

...

SO: If you're nit-picking and read our regulations, then you must be almost unconscious before you're considered unable to work.

EO: I can agree on that. In fact, you can find a job for anyone if he is only able to blink with one of his eyelids.

SO: If you're servile, then it's like that. But I don't defend it, it isn't that.

EO: It isn't reasonable.

EO: The problem is that you don't adjust the development of the society to the individuals' possibilities. It moves on, and you have to hang on.

SS: Then you have the thing about finding possibilities in the third sector.

SO: You can see that, anyway. The labour market is getting better, and your rates are decreasing while our benefits are increasing, people get more and

more ill.

SO: And then you go to the media, telling them that the unemployment rates are decreasing, people are working and so on, and then it might be that we have taken over the cases. And then you say that the Social Insurance Office cannot fulfil their commission.

...

EO: We were discussing the specialists...

SS: Do you want me to read what I have written? I have written about each item, I interpret it as each of us use the specialists as colleagues, but there must also be a possibility for the Rehab Team to consult them. But then it must be that we have discussed it openly, if it has a value to our joint case management, then I should ask "do you think I should discuss this with our specialists, it might mean progress in the case". If you don't agree, then, well, then you'll have to make an agreement. Before it was a matter of prestige, which of the specialists should participate in the team. Then focus was not on the individual, it was a fight about...

EO: In our ordinary job, we do the same thing. We act upon the needs we see.

SS: They take part in the inquiry in some cases.

## Documentation and statistics

SS: [...]Then we're talking about documentation. Can't we combine documentation and statistics? They belong together. It's about our own documentation and about our joint documentation.

EO: We have already talked about that a little. Each of us documents what you bring up in the first case.

SS: In your organisation's own files, so to speak. That's how we're working today, while we haven't found another way to work. Starting tomorrow, we will have an agenda that will work as a memory for the Rehab Team.

...

EO: We can get follow-ups and statistics from the tools we work with all the time. It's a pity that you have to design something new, a new routine. If it's possible to get it from what we have today?

EO: That's what they're supposed to do for us. [looks at the video camera]

EO: We have been living with the fact that we should satisfy the statistics.

SO: We all do.

EO: At the same time, an organisation must be able to say "we have done this".

SO: You must be able to show...

EO: But then you should get it from the files you keep...

SS: But we don't have that now, and that's why we must start doing it, partly manually, without dying working. I don't mean we should over-elaborate, I just want to show the form we used before, and then we might cut it and use what we want to use.

EO: Would it be possible to register the people we get through the Rehab Team?

EO: Yes, we can mark them in the files, no problem.

SS: We can also do that, but we can't make it together.

SO: And we can't do it at all.

...

EO: We must be able to show what we do, because then you might expand or get more resources to work with it. Then the individual can make use of it.

SO: With such a tool, the hinders will show, and we have to make them visible to get help to solve them in the long run.

...

SO: I think it's important to have such a tool, to show the hindrances that we're all fighting against, and we know they're there, but we talk and we talk, and nothing ever happens. Maybe it's not passed on, who knows?

...

SS: Well, to summarise, each of us documents and then we have some kind of agenda on the Thursdays, to try to sort things. And then we look at this form for statistics as a preparation. We were talking in the beginning about what we would want from a computer system. There was a hope that the form could be used in a joint system...so that you could look at it. Each of us could enter "now I have a client here, and so on", and then you could get statistics on the results from the team. But technically, we're not there yet, even if we hope to be. We can bear it in mind, if we get a computer system, what do we do then? Then you're a bit prepared.

SO: At least, as was said before, we should have a follow-up in January, and there's not much time left, so we'd better start documenting...

SS: But I don't feel any panic about that, we have been running for two years. We've had a break, and now we're starting again. Otherwise, I continue to document as we did before, and when the number of clients increase, we must find new routines. We can bring that up in the follow-up, that we have started again, and found a structure for working.

...

SS: [talking about how they used to document the work in the team] And, suddenly, I got an impulse, and sat for days, writing on a floppy disk about the cases I've been involved in. Then I printed it. The same thing happened,

for example, the case was transferred to the Employment Office, and the paper was transferred too. But things happen all the time in a case, and then the file was on my floppy disk. Besides, there were other cases on the disk as well, and I kept the disk locked up. The woman from the Employment Office solved the problem through writing by hand on the paper, and then she also documented it in your [the Employment Office] system. Then we ended up with double work. This isn't easy.

## Joint action plans

SS: But what do we do about our action plans? Is it something we just talk about, and then we document it in our own...

EO: Everyone does it in their own way...

EO: If I transfer something to you, Barbara, then I fill in an action plan about what the client and I have been talking about.

SO: Yes, and I go home and write in my files that we have agreed on this and that.

EO: It has to be like that, to satisfy our authorities.

SS: But maybe you want to know that there is a plan, that's the important thing.

...

SO: The thing was that it should be proved that all parties had agreed on the planning.

SS: That you had taken part of the planning and wouldn't back out.

SO: That was the important thing from the beginning.

SS: But, what you could keep, is that, if you bring something up, and we talk about it...that you document, but maybe you already do, that the planning has been discussed in the Rehab Team.

SO: Yes, I document that we have discussed it here, and what the planning looks like.

...

SS: In fact, when you write, you write it when the client is there. Either by hand or if we have a computer there. Since we're obliged to write in our own systems anyway, then this is something we do for the client. And you don't do it in all cases, but maybe when you see that it's important to the individual, that he's manic about his planning.

...

SS: At the Employment Office, have you been discussing about using our meeting place for writing, or about having a telephone there, or a computer with a word-processing program to be able to fill the gaps between the client

meetings, like you [the Social Insurance Office] have been talking about?

EO: That's what I was beginning with, that we were talking about working with something since we might have some gaps...but it's a question about how it should...

EO: What meeting place?

SO: Where you were the last time, at High Street.

SS: In the kitchen, I was thinking about having a place to sit, and my computer. Then in the other rooms, there are two more, we could have desks and provide the possibility to bring computers.

EO: If there is only a plug so that we can get connected. But it costs money.

EO: You think more about...word-processing?

SS: Yes, mainly. But if it's possible, because now they're talking about digging cables for our computer network, if it's possible, I would want to have access to our system in another way too. I mean, we must put an alarm on the house, and on the flat, in order to be able to have our computers there without having to worry about...

EO: Who is renting the flat? The local authorities?

SS: Yes, we rent it from the public landlord. And when we got it, we said that we should share the costs. It doesn't cost much. The point was that we should share the costs. Now, we haven't done it so far, we have been paying it, the local authorities.

SO: Now, we have computers on the way to the flat, and also permission to connect to the database in Sundsvall. Because, we said that the gaps, and maybe the additional work too, that you could sit there and do this additional work, instead of returning to the office where everything else jumps at you. Then it's better to do the additional work there, to get it done. That's why we're getting two computers and one of them should be connected to Sundsvall.

...

SS: This thing about the modem, it doesn't work. I have a modem there now, but it's useless. Now, the unit for inquiry into children and young people are moving in, in the other building, and then they really stepped on it, then it was important that they could write. It's not that important when it comes to the substance abusers. There's always a fuss about the computers.

...

SO: Likewise, we get a connection to Sundsvall. We have been sitting there with questions, "is this one registered in your files?", "we must go home and check", we would answer. Now, we can check it immediately, and you get the reply directly. And it's the same thing in your case [the Employment Office]. It will get more efficient, than having to go through it again next time, and then you have forgotten about it, and then...[laughter]

EO: Then we just have to convince the ones who are paying that this is efficient enough to become profitable.

SO: But we have convinced our boss, about our part in it.

SS: It's about calculating what you cost per hour when your are about it and just babbling.

...

# Appendix D

## An observation protocol

### Meeting I: February 17, 2000

Participants:

Anna and Barbara, the Social Insurance Office  
Carl, Daniel and Edvard, the Employment Office  
Fanny, the Social Services

Observer: Anneli Hagdahl

Time: 8.15. Before the meeting starts, Barbara informs the other participants that the Social Insurance Office has a number of clients that should be brought up for discussion in the Rehab Team for discussion, but not until they have received the clients' informed consent. They are going to solve the problem by sending the informed consent form to the clients by post. Barbara finds the solution uncomfortable, she wants to meet the clients before they are discussed by the team. In other words, the case managers at the Social Insurance Office have not met the clients before, but the form has been sent to them anyway.

Fanny has left a note on the table saying that she will arrive at 8.30, and those present make a tentative effort to start the meeting without her. The representatives from the Social Insurance Office, who were the first to arrive, have started one of their two stationary personal computers. They have a connection to the database at the National Social Insurance Board in Sundsvall. The interface looks like a mainframe computer application, which they run on a PC.

Meanwhile, they discuss how clients are supervised. There seems to be problems with the routines, clients that are running out of economic support

are not noticed.

Each participant has brought plastic folders with cases that are planned for discussion at the meeting. Barbara has only one case, and the others make a joke about the client being lucky to get drawn in the tombola.

Edvard is trying to get the portable computer to work, and talks in his mobile telephone. The others start to discuss a case, where the employer has not taken his responsibility according to what was written in the client's action plan. They argue about what could be done, a follow-up is planned for the end of March, but that is too late. Something must be done earlier.

Time: 8.40. Fanny has still not arrived, and they do not want to wait any longer. The meeting starts. Daniel has a case for the Social Insurance Office, and Anna checks the database, where she finds information about the client's economic support. Meanwhile, Daniel and Barbara discuss another case. They decide that Barbara should check some information and give feedback to Daniel at the next meeting. Anna, still sitting at the computer, points out that there is not enough information in the database, she needs to check the paper-based case record at the office. They discuss why the client's wage supplement has not been prolonged, and it turns out that he is on the sick-list. Daniel continues with the next case, about which Anna has brought some papers. She has information on the outcome of the client's medical examinations. While Daniel and Anna talk, Barbara browses through her calendar. I note that there are social security codes on each page in her calendar, most likely belonging to clients she is going to meet.

Fanny arrives. Edvard is still sitting by the computer, trying to make it work.

The people at the meeting table are discussing how the three representatives from the Employment Office should share the responsibility of their cases in the Rehab Team. The system is based on the client's date of birth, and each practitioner is responsible for a certain interval, e.g. 1-10, 11-20 and 21-31. The discussion concerns what the interval is, and who is responsible. It turns out that the client being discussed is born on another date than the one that initiated the discussion.

The meeting continues. Edvard returns to the table, and asks the representatives from the Social Insurance Office whether their printer could be connected to the portable computer. He then reports on a case, describes what the client is working with and that she likes her training place.

Someone knocks on the door and asks Fanny if it is alright that a journalist talks to a client who is working in the building.

Next case. Edvard and Anna decide that they need to meet the client. They reserve a time in their diaries, and agree to send the client notice to attend. Edvard and Anna make notes in their diaries, and Edvard says to

Anna: "You send him the notice!".

Meanwhile, the others wait and drink some coffee. Edvard and Anna continue their discussion and reserve some more times in their diaries. Fanny makes notes about the clients that are discussed. The paper she uses looks like an Excel-document. A client that Edvard and Anna are discussing attracts her attention. There might be a training place in the municipality, which later could turn into an ordinary job.

The other participants react and think that Edvard and Anna have taken too much time. The team members have previously decided that they should take the cases by turn. This is to make time for note taking when your case has been discussed, and to avoid that the rest of the participants just sitting and waiting.

Fanny, Daniel and Barbara talk about a meeting yesterday. They seem to meet in other constellations during the week, where they take the opportunity to inform each other about things concerning the clients in the Rehab Team, e.g. outcomes and appointments.

Barbara and Daniel deal with the next client, discuss what she thinks about her training place, and the opinions from others involved. A problem is discovered, the manager at the Labour Market Unit is putting clients in training places in a way that goes against the routines. The members of the Rehab Team get upset on hearing this.

A discussion on how to handle psychiatric diagnoses. The rules and regulations are the same, no matter what illness the client is suffering from. But clients with psychiatric diagnoses should be treated differently, they are more susceptible, and problems might occur if something is changed, e.g. the training place.

Barbara continues on the case. She asks what is going to happen to the client when her training place ends. She does not get any answer from the Employment Office's representatives, the discussion moves on, even though she repeats the question a couple of times.

Daniel starts a new case. Fanny has information about the client. She has not brought any files or papers to the meeting, only the Excel-document where she makes notes about all the clients being discussed. She seems to have memorised a lot of information about the clients, and during her description of the case, Barbara remembers. Anna checks the client's social security code in the computer. Daniel would like to have a meeting with Barbara, the client and the physician who is responsible. Anna can only find information about periods for sickness benefit in the database. They continue to discuss the case. Anna and Barbara look in the database, and Daniel and Edvard check the portable computer.

The meeting splits up, physically. Anna, Daniel and Edvard continue to

discuss the case in front of the portable computer.

Anna, Barbara and Fanny return to the table. Anna starts a case that Fanny knows about. She describes, again from memory, the latest meeting with the client. Edvard seems to get tired of the long story about the client, and tries to change the subject. Fanny and Anna discuss medical issues concerning the client. Barbara returns to a case that was discussed earlier this morning, she has printed the computer based case record from the computer in the other room. She found dates about a prolonged sickness benefit in the database at the National Social Insurance Board, information she had not received, and, consequently, which had not been entered into the case record.

Time: 9.50. Carl arrives. Daniel brings up another case. He has not brought any case record, he only wants to raise a question about how labour market insurances might affect the economic support from the Social Insurance Office. The client was dismissed from his job, and continued on a training benefit. Anna and Barbara have no knowledge about labour market insurances. The case is discussed for a while, but without an answer to Daniel's question being found.

Edvard asks about a meeting in another team of collaborating practitioners. He says it is hard to find time for a meeting before the end of March. They continue to discuss another client, whom I think was not meant to be discussed. No one has brought data on the case.

Barbara wants a discussion about a client from whom she has not received any informed consent. She does not mention the name or the social security code. The fire brigade passes on the street, Edvard pops up from the chair and looks out of the window. Some of the other participants are also interested, and comment on the fire brigade while Barbara is trying to discuss her case. The thing with the fire brigade has happened twice before during the meeting. Due to the lack of attention, Barbara gets questions about matters in the case that she has already described.

Barbara's client seems to be complicated, with a history of medical problems and an education that in combination close every possible job opportunity. Barbara asks the representatives from the Employment Office what kind of education and job her client should get. Anna takes some of Barbara's papers and enters the social security code in the database to check what information they have on the client's training benefit. They agree that Barbara must check some data about the client before the case can be discussed in the team. Anna removes the information from the screen and returns to the table.

Anna has a new case, a woman with a psychiatric diagnosis, and who is unable to speak good Swedish. Edvard checks some information in the Employment Office's database. Anna and Barbara take notes in a notebook, the

representatives from the Employment Office only make notes about meetings in their calendars. While Edvard is checking the database, the rest comment on the information he finds. Fanny looks at some papers she has in her bag, and finds out that the client is working at one of the municipality's training places. The Social Insurance Office had received the case from the non-institutional psychiatric care.

Edvard asks about a course that the team should attend, something about abuse. Meanwhile Fanny calls someone at the office to ask about the previous client.

Time: 10.30. No more cases. Barbara and Edvard discuss a meeting they are going to attend in the afternoon. The rest are talking about problems with clients that do not speak Swedish. Fanny is still on the phone, waiting in a telephone queue. She thinks that the person is making a private call, which is blocking the line. Barbara has a post-it-note with a meeting time that she checks with Fanny. Fanny sets up a meeting with Daniel. Anna and Carl find a time for a meeting, and discuss a client. Barbara tells Fanny and Daniel that their meeting time is at the same time as with another meeting. Edvard and Fanny make an appointment. Discussion about the fact that the Social Insurance Office has pending cases, which the Employment Office has no knowledge about. Since there is no money left for wage supplements, the Social Services are not registering their clients at the Employment Office.

The discussion continues on incompatible rules and regulations. Edvard looks at me and says: "It's a jungle out there."

Barbara talks about hidden statistics at the Social Insurance Office. As a result of a couple of case managers having left the office, there are clients she does not know about at the moment. These clients appear when it is time for reviewing the decision.

Barbara and Edvard decide on details about their trip to a meeting in the afternoon. The other participants are waiting. Anna and Fanny decide on a place for their meeting in the afternoon. Edvard asks Fanny about something...and so on...they change subjects rapidly during this last part of the meeting.

Time: about 11.00. The meeting is over, and they start to collect their things. They continue to discuss clients across the room.

Note: Carl is a new member of the Rehab Team, starting at this meeting.



# Appendix E

## Interview guide

Interviewee: .....  
Organisation:.....  
Interviewer: .....  
Date: .....

Describe your present tasks.

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Responsibility		
Authorities		
Daily routines		
Positive aspects		
Negative aspects		
Other		

How did you learn your present work?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Schooling		
On-the-job training		
From a current colleague		
From a former colleague		
Other		

In what way and with which organisations do you collaborate to solve your tasks?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
The Social Insurance Office		
The Employment Office		
The local authority		
The county council		
Other Government authorities		
Other		

Describe how you worked together before the inter-organisational team was created.

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Referral		
Formal business contacts		
Informal business contacts		
Technical aids for info transfer		
By order of a superior		
As fixed by law		
Other		

Tell me about how the inter-organisational team was created.

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Initiative		
More driving person or organisation		
As fixed by law		
The formation of the group		
Work practices		
How the work practices were decided		
Inclusion criteria for clients		
Other		

How does the inter-organisational team work today?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Formal meetings		
Informal meetings		
Contacts between the meetings		
Positive aspects		
Negative aspects		
Other		

Is there something you would like to change with regard to the work practices in the inter-organisational team?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Shorter meetings		
Longer meetings		
Decide on an agenda		
Use information technology		
More meetings with clients		
Fewer meetings with clients		
More discussions on principles		
Work with more clients		
Work with fewer clients		
Other		

Have you discussed these viewpoints with the other team members? How did they react?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Positive aspects		
Negative aspects		
No reaction		
Lead to a change		
Did not lead to a change		
Still being discussed		
Other		

How do you personally think that the work in the inter-organisational rehabilitation team functions?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Positive from the point of view of the practitioners		
Positive from the point of view of the clients		
Positive from the point of view of the authorities		
Positive from the point of view of society		
Other positive aspects		
Negative from the point of view of the practitioners		
Negative from the point of view of the clients		
Negative from the point of view of the authorities		
Negative from the point of view of society		
Other negative aspects		
No personal view		
Other		

Is there a general opinion in the inter-organisational rehabilitation team about how the group functions?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Positive from the point of view of the practitioners		
Positive from the point of view of the clients		
Positive from the point of view of the authorities		
Positive from the point of view of the society		
Other positive aspects		
Negative from the point of view of the practitioners		
Negative from the point of view of the clients		
Negative from the point of view of the authorities		
Negative from the point of view of the society		
Other negative aspects		
No common opinion		
Other		

How does your (immediate) superior communicate his/her intentions regarding collaborating with other organisations in the inter-organisational rehabilitation work?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Verbally		
Organisationally		
Economically		
Through training		
Collaborates himself/herself		
Counteracts in an active way		
Counteracts in a passive way		
Other		

In what ways does your (immediate) superior support the work in the inter-organisational rehabilitation team?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Allocates resources		
Shows interest		
Mentions it during staff meetings		
Visits the team		
At personal development discussions		
Encourages educational visits		
Does not support the work		
Other		

How would you like your (immediate) superior to act regarding the inter-organisational rehabilitation team?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Give more formal support (resources)		
Show interest		
Visit the team		
Initiate collaboration on a mgmt level		
Inform others about the team		
Implement it elsewhere in the org		
Other		

In what ways do higher levels in your organisation support the collaboration?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Allocate resources		
Through laws and regulations		
Through policies and routines		
Visit the team meetings		
Info about courses and conferences		
Do not support the work		
Other		

How would you like the higher levels in your organisation to act when it comes to inter-organisational collaboration regarding vocational rehabilitation?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Allocate more resources		
Change the laws and regulations		
Reorganise my organisation		
Reorganise higher levels		
Education and training		
Other		

Is there a general opinion in the inter-organisational team about how the supervisors support the collaboration?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
No common opinion		
Too little support		
Too much support		
Too little supervision		
Too much supervision		
No support		
Other		

Is there a common opinion in the inter-organisational team regarding how higher levels in the organisations support the collaboration?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
No common opinion		
Too little support		
Too much support		
Too much supervision		
Too little supervision		
No support		
Other		

*The last three questions are only relevant for interviewees also participating in the MTO-project.*

What are your expectations for the MTO-project regarding changes in work practices in the inter-organisational rehabilitation team?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Changes in working routines		
Improvement of work practices		
Deterioration of work practices		
Positive: new technique		
Negative: new technique		
Nothing special		
Other		

What are your expectations of the MTO-project about the development of information technology to support the work in the inter-organisational team?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Learn new things about IT		
Learn new things about org change		
Nothing special		
Other		

What are your expectations on the MTO-project about the researchers participation?

Attendant questions (AQ)	Spontaneously reported	Response to an AQ
Researchers' eyes on the problems		
Attention from higher org levels		
Attention from colleagues		
Diffusion of the work practices		
Nothing special		
Other		



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