

Specialised Disability Services under Change

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1. Background and Research Question

The local government reform of 2007 has created a new map of the Danish government structures and political framework for the local authorities in Denmark and has introduced new management principles and dynamics in the disability sector. New Public Management-inspired management tools affect the production of specialised social services in the disability sector and create a marketplace for selling and buying specialised disability services. The research project covers the period from 2006 to 2010, and asks the question: What does the local government reform mean to citizens with disability who need specialised assistance and advice?

This paper presents the provisional results from the research project, based on the third working paper published in February 2009 (Bonfils et al. 2009). The working paper focuses on how the reform and the new dynamics affect the lifeworld of the users, and how the working lives of the employees and managers are affected by the changing management principles in the field of specialised disability services. The research design draws upon the everyday perspective developed in Berger and Luckmann's sociology of knowledge (1992) and insights from researchers in phenomenology represented by Bech-Jørgensen (1994) and Høgsbro et al. (2003). The interaction between the changing institutional settings and the lifeworld of the employees and users of the specialised disability services addresses whether and how the users, employees and managers experience reform-related changes. The perception of change is closely connected to time and space, and the degrees to which the changes are experienced in everyday life or is something taking place at a distanced area or zone of life. It has been analysed how the users, employees and managers react to the perceived changes and what type of strategies they developed to manage or gain influence on the changing everyday or working life conditions.

2. Methodology

The research project is based on interviews with users, employees and managers from various specialised disability services and programmes. The project thus covers a wide range of different specialised disability services like sheltered housing, 24-hour care centres, sheltered workshops, day centres, special education and centres for rehabilitation, communication and advising. The users have different types of impairments: learning disability, brain damage, autism, cerebral pareses, epilepsy, physical impairments, blindness,

mental illness or more rare diseases. All are users of specialised services, assistance or advice, but the degrees to which the users are dependent on support and assistance in their everyday life vary. Some of the users experience a high degree of dependency on assistance and the specialised services are playing a fundamental role in framing their daily lives. This applies for users living in a sheltered home or working at a sheltered workplace. Other users, who participate in a rehabilitation programme or are users of specialised advice, live more independent lives and are either users of specialised services in a short period of their lives or use specialised advice or services more regularly. The complexity of the research fields is high as it covers a wide range of different users with different needs, and various specialised disability programmes and services. Yet, all services and programmes are affected by the local government reform and new management dynamics and are therefore placed in a situation characterised by change.

The research project follows a number of users and the specialised services they are using in the time period from 2006 to 2010. The results presented in this paper are based on interviews with 16 users, 16 employees and 18 managers from 20 different programmes or services. The interviews have been made in 2008, and give an insight into the experience of the person interviewed and how his/her everyday life is affected by the new situation 1-1½ years after the reform took place.

3. The Local Government Reform in Denmark 2007

Before 2007 the Danish local government structures consisted of 14 counties and 273 municipalities. The counties were responsible for providing specialised disability services. The division of tasks between the counties and municipalities in the disability sector was characterised by the counties acting as advisory centres to the users and municipalities in disability matters. The municipalities took care of children and adults with disabilities, who could participate in ordinary daycare, schools and workplaces with minor support or who managed their own support through a PA – Personal Assistant. The distribution of tasks between the counties and municipalities was to some degree characterised by “grey zones”, creating ambiguity and uncertainty in relation to which government level was responsible for financing and delivering the services to people with disability.

In 2007 the local government reform reduced the number of municipalities from 273 to 98 local authorities, 66 of which are new and amalgamated municipalities. The counties were reduced to five regions and the reform changed the division of responsibility between the state, regions and municipalities. The new municipalities have the full authoritative and financial responsibility in disability matters. The regions are mainly in charge of the hospitals and a number of programmes in the disability sector. The regions do not have the right to impose taxes, and the activities of the regions are financed by subsidies from the municipalities and the state.

The municipalities have voluntarily taken over the responsibility of disability services and programmes from the previous counties in 2007 and from the regions in 2008 and 2009 and are now the main actors in delivering support and services to people with disability. Today the regions have a statutory obligation to

provide the municipalities with a number of social services and to run and develop a number of services that the municipalities for professional or financial reasons do not wish to perform. The specialised services and programmes are managed by the municipalities or regions, and due to the different “ownership”, they are either part of the political governance system of the municipalities or of the regions.

The National Board of Social Services was founded in 2007. The Board aims to promote new development and initiatives in social services and supports local authorities in providing services to citizens, i.e. children, young people, socially marginalised groups, elderly and disabled. The Board is responsible for the operation of the Danish Centre of Specialist Advisory Services – VISO. The Board operates through contracts with some of the specialised services and programmes, which deliver advice, knowledge and casework concerning people with severe or multiple impairments.

The National Board of Social Services is responsible for managing the Social Services Gateway, an Internet-based “marketplace”, where all services delivering support, assistance, rehabilitation and advice to citizens with impairment, citizens with mental health problems and citizens who are socially marginalised due to alcohol or drug abuse, homeless or other social problems are recorded and have to present the cost of their services.

4. New Public Management and the Specialised Disability Services

The context, in which the public administration of the specialised disability services takes place, has changed dramatically due to the reform and the new management strategies introduced in 2007. The new management tools are heavily inspired by New Public Management strategies. The construction of a “marketplace” for disability services provision is institutionalised in order to design the optimal conditions for competition within public institutions, and between public and private providers of public services. The institutionalisation of a competitive games situation is also a remedy to increase the incentives of public providers to reduce the cost of public services delivery and increase the quality (Sørensen 2007).

In the sector of specialised disability service this situation can in many regards be characterised as imaginary. The numbers of providers are low and the possibility to create a real market situation with competition between public and private providers seems so far to be an illusion, as the numbers of private providers are more or less non-existent in this area. The introduction of a market-like situation – a quasi-market – can therefore be interpreted as the introduction of new steering dynamics that support the incentives to create a more transparent system. The municipalities and users gain access to cost and quality information of the different public providers, which makes it possible for them to compare and gives an insight into the efficiency of the different providers.

Each region and the municipalities within the region enter into annual framework agreements that define the regional services and provide a tool to coordinate policy planning in the area. This agreement regulates the

“market” and is a tool to ensure a reliable supply and to clarify the division of responsibilities between the two government levels in delivering services for people with disability. The agreements create a degree of certainty as to which government level is delivering the specific services and therefore hinders the municipalities or regions in making unexpected changes.

The present study shows that until now, the competition between the providers in the disability area has had an impact on especially the rehabilitation centres that take care of people with brain injuries. Some municipalities have organised an alternative rehabilitation process where they only purchase fragments of the support from the specialised providers. This has caused one of the specialised rehabilitation centres in the field of child support and rehabilitation to close down due to lack of “customers”.

A large number of the municipalities have introduced a new method in regard to the casework in social cases. A report from Local Government Denmark (KL, 2007) shows that approximately 50% of the municipalities has introduced an “orderer-supplier-user” management model for government services (the BUM model). The BUM model operates with a clear distinction between the authorities who order and buy services for disabled people, and the providers of the same services.

The study of the 20 specialised disability providers in six municipalities gives us the impression that the BUM model is being introduced in various forms, and that the municipalities have implemented the model in regard to local political and administrative goals. Some have implemented the model from a clearly marked base strategy; others have implemented the model in a combination with for instance value management.

The study points to that the authorities may lack knowledge in the situation of casework. The study points out that the division between the authorities who order/buy and the specialised service providers is blurred, as the authorities are in need of knowledge about impairments and the support, assistance and services that can compensate the disabled citizens in need.

Besides the BUM model, the municipalities have introduced a contractual relationship between the authorities and the providers in the disability sector. We have not been studying these contracts further, but it is our impression that this performance management model incorporates values from both the disability policy of the municipality and a number of objectives aiming at increasing the quality of the services, i.e. reducing the sickness absence among the employees.

In the present working paper we will examine the new management tools further in order to get more knowledge about the impact of the new tools on specialised disability services.

5. How the Reform has Influenced the Everyday Life of the Users of Disability Services

Most of the users have so far not experienced any change in the services they receive, and most of the users are satisfied with the support and assistance they get. Some of the users receive a slightly better service than before the reform and others receive a slightly poorer service. The changes only seem to have a minor influence on their daily lives. But many of the users state how their daily lives are influenced by the stress and strain among the staff and the manager of the specialised disability services. Many of the users are dependent on the assistance they can get from the staff in doing practical things and in handling personal relations and everyday tasks. The users state how the staff have less time to assist and support them, because they spend more time on administrative tasks and meetings. Some of the users also experience a higher degree of sickness absence among the staff and hence replacement of staff. Many of the users experience these changes as negative and as quality deterioration.

Some of the users have been in contact with the caseworkers concerning their needs, and some have experienced an increase in waiting time and a higher degree of replacement of caseworkers. Some have met with caseworkers who have been confused and lacked knowledge about their case. Others have experienced the caseworkers as more competent and knowledgeable in the disability area.

One family with a disabled child has experienced that the support they received before 2007 was taken away “over night”, and that the “new” municipality staff met them with mistrust. They have struggled to gain access to the same level of support as before the reform, putting pressure on the head of staff. Another family, also with a disabled child, has experienced that the caseworkers in the new municipality were more knowledgeable and better at coordinating the support and exchange of knowledge about their child between the different persons and staff involved in handling their situation.

The general picture is that the users have not experienced fundamental changes in the support and assistance they receive from the specialised disability services. Nevertheless, there are variations and the study leaves the notion of the staff and caseworkers being under great pressure and stress in the process of reform, which has an indirect negative effect on the users.

6. How the Reform Influences the Working Life of the Staff

The staff employed in the specialised disability service have different professions; social education workers, social workers, nurses, psychologists, physiotherapists, occupational therapists. In some workplaces – i.e. sheltered housing, daycare and sheltered workplaces – the staff have contact with the users on an everyday basis. The study shows that the staff employed in this kind of specialised disability service have not experienced changes in relation to the users. The tasks and the group of users seem to be very much the same

as before the reform. Nevertheless, the working life of the staff is influenced by claims from the municipalities concerning the degree of documentation and evaluation of the work and social methods they are using. Some of the staff experience that they have to use more time on writing reports and providing written information to the manager and the users and relatives. However, they interpret this as a tool that may increase the quality of their work and the level of information.

The staff at the rehabilitations centre have experienced some changes in the number of users and the degree of support they are demanded to deliver. The rehabilitation centres often have a continuous flow of new users, and the staff experience that they have to be more efficient and that they have to produce more written documentation and information concerning the support they can deliver.

Although the staff interviewed have different working conditions, they all seem to be under pressure and they experience that more of their working day is used to produce written materials and reports, and that time is taken from the daily care, personal support and assistance of the users.

They also experience that the managers of the working place are more stressed and they spend their time on meetings with the municipality and on administrative work. The managers have less time for professional supervision and development.

The staff is concerned about the professional network that they used to have in the former counties. Many networks have been dissolved and due to the new market-oriented situation, they now seem to be competing with the former members of the professional network in regard to who can get most customers at the lowest price. They also find less time to participate in professional networks. Nevertheless, new networks also seem to be established between the staff providing different kinds of disability services in a municipality and new professional relationship to the employee at the administrative level.

7. How the Reform Influences the Managers of Specialised Disability Services

The managers of the specialised disability services have experienced the highest degree of change in their working life. The reform has facilitated change towards management at a distance, where the managers are occupied with administrative and strategic tasks, meetings with the leaders of the municipalities, and other activities going on at the political and administrative level of the municipality. Due to increase in the administrative tasks, some of the managers have engaged more staff helping them out with the job. According to the managers, the municipalities are using a number of different management tools that decrease their ability to make decisions and influence the way the services are governed. They experience an increasing number of policies, standards and rules they have to implement and hence, they feel they are losing their former autonomy and ability to make decisions in cooperation with the staff, users and relatives.

The managers are concerned about the new market-oriented situation and whether and how the services they deliver will be affected by the market. Some of the managers find that the market situation has facilitated a development in the quality of the services they deliver and that they have become more aware of how they can influence the future by advertising and strengthening the level of information about their services. Some of the managers have developed new strategies for service development and education of the staff, so they can become even more professionalised. Others find themselves in a situation of uncertainty, and their strategy seems to be ambiguous as they tend to “wait and see” how the new management tools will affect the specialised disability service.

We interpret the manager’s strategies as related to the degree to which the services have been affected by the reform. As mentioned before, the sheltered housing/24-hour care centres, the day centres and the sheltered workplaces seem to be less affected by the new market situation than the rehabilitation centres, centres for communication and advice. The services that have a continuous flow of new users/customers have been influenced by the market situation, and their ability to “survive” depends on their ability to adjust to the new conditions. But the strategy of the managers is also related to the manager’s skills and competence to cope with the new situation of governance. Some managers are now seeking to influence the politicians and leaders of the municipalities, and to participate in networks and in the process of policy-making in order to influence the disability policy in general. Most of the managers find that the municipalities lack knowledge about disability politics, people with impairment and the specialised services and programmes. Some of the managers are applying for new skills and management tools to cope with the new situation.

8. Concluding Comments

Studying the local government reform from the users’, employees’ and managers’ point of view gives us an insight into how the government reform is implemented in everyday public services and how reforms and changes are experienced by the people who are users of or working in a public sector under change.

We find it notable that the major changes in the structures, procedural and political management framework in the specialised disability sector seem almost not to have had any effect or have been notified by the users. From the users’ point of view the reform seems to be “something going on in the manager’s office”, at a distance of their lives and everyday business.

The study suggests that so far, the reform has changed the management of the specialised disability services. The reform has changed the working procedures and working life of the managers. The study raised the awareness of how these changes may influence our understanding of the workplaces providing specialised disability services and support. How do these changes affect the “identity” and “role” of these workplaces? And how do the changes affect the users in the long run?

It seems that the specialised disability services are moving from a pre-reform position where they were placed in an autonomous position with a high degree of authority to make decisions about the level of quality,

staff, degree of user involvement etc. towards a post-reform position where the governance tools are multiple and points to different kinds of roles and identities. On the one side, the specialised disability services are placed in a new hierarchical position as service providers for the local authorities, and on the other side, they are placed as providers of services in a market with the autonomy to advertise and sell the services that the “customers” demand. But the conventional hierarchical model of governance also seems to be blurred by the municipalities governing by contract and performance management tools. And by the market conditions that are regulated by annual framework agreements defining the regional services and being a tool to coordinate policy planning in the area.

The study suggests that different management tools are taken into use – hierarchy, contract, market and framework agreement – that may all affect the production of specialised disability services in different ways. What we are witnessing is a growing complexity in governing, but it is still uncertain how this may influence the quality and development in the area. The research project will follow the development until 2010 and in the following working paper we will focus on the new management tools that are now implemented two years after the reform took place.

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