

# Individual Plan – Has it lived up to the expectations?

*A qualitative study on the use of Individual Plans for physically and mentally disabled children.*

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Master thesis

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15.06.2009

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## ABSTRACT

The Norwegian health care system is complex and multileveled, with numerous different services. For a patient or next of kin navigating through the system can be both difficult and time-consuming. Studies have shown that services within the social- and health sector are poorly coordinated and lack consistent planning and clearly defined responsibility. As a consequence the central health authorities introduced the Individual Plan arrangement for individuals in need of long-term and coordinated services. The intention behind Individual Plan is to give service users a complete and consistent range of services, where the responsibility and role of the different service providers are clearly defined. It is a tool that aims to promote cooperation between service providers, coordination between services, and involvement and empowerment for the individual service users and their families.

Is the concept of Individual Plan only a political ideal with no real life relevance, or is it welcomed by service users and service providers? How is the arrangement carried out and does it meet the requirements that have been defined? This thesis investigates the qualitative aspect of Individual Plan based on in-depth interviews with primary contacts, coordinators and parents that are involved with Individual Plans for mentally and physically disabled children, living in a care facility in the Oslo region. The findings indicate that the practise of using Individual Plan is characterised by a lack of established routines and guidelines at the city district level, and relies mostly on the individual coordinator and their understanding of the arrangement. Consequently, there are a variety of methods of using Individual Plan in the cases presented in the thesis. Furthermore, the informants have mixed experiences with Individual Plan. A major source of misunderstanding, frustration and uncertainty is the written plan document, while most of the informants are more positive towards participating in the responsibility groups. Many of the informants are uncertain whether the Individual Plan is an efficient tool for promoting interaction, coordination and user participation, and stress that several factors have to come together to fulfil the purpose of Individual Plan arrangement

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## **ACKNOWLEDGEMENTS**

Completing the master thesis has been a challenging and a rewarding process. Many people have contributed and deserve my gratitude.

First of all I would like to give my sincere thanks to the informants for their time and effort, and to my employer and colleagues for supporting the thesis. I would also like to give a thank you to my supervisor, Professor Olaf Gjerløw Aasland at the Institute of Health Economics and Health Management, University of Oslo for his guidance and support throughout the process. And lastly, I must thank Anine Terland at the Norwegian Board of Health Supervision for valuable inputs and insightful discussions during my internship.

Linda Kristine Markham  
Oslo, June 2009

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Å møte et barn i blikket  
er mer enn et møte med vår;  
det er som å dra på en reise  
tilbake titusener av år  
og ikke bare finne  
sin egen barndom på ny,  
men artens famlende barndom  
i tidens morgengry.

Andrè Bjerke

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# 1. INTRODUCTION

Individual Plan<sup>1</sup> has in recent years become a political buzz word and is a major political priority area for dealing with a fragmented health- and social sector (NOU 2005:3). Lack of coordination of services and inadequate information of rights and possibilities have been major problems for people in need of long-term and extensive services, and their families. Individual Plan has been introduced as a tool where the purpose is to ensure better cooperation and coordination in the service apparatus and to strengthen user participation. A wide range of political documents<sup>2</sup> elaborate on the intentions behind the Individual Plan arrangement establishing the implementation of Individual Plan is an important priority.

Is the concept of Individual Plan only a political ideal with no real life relevance, or is it welcomed by the people working in the service apparatus? How is the arrangement being implemented and does it meet the requirements from the health authorities? This thesis investigates the qualitative aspect of Individual Plan based on in-depth interviews with both service providers and parents that are involved with Individual Plans for mentally and physically disabled children. The focus of the thesis is to obtain insight into how IP is put into practise and how actors experience the arrangement.

## ***1.1 Background for the study***

In the fall of 2007, I did an internship at the Norwegian Board of Health where my main task was to carry out a literature review about health services to mentally disabled individuals. In the process of going through a vast amount of literature I became aware of the concept of Individual Plan which was a recurrent theme, especially in official documents. I had previously heard about Individual Plan in connection to my work at a care facility for mentally disabled children, but had no understanding of what it actually implied. When I learned more about the purpose behind Individual Plan and the juridical framework in which it is anchored I started to question why I knew so little about the arrangement when working in a sector where Individual Plan is highly relevant. Furthermore, when reading through the

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<sup>1</sup> Also referred to as IP

<sup>2</sup> Rundskriv 1S-1/2004, Rundskriv 1S-1/2005, Rundskriv I-3/2004, NOU:2004/18, NOU 2005/3



literature it struck me how much literature that existed on the idea and the purpose of Individual Plan and how little knowledge that existed on how the arrangement was put into practise. This realization gave me inspiration when I started planning the master thesis. When choosing the topic for the thesis I wanted to investigate the connection between theory and practise by studying the qualitative aspect of the Individual Plan arrangement in relation to the ideals that it is based on. I wanted to gain insight into how Individual Plan is put into practise and find out whether the expectations surrounding the arrangement are being met.

### **1.1.2 Prior understanding of Individual Plan**

Malterud (2003 p. 46-47) describes a researcher's prior understanding and experiences of a phenomenon as a backpack the researcher carries with him throughout the process of doing research. The content of the backpack consists of hypothesis, professional perspectives and theoretical frame of reference, and influences the way the researcher gathers and interprets his data. Prior knowledge is often what inspires a researcher to study specific areas or phenomena, and can both strengthen and nurture the research process and be a burden that hinders the process. The author argues that a researcher should account for his prior knowledge at the outset of the study and what he expects to find during the analysis, so the reader is able to assess how this knowledge and experiences have influenced the research process.

My prior understanding of Individual Plan is based on literature review that I conducted in my internship at the Norwegian Board of Health. Furthermore, I work in a care facility for mentally and physically disabled children where the majority have an IP. I have no practical experience with participating in a plan process, but when doing preliminary research for this thesis I had informal conversations with colleagues that are involved with the Individual Plans. Based on my prior understanding at the outset of the thesis I expected the following findings;

- Most of the informants are positive to the idea of Individual Plan.
- The process of Individual Plan can be difficult to complete
- Few of the plan processes were carried out in accordance with recommendations from the central health authorities.
- That Individual Plan can be a useful tool to ensure that the service users receive the services they need.

## **1.2 Background for the Individual Plan regulation.**

The Norwegian welfare system is founded on the principle that health and social services are common goods that should be available to all inhabitants regardless of sex, age, geography or other personal characteristics. Every citizen has the right to decent standard of living, education, work, and housing. The society has a particular responsibility for those who fall behind, and those who do not have the resources or means to speak their own cause. The central authorities are responsible for providing services for those who are in need, and assuring quality and equal access. The Norwegian health care system is complex and multileveled, with numerous different services. For a patient or next of kin navigating through the system can be both difficult and time-consuming. Unclear responsibility and many barriers to seek information and care affect the whole welfare system, and is a political issue (NOU 2001:22) In St.melding number 21 “Ansvar og Meistring” (1998-1999) these challenges were addressed, with a focus on rehabilitation services. The white paper is based on a user survey which concluded that rehabilitation services in Norway were poorly coordinated and lacked consistent planning and clear responsibility. The service providers often excluded the service user when planning the treatment and the service users to a large extent felt that they were not allowed to participate when forming their own treatment plan. People who are in rehabilitation and habilitation often require a number of different services and their needs are often complex and long-term. The white paper concludes that the key to successful rehabilitation services is to strengthen cooperation and coordination between services and to focus on patient/user participation.

As a consequence of the conclusions made in Stortingsmelding 21, the Parliament enjoined the Ministry of health and care services to draw up guidelines and a juridical framework to secure cooperation and coordination of services for individuals who require long-term and extensive assistance and care, through the use of individual plans (Thommesen, 2004).

### **1.2.1 Juridical framework**

The right to have an Individual Plan is given in pursuant to sosialtjenesteloven § 4-3a and § 5A-5, pasientrettighetsloven § 2-5 and arbeids- og velferdsforvaltningsloven § 15. The obligation to provide an Individual Plan is given in pursuant to sosialtjenesteloven § 4-3a,

kommunehelsetjenesteloven § 62a, lov om spesialisthelsetjenesten § 2-5, arbeids- og velferdsforvaltningsloven § 15, and psykisk helsevernloven § 4-1.<sup>3</sup>

Who has the right to an Individual plan? It is stated in the legislation that the right is given all those in need of long-term and coordinated services. The right is not given by an individual's diagnosis or level of functioning, but by the extent of services he or she needs. Thus, the group which is encompassed by the Individual Plan acts is quite heterogenic with different presentation of service need. It may be individuals who experience difficulties of psychiatric, cognitive, somatic, social and/or environmental character. And these difficulties may be complex and extensive. The right is also independent of the service user's age (Thommesen et al. 2008).

Three authorities are obligated to provide Individual Plans according to the social- and health legislation; social services, municipality health services and regional health enterprises hereunder mental health services. Furthermore, it is specified in the regulations that the part of the municipality health or social services or the regional health enterprise the service user first is in contact with has an obligation to start the planning process. Within mental health services the obligation is given the individual institutions. In practise it will be the municipality where the service user lives that should coordinate the plan process due to the principle of proximity. Thus, if the process is initiated in the specialist care services, the responsibility of coordinating the plan process should be taken over by the municipality (Individuell Plan, 2007)

### **1.2.2 History behind the use of Individual plans in service delivery.**

The idea behind individual plan as a tool in service delivery can be traced back to the beginning of the 1960s and the "Community Mental Health Movement" in North America. One approach developed by this movement was Goal Attainment Scaling, where the focus was to create an understanding and an overview of the effects of an overall treatment scheme. Clarification of goals was an important part of this approach, both to evaluate the effects of treatment, but also to secure that the different service providers cooperate to achieve common goals. Even though the work within the "Community Mental health Movement" was focused on mental health services, the methods were also used within other types of services such as

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<sup>3</sup> <http://www.lovdatab.no>

rehabilitation, health services, geriatrics and in education. In the 80s other methods like “Case Management” and “User Centred Approaches” were developed, with a particular focus on user participation and empowerment (Lorentzen & Berge, 2006).

These different approaches to service delivery have influenced the idea and intentions behind the Norwegian Individual Plan Act. In Norway, different variations of Individual plans have been used in the educational system (individuelle opplæringsplaner IOP), geriatrics and care services (pleieplaner), psychiatrics (behandlingsplaner) and within rehabilitation (attføringsplaner og tiltaksplaner). When the regulation for the use of individual plan was introduced, it became a superior treatment plan which encompasses all the previous plans (Lorentzen & Berge, 2006).

### **1.3 Literature review**

A literature search was conducted in January 2009, by searching for the words “individuell plan” in BIBSYS, NORART and SKUR<sup>4</sup>. The result of the search was over 200 publications, both research studies and public documents that discussed the concept of Individual Plan in varying detail. For the purpose of this thesis, only a few studies and documents are chosen to illustrate the current trend in the research on this topic.

Most of the literature found was related to use of individual plan in psychiatry and mental health services. Andersson et al. (2005) and Røhme et al (2006) also maintain that most of the research done on this subject is within mental health services, and is related to the extent of usage and not the quality of the Individual Plan. For instance The Norwegian Board of Health has undertaken several national supervisions directed towards mental health services, partially to reveal if there was any discrepancy with the implementation of Individual Plan arrangement. The Board found through a national supervision of psychiatric health care for adults in 2003 that few institutions had sufficient routines for ensuring that every service user had an IP (Helsetilsynet 4/2004). In 2002 the Board undertook a supervision with 41 outpatient psychiatric clinics for children. The supervision revealed that almost none of the clinics had started to implement Individual Plan, and that there was little cooperation with

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<sup>4</sup> Statens kunnskaps- og utviklingssenter for helhetlig rehabilitering.

municipal health services (Rapport 4/2003). Furthermore, Sitter and Andersson (2005) conducted a survey in 60 municipalities where they looked at the number of children and young adults with mental health problems who had an IP registered with the health centre for children or school health services. The authors concluded that children and young adults with mental health problems at greater extent had an IP in comparison to the control group, which consisted of children and young adults who was characterised without mental health problems but in need of several health- and social services.

When it comes to the use of Individual Plans among other groups of service users such as people with somatic illness, drug and alcohol problems or rehabilitation needs there is insufficient documentation in the body of literature. Furthermore, no studies have solely focused on the use of Individual Plans among children with disabilities. (Andersson et al. 2005, and Røhme et al.2006)

A group of studies have set out to investigate to what extent the municipalities have implemented Individual Plan, most of these studies are undertaken by SKUR. A quantitative survey was conducted in 79 municipalities, and concludes that almost 90 % of the municipalities had started to implement IP (Thommesen, 2002). A follow up survey two years later concluded that 93 % (out of 314) municipalities had implemented IP. The study concluded that that it had been a noticeable progress made in the implementation of Individual Plan, but it was still relatively few service users who had an IP. The survey also revealed a discrepancy on how the idea behind the arrangement was interpreted and how it was put into practise. One possible explanation was that the legal framework was too difficult, and that it was a tendency of making the plan process too complicated and too extensive (Thommesen, 2004).

Only a few studies have investigated the qualitative aspect of the Individual Plan arrangement and how it is implemented. Lorentsen and Berge (2006) did a study based on qualitative interviews with 60 different service users who have an IP, where the main focus was to get an insight into the service user's experience with the plan process. The study concludes that many of the service users think that Individual Plan is a valuable tool that promotes achievement and participation, and that the coordinator has a central role in making the plan work. However, it existed a great deal of variations in the level of satisfaction between and within different municipalities. Some of the frustration with the IP was with the following-up

of the plan document, and that the document had no direct influence when it comes to decision-making in the system. These findings were supported by Bakke (2005) where the author asks if the Individual plan as a tool is too vague, and therefore meaningless if the content of the document has no juridical weight. Furthermore, the study made by Lorentsen and Berge (2006) indicated that many service providers are highly committed to working with Individual Plan but they face some difficulties on the system level when putting it into practise. The authors conclude that to reach the full potential of the IP, the arrangement must be better organised and coordinated from the political and administrative level. Thommesen et al. (2008) conducted a two-part qualitative study. The first part was based on in-depth interviews with people involved with nine Individual Plan processes from five municipalities, both service users and service providers. Two of the service users were children. The second part of the study consists of three group interviews, where the groups were composed of representatives from the municipalities and from different services. The study indicates that the arrangement with IP is implemented and is being put into practice in various forms in the different municipalities which is consistent with the findings of Lorentsen and Berge (2006) and Thommesen (2004). Moreover, the study revealed different views and ideas of what the arrangement of Individual Plan actually is among service providers. Many were sceptical to the Individual Plan arrangement, but the authors conclude that the scepticism is based on specific interpretations and ideas of how the arrangement is supposed to be put into practise. These interpretations were mainly based on the notion that IP is a rigid and formalised process with extensive templates and blankets and that it leads to increased municipal expenditures. Other ideas were based on how the plan process was supposed to be practised and on what is emphasised as being the right way of working with an IP. Like Lorentsen and Berge (2006), these authors argue that for the Individual Plan arrangement to work it needs to be better anchored at the administrative level.

## ***1.4 Presentation of the research questions***

The purpose of this thesis is to gain insight into the qualitative aspect of Individual Plan, where focus is the relationship between theory and practise, or the ideal behind the arrangement and the reality in which it is implemented. The arrangement of Individual Plan encompasses a great diversity of service users and services. For the purpose of this thesis I have chosen to study the use of Individual Plans for mentally disabled children. As pointed

out by Andersson et al. (2005) there are no studies that have investigated the use of Individual Plan among children and adolescents with disabilities. Children with disabilities are especially exposed and vulnerable, and inadequate follow-up by the service apparatus may have serious consequences for their development ( Helsetilsynet 4/2007). I will argue that the purpose of Individual Plan as it is defined by the authorities is especially important for this group of service users.

By looking into empirical cases I will answer three defined research questions:

- 1) How is Individual Plan carried out?
- 2) How do central actors experience being involved in the plan process?
- 3) Can any factors be identified which affect the plan process in a negative or positive direction?

The discussion of these research questions will enlighten the central theme of the thesis; Individual Plan – has it lived up to the expectations?

### **1.4.1 The structure of the thesis and clarifications of central concepts**

*Chapter 2* presents the theoretical framework that forms the basis of the conceptual understanding of the findings presented in the analysis.

*Chapter 3* describes the methodology that is applied when gathering and analysing the empirical material.

*Chapter 4* presents the findings from the analysis of the empirical material. The chapter is divided into three parts, covering the three different research questions. At the end, a discussion on the validity, reliability and the generalizability of the findings is presented.

*Chapter 5* gives a summary of the main findings in light of the research questions, together with final reflections on the topic and recommendations for further research.

*Clarifications and definitions of central concept:*

Service user<sup>5</sup>; for the purpose of this thesis the concept refers to a person who receives services from the health and/or social sector.

Service provider<sup>6</sup>; for the purpose of this thesis the concept refers to a person who provides services in the health and social sector, and who is in direct contact with the service users.

Responsibility groups<sup>7</sup>; is defined as a group composed of those professionals/ service providers that are in most contact with the service user, together with the service user and/or their next of kin or legal guardians. The aims of the responsibility groups are;

- to coordinate the services the service user needs
- to work to achieve smooth transitions between the different phases in life

(Stortingsmelding 21, 1998-1999)

Habilitation service<sup>8</sup>; refers to an interdisciplinary activity that takes place across sectors and departments both within and outside of the health and social sectors. The habilitation service performs planned and clarified activities within a limited time-frame, where several actors come together to give necessary aid so that the service user can achieve maximum capacity and functioning, independence and participation in society (Helsetilsynet 4/2007)

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<sup>5</sup> Tjenestebruker

<sup>6</sup> Tjenesteyter

<sup>7</sup> Ansvarsgruppe

<sup>8</sup> Habiliteringstjeneste



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## 2. THEORETICAL FRAMEWORK

The theoretical framework presented in this thesis is based on a set of concepts which is used in connection to the empirical findings to enlighten the research questions. This chapter is divided into three parts; the first part present Implementation theory that is a backdrop for the analysis of how Individual Plan is implemented. The second part presents the main feature of the Individual Plan arrangement as it is describe by the central health authorities. And the third part of this chapter presents a framework for analysing positive and negative factors in working with Individual Plan.

### ***2.1 Implementation of public policies***

Implementation studies focus on what happens after a political resolution is made and a policy is determined. They constitute their own field in the political sciences, where the aim is to describe and explain how public policies are carried out. The concept of implementation had its breakthrough in political sciences after Pressman and Wildavskys book; *Implementation – How great expectations are dashed in Oakland*, published in 1973 (Offerdal, 2000). The concept of implementation became a focal point in the studies of public policies in the 1980s. Most of the studies conducted at that time found that there was a discrepancy between the ideal behind a political resolution, and the reality when the resolution was implemented. The intention behind the resolution often became distorted, and the actors with the responsibility of implementing disregarded the given guidelines. Over the years different approaches and different models of implementation studies have developed, however at an early stage two main approaches became evident; the top-down approach and the bottom-up approach (Kjellberg and Reitan, 2003).

#### **2.1.1 Top-down approach**

This approach to implementation studies focuses on the goals and objectives defined by actors in the central government, and look at how these goals are transformed and interpreted when travelling down through the implementing organization. A central criterion for a successful implementation is that the practise is an agreement with the defined objectives given in a

political resolution (Offerdal, 2000). The objectives have to be clearly defined, and the central government must maximize the probability that those who implement act according to the objectives; for instance through allocation of resources, training, a clear definition of the chain of responsibility, and support from powerful interest groups. The literature points to several factors that can hinder a successful implementation, like imprecise definition of goals. The policy makers may not always have a clear understanding of what they want to achieve, and the resolution may have been formed through negotiation with several interest groups. This may lead to policies with vague objectives, which are open for different interpretations. In some circumstances clear goals may lead to conflict and resistance from those who are implementing, henceforth a more vaguely defined policy can be a strategy to avoid negative reactions. Other factors that can hinder a successful implementation are the practise of the implementing organizations. This can be related to their autonomy and opportunity to use judgement when implementing the policy. Every injunction from the top must be interpreted, evaluated and delegated down. In this process the objectives of the policy may be re-interpreted and its content can be altered. Furthermore, an implementing organization can resist the policy, and therefore be unwilling to implement (Offerdal, 2000). An influential article by Van Meter and Van Horn from 1975 (Kjellberg and Reitan, 2003), identified 4 factors that influence the implementation process; 1. The relationship between the central and the decentralized government. The authors argue that if the implementation conducted in the central state apparatus, the process will have a different progress than if the implementation were carried out in a decentralised part of the government, for instance in a municipality. 2. The second factor that influences the implementation process is the organizational features of the implementing organization. This factor relates to the size of the organization, competence, and the work environment. 3. The third factor relates to economic, social and political conditions in the local environment where the policy is implemented. 4. The last factor is the attitudes and the behaviour of what the authors refer to as the “implementers”, who directly affects the implementing practise. The authors point three elements that effects the implementers’ will and ability to carry out the resolution; their understanding of the resolution their approval or rejection of the usefulness and value of the resolution, and the intensity in this reaction (*ibid.*).

## **2.1.2 Bottom-up approach**

This approach represented a break with what was characterized as a formalistic and analytical top-down perspective. It is often labelled as the process oriented approach and is based on an ideological perspective that focuses on user-orientation and decentralization (Kjellberg and Reitan, 2003). The advocates for this approach argue that implementation is not a process steered from above, but is a consequence of different actors' willingness to solve societal issues. Central to this perspective is how and to what degree an implementation process can contribute to solve a problem in the society, where the question of interest is what would be the situation if the line of action is not taken? Implementation is perceived as a process where the actors are not defined at the outset; they could be persons, organisations or a party that relates to the problem and get involve in the process. It is argued that the bottom-up approach give a better account for what is actually happening when a policy is carried out, while the top-down approach is more prescriptive and normative. This perspective is useful when we want to uncover the diversity of the implementing structures and the interests that form the networks. However, its critics argue that the bottom-up approach undermines the importance of the authoritative decision making that form a resolution. Furthermore, the purpose and the intention of a specific policy are of minor importance, hence the implementation process is disengaged from its original starting point (Kjellberg and Reitan, 2003. and Offerdal, 2000)

## **2.3.1 Implementing Individual Plan – from a theoretical perspective**

This thesis will make use of a theoretical framework inspired by implementation theory to describe how the arrangement of Individual Plan is carried out. It is not the intent or within the scope of this thesis to conduct a complete implementation study. Kjellberg and Reitan (2003) argues that when studying the implementation of a political resolution the most fruitful strategy is not have a doctrine attitude towards the different approaches described in the previous sections, but to choose the elements that is most serving according to the empirical process under study. The focal point in this thesis is how Individual Plan is implemented and used, in comparison to the ideals and objectives of the central government. This thesis applies a narrow definition of the implementation process, the phase between central decision making and the local operationalization of the resolution, where the focus is on the objectives of Individual Plan. Henceforth, the theoretical framework applied here is to a greater extent influenced by the top-down approach to implementation theory.

Kjellberg and Reitan (2003 p. 134), formalises the process of implementing a resolution through 7 different phases:

- I. Forming the policy – Starting with a review prepared by an official committee or workgroup, which leads to a proposition or a public report.
- II. Making a resolution - setting the guidelines or forming the juridical framework
- III. Specifying at central level - defining the official guidelines and regulations
- IV. Specifying at the local level – drawing up plans and instructions.
- V. Realization at the local level – carrying out the resolution at the local administrative level.
- VI. Practise of carrying out the resolution – results of the resolution.
- VII. Reviewing and evaluating the experiences.

One can identify all of the 7 phases in the process of implementing the Individual Plan arrangement, from the development of the policy to the local realization and execution of the arrangement, to last phase of evaluating the experiences at the central level. Which phase is important to include in an implementation study, and where do we consider the implementation process to start? This is an ongoing debate, and there exist several opinions on the topic. Kjellberg and Reitan (2003) argue that it is the distinctive character of the resolution and the normative viewpoint of the researcher that will influence these methodological choices. The focus of this thesis is the practise and the execution of Individual Plan at the local level, hence the phases V and VI that is the most serviceable to include in the analysis.

The next paragraph elaborate on the content and purpose of the Individual Plan arrangement, as it is described by the central health authorities.

## ***2.2 The Individual Plan Arrangement***

The intention behind the Individual Plan regulations is to give service users a complete and consistent range of services, where responsibility and role of the different service providers are clearly defined. It is a tool to promote cooperation between service providers, coordination

between services, and involvement and empowerment for the individual service users and their families (Thommesen et al. 2008).

But how are the intentions behind the Individual Plan supposed to be put into practice? The point of departure in this thesis is the Official Guidelines to the Individual Plan Regulation issued by the Directorate of Health in 2007. The content in an official guide or guideline is not legally binding in itself but contains references to specific regulations. A regulation is always given with pursuant to a juridical act and is therefore binding. An official guideline to a regulation contains recommendations to how the regulations should be interpreted and put into practice. Hence, in this thesis The Official Guidelines to the Individual Plan Regulation is read as how the central government wants the arrangement with Individual Plan to be implemented.

It is stated in the Official Guidelines that Individual Plan is both a tool and a process. It is a method that challenges service providers, public departments, institutions and municipalities to organize and to work together in a different manner. The individual planning process should give an adequate description of current status and future goals, and establish and secure commitment and cooperation between and across services. It should also have the service user as a focal point, and he or she must be given the opportunity to contribute in the process.

The arrangement of IP consists of four elements;

- One central service provider who has the main responsibility for plan process and the contact with the service user.
- A planning process
- Drafting of a plan document
- Evaluation and revising the plan document

### **2.2.1 One central service provider – coordinator**

One of the main purposes of IP is to ensure that there is one service provider with the sole responsibility for the following up and the contact between different services and the service user. In practice this service provider is often named a coordinator. When it is decided that a service user is entitled to an IP, a responsible service provider or coordinator must be

appointed. The municipality has the responsibility of assigning and training the coordinators. Furthermore, the municipality has the responsibility of establishing good routines for securing that continuity with the coordinators are upheld. This implies that the coordinators must engage on a long-term perspective, and there should be a minimum of replacement of coordinators. The service users have the right to be involved when assigning coordinators and to demand a new coordinator if necessary.

The coordinator has the responsibility to ensure that the service user is informed through the planning process, and that he or she has an opportunity to play an active role when planning and drawing up the IP. An important part of the work of the coordinator is to listen and be coherent to the wishes of the service user and to establish a relationship of trust and respect.

In the regulation of IP it is not stated that a service provider must have any type of formal education to be assigned the role as a coordinator, but some training is necessary to ensure that he or she attends to the tasks as a coordinator in an optimal manner, and to get acquainted with the arrangement of IP, what it means for the individual service user, and how the municipality or health enterprise organises the arrangement. Furthermore, it is important that the coordinator has a good insight into the system of service provision, on the different service providers and on the rules and regulations that are relevant for the individual service user.

### **2.2.2 The planning process.**

The Official Guidelines of the IP regulations describe a possible structure of the planning process, and emphasize that this should merely be read as suggestions and the template should be open to individual variations. The planning process can not be conducted in a rigid manner, with a pre-defined structure, but must vary according to the needs of the service user.

The point of departure for the planning process is the assignment of a personal coordinator. The coordinator should obtain a good insight to the needs and wishes of the service user and get a complete picture of the persons' situation. Thereafter the coordinator decides on the form of cooperation that is most suited to the purpose for the individual plan process. There is no requirement to have formal meetings, it can also be suitable to have small informal group discussions or even talks over the telephone or e-mailing. It depends on how many people are involved in the process and what is defined as constructive in that specific process.

The next step in the planning process is to get an overview of the service user's resources, needs and goals, and which services to include in the process, also called "mapping". On the basis of the "mapping" the coordinator gets into contact with the different services that are needed. Through talks, meetings and cooperation between the respective services an individual adjusted service scheme should be arranged.

### **2.2.3 Drafting the document**

The drafting of the plan document can be undertaken in a number of different ways. Most municipalities and health enterprises have a standardised plan template. But very detailed templates or forms can limit the opportunity for an individually adjusted plan. It may be practical to have a meeting with all the actors and service providers that are involved in the process when doing the first draft to make sure that any questions and problems surrounding the plan are addressed, and that the people involved get a full understanding of the content in the plan document.

In the Individual Plan regulation §7 certain elements are listed that need to be included in the plan document to fulfil the juridical requirements. These are listed below;

- *An overview of the service user's goals, resources and need for services.*

This is called a description of situation, and only the factors that are relevant for the coordination and implementation of the individual service scheme that should be included.

- *Who participates and who does what in the plan process.*

It should be clearly stated in the plan document who participates in the process, and what they contribute with. If the service user is under aged his/her parents should be included in the document.

- *Assignmentt of responsibility*

It should be clear from the document who has got the main responsibility for the following up of the plan process and the service user, in practise who is the coordinator.

- *Assistance to the service user and how it is provided.*

The plan document should give a description of each services being provided, to what extent they are provided and how the services are carried out. For each service a responsible service provider must be appointed. In should also be clear from the document how the different services are coordinated.

- *Time horizon, evaluation of services and revising of the plan document.*

The plan document should state a period of time from when the plan is in effect and for how long. The coordinator should be in contact with the service user in agreed upon time intervals to make sure that the services he or she receives are working out according to plan. This time interval should be stated in the document.

The plan document should contain information about how service providers or the service user can go about if wanting to make changes to the existing plan. Furthermore, the document should inform about the possibility to and the formal procedures for filing complaints.

- *Declaration of consent*

With the plan document a declaration of consent must be attached showing that the service provider or his/her family or guardian wishes to have an Individual Plan, and that they consent to confidential information being exchanged between the service providers involved in the planning process.

## **2.2.4 Evaluating and revising the plan document**

It is clearly stated in the Official guidelines that the process of Individual Plan is not completed by the drafting of the document, but is an ongoing process. After a plan document is drafted a continuous evaluations should be undertaken by the coordinator and service user. The arrangement with IP gives the opportunity to correct and revise the service scheme as the service user's needs are changing. Revising and changing the plan document should be made after an agreed time period dependent upon how well the plan works, and the wishes of those who are involved.

## **2.3 Force Field Analysis**

This thesis will make use of a force field analysis to identify factors that influences the Individual Plan processes. The concept of force field analyses was developed by the German psychologist Kurt Lewin (1890-1947), and has become an influential method in psychology, business and social sciences (Albrecht, 1985). The concept of force field represents a systematic framework for analysing the forces that influences a social situation. These forces



can either act as driving forces that is steering a process towards a goal, or it can be forces that hinder or block the process. A force constitutes of every person, process, guideline, procedure, tradition, belief system, value system, interest or condition that has a direct effect on the situation (*ibid.*). This framework can be conceptualized as followed:

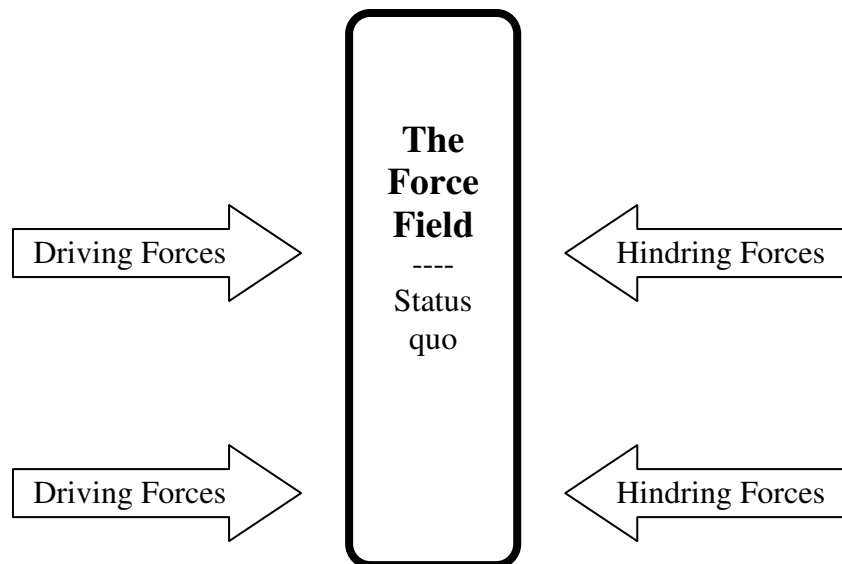


Figure 1. Force Field Analyses. From Brostrøm (2002 p.45).

The force field represents status quo, or the current situation. By manipulating the forces that influences status quo, it is possible to shift the situation in different directions (Brostrøm, 2002)

In Brostrøm 2002, this framework was applied to identify positive and negative forces in multidisciplinary project groups working on preventive measures directed towards children and young adults. The author identified several driving forces that were a positive factor for the cooperation within the groups; involvement, the will to change, the will for improving collaboration, the will for better spending of resources. Furthermore, several negative forces was identified that had a hindering effect; lack of time, lack of interest from the top management, scepticism from the members of the group, lack of resources and confidentiality. The authors used these findings to recommend some strategies for how to overcome the hindering forces, and to optimize the cooperation within the groups.

Like the interdisciplinary groups described in Brostrøm 2002, the arrangement with Individual Plan requires actors across different disciplines to work together to reach common goals. It is the intention of this thesis to identify some of the factors that influences the plan process in either a positive or negative direction, hence the Force Field analyses is considered to offer a framework that fit this purpose.

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## 3. METHODOLOGY

The aim of this thesis is to investigate the qualitative aspect of the IP arrangement through three research questions; 1) How is the plan process being carried out? 2) How central actors experience being involved in the plan process? 3) Can any factors be identified which affect the plan process in a negative or positive direction? The focus of this study is to unveil how the IP is carried out through the eyes of actors who are involved in the plan process. Central to the thesis is the actors' interpretation of what individual plan is and their personal experience with the plan process. To explore these questions a qualitative approach is considered to be the most fruitful. Malterud (2003) describes qualitative methods as research strategies which are most suited to describe and analyse the character and quality of a specific phenomenon, through human experiences and interpretation. The goal of qualitative methods is to explore the meaning of social phenomena as it is experienced by people in their natural environment (*ibid.*). To gain insight into people's perception and experiences with Individual Plan, I chose to undertake a case-study and carried out qualitative interviews with key informants connected to each case. According to Yin (2003) case studies is a preferred research strategy when the focus is on a contemporary phenomenon and the goal is to retain the holistic and meaningful characteristics of real life events. Kvale (1996) argues that the qualitative interview is a valuable method for gaining knowledge of people's experiences, and for understanding their lived world. This chapter will present these methodological choices in more detail, and give an account for the different steps in the research process. Clarification and discussion of different methodological issues will be presented at the end of this chapter.

### ***3.1 Phenomenology as an analytical perspective***

In qualitative research different analytical perspectives are being utilized when analysing and interpreting the empirical material (Dalen, 2004). According to Malterud (2003) a researcher using qualitative methods will both have a descriptive and interpretive viewpoint, because all descriptions are coloured by interpretations, and all interpretations are built on descriptions. The researcher can choose to weigh one dimension over the other when analysing and discussing the data material. I have chosen a descriptive viewpoint which I think is the most

suitable to fit the purpose of this thesis. The objectives of a descriptive viewpoint are to be loyal to the voices of the informants, and to accept their statements as being true knowledge in accordance to the informant's perception of reality. When placing oneself in this position, it can be valuable to make use of a phenomenological perspective (*ibid.*).

Phenomenology is based on philosophical theory where the core essence is the assumption that people's subjective experiences is what constitutes valid knowledge (Dalen 2004). It is a perspective which focuses on understanding social phenomena from people's own view point, describing the world as they see it (Kvale 1996). The purpose of basing the analysis on a phenomenological perspective is to derive knowledge of the informants' experiences on a specific phenomenon, which in this thesis is Individual Plan. The focal point in this thesis is how the key informants perceive IP as an arrangement, and how they experience being involved in the plan process. It is the informants' perceptions and experiences which constitutes real knowledge, which is then placed in a scientific context. According to the German philosopher Edmund Husserl (1859-1938) to get insight into other people's experiences you have to turn directly to the source. In other words turn to the person who has the experience that will enlighten the researchers' questions (Olsen, 1995). This type of research aims to extract experiences expressed through language (*ibid.*). The empirical data this thesis is built on is gathered through qualitative interviews with selected informants. Kvale (1996) argues that with the focus of the interview on the experienced meanings of the subjects' life world, phenomenology appears relevant for clarifying the mode of understanding in a qualitative research interview.

### **3.2 Case studies and the qualitative research interview**

Kvale (1996) describes the research interview as a specific form of conversation. It is a process of interaction between two people that exchange viewpoints on specific topics. Lantz (1993) also describes the interview as interplay between two people, where knowledge is gathered through communication between the interviewer and informant. Dalen (2004) state that the purpose of the qualitative interview is to obtain in-depth and descriptive information on how people experience different aspects of life, and to acquire insight into their experience, thoughts and feelings. To meet this purpose the researcher has to establish an atmosphere of trust and openness, where the interviewer creates a reciprocal interaction and

make use of his or hers personal qualities (Lantz 1993). However, as a researcher it is important to bear in mind that this interaction is based on asymmetry and unequal roles. The interviewer has a pre-defined purpose when engaging in the interaction with an informant. The interviewer seeks information on a specific topic or area and will then steer the interaction in this direction (*ibid.*).

The aim of this thesis is to gain knowledge on how the Individual Plan arrangement is carried out through the experiences of the actors involved in the plan process. The qualitative interview is considered to be an appropriate method to gain such an insight, were the informants are given the opportunity to express their views and feelings verbally in an interview situation. A more detailed description of the interview process is presented in 3.3.3.

While the focus of data collection is on actors involved with Individual Plan, the phenomenon of interest is the arrangement with Individual Plan itself, specified through plan processes. Each plan process can therefore be understood as a different case that forms a broader understanding of the main topic. In a case-study a particular case, or a number of cases, is examined to provide insight into an issue. The case is of secondary interest, it plays a supportive role, facilitating our understanding of something else (Stake, 1994) Case-studies, according to Yin (2003), are the preferred strategy when “how” or “why” questions are being posed, and when you seek knowledge of individual, group, organizational, social, political, and related phenomena. This is a research strategy that allows researchers to retain the holistic and meaningful characteristics of real life events (*ibid.*). What constitutes a case is a source of debate, and there are several different definitions. Stake (1994) defines a case as an integrated and bounded system, where the boundedness and the behaviour patterns of the system are key factors in understanding the case. An individual plan process can be characterised as a specific system with a boundedness that makes it a phenomenon that can be grasped and conceptualised, hence it is a phenomenon that meet the criteria of a case according to the author cited above. A further elaboration on the informants and the cases are given in the next chapter were the research process is presented.

### ***3.3 The research process – planning the thesis and conducting the interviews***

A qualitative research process, as Kvale (1996) describes it, is a dynamic rather than a linear standardised process characterised by surprises, design changes, and reformulations of concepts and hypothesis. When doing research one has to make numerous choices regarding the subject of interest, data material, the analysis etc. The researcher makes a research plan that describes the different steps in the research process. However, it is not imperative that the researcher follows the plan in a rigid manner, but should regard it as a guide throughout the process (Dalen, 2004).

My research process started with an idea of the topic I wanted to investigate that is the arrangement with Individual Plan. I had a prior knowledge and experience that formed a backdrop for my initial understanding of this topic. Reflections on my prior understanding are given in 1.1.2. When I had made a decision on the over-reaching theme of the thesis I had to start narrowing it down to a tangible research question that was feasible. In this process I conducted a literature search together with informal conversations with people that had knowledge on the subject. Dalen (2004) describes it as doing a “stake out”, were you get an overviews of the field of interest. In this initial phase my research questions changed a number of times, and my research plan was revised. As I received new knowledge and new inputs on the topic of interest, my research questions and choice of methods were moulded into what is presented in this thesis. I have focused on flexibility in this process, were the structure of the thesis has taken shape as I went along. Dalen (2004) stresses that when conducting a qualitative study the researcher has to be open and flexible to any unexpected and unforeseen events.

After deciding the topics and research questions, and method of data collection, I started the next phase of the research process; the gathering of the empirical material. The next segments give a description of how this phase was carried out.

#### **3.3.1 Presentation of informants and cases**

Malterud (2003) describes a strategic sample of informants as being selected on the basis of the knowledge that the informants possesses. In qualitative research the mode of data collection is not steered by the principle of representative sampling, rather on the notion of

who can illuminate the questions we wish to investigate (*ibid.*). As the aim of this thesis is to gain insight into how the arrangement of Individual Plan is carried out, I needed informants that were actively involved with Individual Plan. Furthermore, I wanted see if there was any disparities in how different actors experience working with IP, hence I found it useful to include different groups of informants. According to Dalen (2004) for some studies it will be purposeful to use different groups of informants to investigate how different parties experiences the same situation, to be able to distinguish nuances and diversity.

When seeking possible cases for this thesis, I turned to my own workplace. Henceforth, my experiences with the field, prior understanding, together with the research question and theoretical framework have been directing my selection of informants. Malterud (2003) argues that field knowledge based on experience is an important prerequisite for collecting empirical material from relevant sources. However, field knowledge may also lead to field blindness, a factor that is discussed in more detail in 3.5.2 .

The cases presented in this study were selected from a care facility for children with severe mental disabilities, situated in the Oslo area. This facility provides around the clock care for 10 children from the age of 2 to 18, with severe and complex care needs. All of the children living here fit the criteria for Individual Plan. An inquiry to participate in this study was sent out to parents and legal guardians, and consent was retrieved from 6 parents. Three children which has been approved an Individual Plan by their respective municipalities were randomly selected. It is the Individual Plans for these three children that constitute the cases which this thesis is built around. The children are for the purpose of this study called; Stian, Lise and Stine. They all have extensive and diverse needs and they are in contact with a number of different service providers on regular basis, both from specialist care and primary care, and social and pedagogical services.

Three groups of informants are included in this study, which I consider to be key actors or the core of the Individual Plan process;

1. *Parents*; representing and protecting the child's interest
2. *Primary contacts*<sup>9</sup>; main care givers in the care facility. Are responsible for the daily care and follow-up of the child, and the contact link between the

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<sup>9</sup> Primærkontakt (trans.)

parents and the care facility. Representing both the care facility and the child.

3. *Coordinators;* responsible for the Individual Plans. Representing the municipality.

For each case but one, one parent, one primary contact and one coordinator are represented. For one case the parents were not able to contribute as informants. There are 8 informants all together and they will be referred to as;

*Stian's mother and Lise's mother*

*Primary contact 1, primary contact 2, and primary contact 3*

*coordinator A, coordinator B, and coordinator C.*

For confidentiality reasons I will not link the different informants to the case they represent. A further elaboration on confidentiality and informed consent is presented in the next segment

### **3.3.2 Informed consent and confidentiality**

When doing a qualitative case study it is important to ensure that the participants are fully informed of the purpose of the thesis and the consequences of their involvement. They have to give informed consent when participating in the study. An informed consent implies that the informants in advance must receive orientation about everything that involves their participation in the study (Dalen, 2004). Since the focal point of this thesis are the Individual Plan processes for children, information about the study and a request to use the child's Individual Plan as a case was sent by mail to their parents or legal guardians (appendix II) Dalen (2004) stresses that when children are involved in a research project informed consent must always be given by their legal guardian where the researcher must act according to their wishes and demands. This has been a major principle for this thesis. This first contact was made through the care facility where the children live, with the permission from the head of the care facility. Those who gave consent to the study signed the consent form and sent it back to the care facility. The letter of consent also informed about the possibility of interviewing actor involved with the child's Individual Plans. The recruitment of informants was done over the telephone where the purpose and form of the study was presented verbally. The informants were also given information about confidentiality and that it was voluntary to participate, and what kind of topics and questions that was going to be asked during the interview. Furthermore, when meeting the informants for the interview this information was presented



one more time to make sure that everything was clear before we started. After the interview was put into writing the informants had to approve the text, and were given the opportunity to change or withdraw their statements as they saw fit.

When establishing the first contact with the informants they were guaranteed that that all the information they gave would be handled strictly confidential, and that their identity would be kept anonymous. Dalen (2004) argues that in qualitative studies securing confidentiality and anonymity is particular important because the researcher meet their informants face to face. It is imperative that the informant is confident that the private data identifying the subjects will not be reported (Dalen, 2004; Kvale 1996) To ensure anonymity for the informants presented in his thesis no personal information are disclosed and names have been changed. The informants should not be exposed to any increased risk to emotionally and physical harm or liability as a consequence of participating in the study (Kvale 1996.) Since the informants in this thesis are sharing their views and experiences around the same case and about the actors involved in that case, I found it appropriate to not link the informants to their respective cases to avoid the possibility of disclosure of the informants and to ensure that they would not be held accountable for statements made in the study

This study has reported and been approved be the Norwegian Social Science Data Services (Appendix I)

### **3.3.3 Conducting the interviews**

Kvale (1996) describes the structure of a research interview as close to a conversation, but it involves a specific approach and techniques of questioning. A distinction is often made between an open form of interviewing were the informant is speaking freely about a topic, and a structured form of interviewing were the informant is answering pre-defined questions (Dalen 2004). The form of interview applied in this thesis, a semi-structured interview, lie somewhere in-between an open and a structured interview. The advantage of using a semi-structured interview is that it is flexible for unexpected themes and topics during the interview and creates an opportunity for follow-up questions and elaboration on certain topics (Kvale, 1996.) A semi-structured interview is conducted with the help of an interview guide that focuses on certain themes and may include suggested questions (*ibid.*). According to Dalen,

(2004) an interview guide should encompass all important themes and questions that together will cover the areas the study wish to investigate. There are three groups of informants presented in this thesis. Each group has certain knowledge and perspectives that together can enlighten the research questions, hence the interviews are conducted with three different interview guides (Appendices III-V). While the interview guides have a different structure, the main topics were the same; reflections around the plan process and the practical execution of the Individual Plan, and reflections around the arrangement with Individual plan.

The informants chose the place for the interview that was most convenient. One informant wanted to be interviewed at home, four were interviewed at the care facility, and three were interviewed where they work. The interviews were recorded with a digital recorder and took on average around 30 minutes. Kvale (1996) describes the research interview as an interpersonal situation, a conversation between two partners about a theme of mutual interest. It is a specific form of human interaction in which knowledge evolves through dialogue. The interviewer must establish an atmosphere where the informants feel safe enough to talk freely about his or hers experiences and feelings (*ibid.*) Kvale (1996) suggest some directions to create openness and trust in the interview situation which I found useful when conducting the interviews; I started the interviews with a “briefing” where I told about the purpose of the interview, the use of tape recorder, confidentiality and so on, and asked if the informant had any questions before starting the interview. During the interview I listened attentively and showed interest to what the informants were saying. At the end of the interview I did a debrief, where the informants were given the opportunity to talk freely if there was anything important they wished to add before we ended the interview. After the tape recorder was switched off many informants had questions about the themes that were brought up in the interview and the interview itself. I tried to answer the questions as best as I could, and made time for an informal conversation at the end.

Conducting the interviews was for me personally very rewarding and challenging. I found it difficult to be one hundred percent present at all time during the interview because I was thinking about the next question to be asked, and I was focusing on not to miss any follow-up questions. In the first interview I used the interview guide quite rigorously, but then the interview became very inflexible. After some practise I managed to use the guide only as a check list and made the interview more as a conversation. This way it became more natural to ask follow-up questions and the interview situation became more flexible to new topics.

Another challenge was to not ask leading question. I often had an idea of how the informants perceived different topics after talking to them on the telephone prior to the interview. I had to be careful when phrasing my questions so that I would steer the interview in the direction I wanted without putting words in the informant's mouth. However, Kvale (1996) argues that leading questions do not always reduce the reliability of interviews, but may enhance it by checking the reliability of the informant's answer and to verify the interviewer's interpretations.

After the interviews were conducted I started the next phase in the research process; analysing the empirical material.

### ***3.4 Processing and analysing the empirical material.***

Interpretation is a central activity in qualitative research process. The researcher read through his material looking for patterns, and what he finds are related to his ability to read and recognise the patterns of interest (Dalen 2003). This segment gives an account for the process of analysing the empirical material gathered in the interviews. An analysis builds a bridge between the raw material and the results by organising, interpreting and recapitulating the material (*ibid.*). Before the interviews can analysed the material has to be put into writing.

#### **3.4.1 Transcribing the interviews**

After completing the interviews I began to organise and to process the empirical material. The first step was to transcribe the taped interviews into written texts. Kvale (1996) describes the process of transcribing as first part of the analysis where the researcher gets familiar with the material.

When transforming the interviews into writing a distortion of meaning is inevitable, since it is impossible to get an accurate and correct verbal representation of a conversation (Malterud 2003.) There are no standard forms or methods for transcription of research interviews although there are some basic choices to be made such as; should the statements be transcribed verbatim or should the interview be transformed into a more formal written style (Kvale, 1996). I chose to transcribe the interviews as close to the oral form as possible in

order to preserve the meaningful content in the statements. On the other hand a word for word representation of oral statements may give different meanings to the conversation when it is put into writing, especially if the informants have a distinct dialect or form verbal expression. (Malterud 2003). During the transcription I had to make some adjustments and modifications to the text to make the statements more precise, while trying to stay true to what the informants was trying to communicate. This mode of transcribing is often called slightly modified verbatim mode (*ibid.*). After the transcription was completed the informants were given the opportunity to read through the transcribed version and to change the content. Only one of the informants wanted to make small changes to the transcribed text.

### **3.4.2 Analysing the interviews**

There are a number of different approaches to analysing qualitative material, and choice of method will depend on what kind of knowledge we are seeking and the material at hand (Malterud, 2003). In the analysis of the empirical material in this thesis I have applied a method called systematic text condensation, which has been modified by Malterud (2003). The author argues that this is technique is appropriate for a descriptive and transverse analysis where you are studying a phenomenon that is described by several informants. This method is theoretically influenced by phenomenology and grounded theory (*ibid.*). The terms used and the headings of the different stages of the analysis process presented here have been translated for the purpose of this thesis.

The systematic text condensation described by Malterud (2003), is carried out in four steps;

1. *Getting an overview of the material.* In this phase I read the individual interview several times, and tried to form an overall impression of the content. According to the phenomenological perspective it is important in this stage to put aside all pre-conceived ideas and understanding, and to be open to what the material is communicating. After reading through the material I had an idea of several themes and topics to look into in the next stages of the analysis

2. *Identifying meaningful categories.* In the second stage the material that is going to be further analysed is organised by separating the relevant text from the irrelevant. The relevant text is text segments that say something about the topics identified in stage one. After the segments or the meaningful categories are identified I began the process of coding the text

segments that had a common theme. The segments were then taken out of its natural context and put together with other related text segments.

3. *Condensation.* At this stage the meaningful content in each coded group is abstracted and organised into sub-groups. The sub-groups are supposed to capture the nuances and variation in the different categories. They consists of different quotes that sum up the meaning that is found in that particularly sub-group.

4. *Summarizing.* The purpose of stage four is to re-contextualise the material, in other words putting the pieces back together. In this stage I summarised the knowledge given in code group and sub-group, by writing a description of content for each code group. Central in this stage is to assess whether or not the results give an account that is loyal to the knowledge given by the informants.

### **3.5 Ethical issues and methodological reflections**

Kvale (1996) describes an interview inquiry as a “moral enterprise” where the personal interaction in the interview affects the interviewee, and the knowledge produced by the interview affects our understanding of the human situation. Knowledge is a product of human perception and interaction, and the human factor play a significant role when collecting and analysing the data (Malterud, 2003). This segment discusses some of the human factors that are relevant in this thesis.

#### **3.5.1 Relationship with the informants - asymmetry of power**

A qualitative interview, as previously stated in this chapter, can be described as a specific form of conversation. On the other hand, the qualitative interview can also be characterized as being fundamentally different from a normal everyday conversation. The interview situation is mostly based on one person asking questions and one answering. The purpose of the interview is to gather knowledge on specific areas and topics, where the interviewer and the interviewee have different roles and functions (Lantz, 1993). The conversation in a research interview is not the reciprocal interaction of two equal partners. There is a definite asymmetry of power; the interviewer defines the situation, introduces the topics of the conversation, and through further questions steers the course of the interview (Kvale, 1996). The asymmetry of power between a researcher and the informant, and certain views that the informants have

towards the researcher may compromise the level of trust and openness that is essential to the qualitative interview. The informant may feel inferior to the researcher and may therefore be reluctant and self-conscious in the interview situation (Hall, 1996). As a student doing research I feel that the sense of inferiority may not be that pressing, especially with informants that are older than I and more experienced on the field. Nonetheless, when conducting the interviews for this thesis I made an effort of minimizing the power asymmetry by focusing on transparency through the process. I gave the informants information beforehand on the purpose of the study, why I wished to interview them and what topics that I was going to cover during the interview. Furthermore, I wanted the informants to steer the interview towards topics they were particularly preoccupied with, by giving them the opportunity to speak freely about issues that concerns them in regards to Individual Plan. However, some of the informants were a bit reluctant on the outset because they were insecure about their own knowledge of the Individual Plan arrangement. I emphasised that it was not their knowledge but their experiences with Individual Plan that I wanted to learn more about. I focused on getting across why their knowledge and experiences are important in this research study, so that the informant felt that they could make a valuable contribution.

Furthermore, I was not only a researcher in this study but also an employee in the care facility where the children presented in this thesis live, hence I know and work with some of the informants in this thesis. To balance the role of a researcher, a colleague and an employee has been an important consideration during the research process, although it is inevitable that the roles interfere from time to time. Moreover, my role as an “insider” may have been a positive factor for the interaction during the interviews. It may have contributed to more openness and trust during the interviews. On the other hand it is then especially important for me as a researcher to maintain a level of objectivity and distance to the informants, and not to take their position when analysing and interpreting the material.

### **3.5.2 Field knowledge versus field blindness**

According to Malterud (2003) doing research in your own culture may entail many advantages. Having field knowledge makes it possible to understand different phenomena that an outsider would have difficulties comprehending. This is knowledge that not only strengthens the researchers understanding but can also create trust and mutual understanding in the interaction with the informants. On the other hand field knowledge can lack conscious

reflections and awareness. When studying a field, an area or a phenomenon we are familiar with, there can be a lot of things that we take for granted. This can lead to field blindness where we see what we are used to see, and search for proof that can validate our own experiences and preconceptions, and thus important indicators that can lead to new knowledge can be easily overlooked. Doing research in a familiar field or area challenges the researcher to look beyond the blinders of prior knowledge and experiences, and to be open or new knowledge and new experiences (*ibid.*)

When I started planning this thesis I did not have a great deal of experience with the Individual Plan arrangement. As a part-time worker at the care facility I was never involved with any IP process, and had barely heard of Individual Plan before planning the thesis. However, I had a great deal of knowledge about the services this children received and how the day-to day routines in the care facility. Hence my field knowledge may not have been that influential for the development of the thesis, rather than being an advantage when doing research and talking to potential informants. Nevertheless, I did not embark on the thesis work without a preconceived understanding about the Individual Plan arrangement. When planning for the thesis I had informal conversations with colleagues, and heard their views about IP, and together with what I had read on the subject I formed some ideas about the arrangement which I have presented in 1.1.2. In the process of doing research I have gained new knowledge and experienced unpredicted aspects to the Individual Plan arrangement, thus I will argue that field blindness has not been that pronounced in this thesis.

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## 4. ANALYSIS AND DISCUSSION

This chapter presents the findings from the analysis of the empirical material. The presentation of the findings is divided into three parts, each cover one of the research questions; how is Individual Plan put into practise? How do actors experience being involved with the plan process? And which factors affect the plan process in a negative or positive direction? Together the analysis of the empirical material will enlighten the overall theme of the thesis: Individual Plan – does it live up to its expectations? At the end of this chapter an account for the validity, reliability, and generalizability of the study is presented.

### ***4.1 The practise of using Individual Plans.***

This part of the analysis present the practise of using the Individual Plan arrangement as it is described by the informants, in relation to National Guidelines to the Individual Plan regulation (2007). Each section investigates an important step in the plan process. The empirical material is based on questions about the common practise of IP in each of the city districts, and the practise in the specific cases.

#### **4.1.1 Informing about the Individual Plan arrangement**

The duty to inform and to provide guidance is given in pursuant to the law of social services § 4-1<sup>10</sup> and presupposes a thorough and a comprehensive insight into the services provision, and a good overview into the area of social services. The duty to inform about Individual Plan is assigned to those municipal service providers working within the social services that have direct contact with the service users. (Individuell Plan 2007). In connection with the duty to inform the Official Guidelines to Individual Plan (2007) propose other strategies to give the public information about the Individual Plan arrangement; for instance sending written information to households, informational leaflets at public offices, information on the

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<sup>10</sup> Sosialtjenesteloven § 4-1



municipality web pages, information through local news papers, and through interest organisations.

The coordinators were asked if the city district which they represent had established any routines for informing about Individual Plan. Furthermore, the parents were asked how they found out about the Individual Plan arrangement.

What characterised the practise of informing about Individual Plan in the city districts was that there existed no specific routines or practise, and that the responsibility of informing rested on each case worker in the services. The case worker or service provider who came into contact with a service user informed about the right to have an Individual Plan. One coordinator expressed some concern over the arbitrary practise of informing;

*....men det er fortsatt opp til den enkelte ansatte å informere familiene, og der skjer det sikkert svikt en dag i dag vil jeg tro. (Coordinator 3)*

Two of the coordinators mentioned the responsibility groups as an arena where information about IP is given;

*Når vi har ansvarsgruppemøter hvor flere instanser er representert på møtet, da blir det naturlig å informere brukerne om IP. (Coordinator 2)*

This is in accordance with the study conducted by Lorentsen and Berge (2006), where a majority of the service users received information about the right to Individual Plan after being in contact with the service apparatus, or in the already established responsibility groups

What seems to be normal practise for this particular group of service users is that the responsibility groups were appointed before Individual Plan was initiated. That was the case for Lise, where the coordinator for the responsibility group informed about the IP. Stian's mother learned about the right for Individual Plan on her own, and contacted the city district;

*Så kom loven...og da gjorde jeg en skriftelig henvendelse til bydelen litt skarpt, og fikk da til svar at de hadde ansvaret for habiliteringsplanen, ikke individuell plan. Og det provoserte meg veldig for da hadde jeg jo lest meg opp på et regelverk som de ikke hadde oppfattet hadde kommet. (Stians's mother)*

After a supervision conducted by the Norwegian Board of Health the city district which Stian's mother belong to established a coordinating unit for Individual Plan in the district administration where service users can get into contact if they feel they have a right to an IP. Furthermore, this district was the only one of the city districts represented in this study that have accessible information on IP posted on the district's web pages. One other district had a link to the web pages of the Norwegian Directorate of Health and Social services' National guidelines to the Individual Plan regulations, while the third district had no accessible information on IP posted on the web pages.

Two of the city districts had no concrete routines on how the information about IP is given, but the practise was mostly that the information was given verbally when meeting with the case worker or during a meeting with the responsibility groups. One city district had established routines for giving written information when informing service users about IP. This was given together with information about responsibility groups, when parents first came into contact with the children's habilitation services;

*(...) og der står det også opplyst om retten til individuell plan og litt sånn kort hva det går ut på. (Coordinator 1)*

In the study by Lorentzen and Berge (2006) only some of the informants had received written information about Individual Plan, and many of those who had received such information found it to be unclear and difficult to understand. Lise's mother received written information about IP when they first came into contact with the child habilitation services, however she expressed uncertainty of what Individual Plan really is;

*(...) det svever litt. (Lise's mother)*

#### **4.1.2 Starting the plan process – what is most important?**

According to the National Guidelines to the Individual Plan Regulations (2007) the plan process starts when a coordinator is appointed, who has the primary responsibility for the service user's Individual Plan. The service user has the right to influence on the choice of coordinator, and change the coordinator if they feel that the person concerned is not right for them.

For all three cases a responsible service provider was appointed when the responsibility groups were set up, and this person continued to function as a coordinator when the Individual Plan was initiated. The parents did not express that they had taken any part in the choice of coordinator, thus the coordinators were appointed by the city district administration when the child entered service apparatus.

At the first phase of the plan process there should be an assessment of the service users' needs, resources and potential initiatives and services. The informants were asked how the plan process started. Only one coordinator focused on the "mapping" as part of the process;

*(...) eventuelt så må vi jo kartlegge problemstillingene til barnet og se om det er nok utredning og sånn før vi kan begynne på planen. (Coordinator 1)*

One coordinator focused on the definition of goals and objectives;

*(...) men hensikten med en IP plan er å notere ned de langsiktige og kortsiktige målene og tiltakene en bruker trenger for å få fulgt opp, at hans eller hennes behov blir godt ivare tatt. (Coordinator 2).*

The third coordinator stressed the importance of thinking ahead;

*(...) begynne å snakke om fremtid ganske tidlig det er viktig med disse foreldrene her. (Coordinator 3)*

Lorentzen and Berge (2006) asked their informants of what had been the focus at the beginning of the plan process. The authors divided the answers into two groups; a focus on objectives and goals, or a focus on describing the status and situation. This division is also evident in the material presented in this thesis, of which two out of three coordinators mention planning ahead and setting goals as the first step in the plan process.

Goal setting was not perceived as unproblematic according to the informants. This was also the case for some of the informants in the study by Thommesen et al. (2008), where many expressed that they did not have enough overview or motivation to start thinking about goals

at the start of the process. The informants in this thesis expressed some reluctance when setting goals and objectives for the future;

*Men jeg har jo hele veien mens vi har jobba med det syns at det dere har vært veldig vanskelig. Det er ikke så veldig lett å se for seg hva man ønsker om fem år. (Stian's mother.)*

*(...) og så begynner man, så tenker man "nei, hva er det her, langsiktig plan, kortsiktig plan...?" (Lise's mother)*

*Det er alltid greit å lage mål, men så er det at man må lage realistiske og gode mål...det er ikke alltid lett, i hvert fall ikke en person man ikke kjenner utviklingspotensialet til og fremtiden... (Coordinator 3)*

The informants gave the impression that setting goals and thinking many years ahead was more difficult than planning for the immediate future.

Thommesen et al (2008) concludes that some municipalities in the study placed too much emphasis on formulating concrete goals, and argues that setting a path for the future without stating explicit goals may be a more productive strategy.

Furthermore, the coordinators were concerned about what kind of goal that was being set, and, they stressed the fact that it had to be realistic and achievable, as one informant said it had to be concrete goals and not visions;

*For man kan sette inn mål som ikke er realistiske, målsettingene må ha en fot i virkeligheten...ikke store mål som svever rundt omkring. (Coordinator 2)*

While another coordinator placed emphasis on the wishes of the service user;

*Jeg har vært med på skrive mål som jeg tenker er helt på jordet, men som brukeren har ønsket. (Coordinator 3)*

National Guidelines to Individual Plan (2007) state that it is the service user's own goals and objectives that is the focal point in the Individual Plan, thus it is he or she that should consider

whether or not the goals are appropriate. On the other hand it is important that the goals are reachable to create a feeling of achievement. To balance between long term visions and short term and reachable goals is a central part of the plan process

### **4.1.3 The plan document – putting it all into writing**

After the initial planning stage comes the process of writing the plan document. The coordinators were asked how they practise writing the plan, which revealed different working methods. However, a common practise for the city districts this thesis was the use of a plan template. In Thommesen et al (2008) all of the municipalities represented in the study used some form of a template. National Guidelines to the Individual Plan state that a plan template should be flexible and open to individual adjustments.

Only one of the coordinators in this thesis expressed a possibility of diverging from the template;

*Man har jo et utkast til en mal som skal benyttes, og det må jeg si jeg har avviket ganske mye i fra...og det tenker jeg er viktig å kunne gjøre sånne ting. (Coordinator 3)*

One case illustrates how the plan process can come to a stop because of too much reliance on a plan template, where the city district changed from one template to another;

*(...) det er bare en tom mal foreløpig, og bydelen har jo da problemer med å overføre den gamle planen til det nye dokumentet. (Primary Contact C)*

However, several opinions existed on how the template should look like, and what is important to include. One Coordinator described the plan document as encompassing everything that relates to the service user, like their history, family, interests, daily routines and so forth, together with an elaboration on needs, resources and goals;

*Hvis jeg får en IP hvor jeg mener at jeg kan danne meg et bilde av barnet og familien og problemstillingene uten å ha sett eller møtt dem, så er det et nyttig verktøy. (Coordinator 1)*

While other informants stressed the fact that the plan should not be too detailed;

*En IP plan må ikke være så detaljert, den må være konkret og klar og tydelige målsettinger slik at den skal være et utgangspunkt for det videre arbeidet. (Coordinator 2)*

*En IP skal ikke i utgangspunktet bli for detaljert, så jeg tror det er litt viktig at noen kan sette ned en fot for å se til at en IP ikke bli for...ikke for mye flisespikkeri, for det er jo bare overordna mål i utgangspunktet etter mine begrep. (Primary contact B)*

There is specific information that needs to be included in the plan document to fulfil the juridical requirement, according to the Individual Plan regulations § 7. None of the informants expressed any awareness to this fact.

When it comes to the practical part of writing the Individual Plan document the informants had mixed experiences. First of all, the three coordinators had different ways of completing the document. Two mentioned the responsibility groups as an important arena for deciding on the content of the document. The National Guidelines to the Individual Plan suggest that it can be practical to do the first draft of the document at a meeting together with all the central actors involved in the process;

*Jeg lager eventuelt et utkast ut i fra samtaler som vi har hatt, så legger vi det fram i gruppa og diskuterer det og blir enige...Jeg ferdigstiller det produktet vi ble enige om. (Coordinator 3)*

Another coordinator had a different practise;

*For det har det allerede vært flere møter om IP hvor man koordinerer hvem som gjør hva. Og etter at det har blitt tildelt til de ulike personene eller instansene sender de til oss så setter vi setter det inn i en mal (Coordinator 2)*

While the third coordinator emphasised the importance of the service user's or the families involvement in the writing of the document;

*Jeg vil gjerne de skal skrive litt om barnet...gjørne i jeg form...litt historikk (...)  
(Coordinator 1)*

There are not given any specific directives as to how the plan should be put into writing however, it is stated in National Guidelines to the Individual Plan regulations that it is the service user and the coordinator that should work out the plan document. One of the key elements of the Individual Plan is user participation and autonomy by giving service users or their families the opportunity to play an active role in the plan process. The informants had different opinions and experiences around the issue of user participation when writing the plan;

*Jeg tenker at å ha en IP har mye med klientmedvirkning å gjøre...at de kommer med initiativene men ikke nødvendigvis trenger å skrive den selv. Det er en del som praktiserer at klientene skal skrive mye selv, det har jeg dårlige erfaringer med...jeg har prøvd det og. (Coordinator 3)*

*(...) de må delta, for hvis jeg setter meg ned og lager en IP så er det min plan og ikke familiens plan. (Coordinator 1)*

Lise's mother found the writing of the document to be very difficult;

*Vi fikk jo beskjed om at det var vi som skulle skrive den, men det er en liten jungel føler jeg å sette seg inn i det, så det blir et sånt tiltak (...)men jeg føler at vi hadde trengt enda mer hjelp, at en fagperson sitter med oss og lager den planen. (Lise's mother)*

While other informants stressed the responsibility of the coordinators;

*(...) men vi hjelper til og sammenfatter og skriver og oversender informasjon til bydelen, men det og så opprette...og så skrive det inn i planverket det er bydelen sitt ansvar. (Primary contact C)*

*(...) det er jo bydelens sitt ansvar å utarbeide den planen. (Primary contact B)*

#### **4.1.4 Evaluating and revising the plan**

According to National Guidelines to the Individual Plan regulations when an Individual Plan has been initiated an evaluation of the plan should take place on a regular basis, by the service user together with the coordinator. In the study conducted by Lorentzen and Berge (2006) most of the informants said that the content in the Individual Plan was being discussed and evaluated, but it varied how formalised and structured this process was.

Evaluating the Plan document was also something all of the coordinators in this thesis mentioned as an important part of the plan process, although for some of the cases it was difficult to carry out because they lacked a written plan document. In two cases the plan was continuously evaluated at every meeting with the responsibility group;

*(...) fordi vi har satt det som mål at de skal evalueres da og da...så da blir det gjennomgått. (Primary Contact A)*

*De tingene som vi har snakket om de blir fulgt opp og evaluert på neste møte, for vi tar alltid utgangspunkt i forrige møte (Primary contact B)*

In the latter case there was no formalist plan, but they based their evaluation on minutes from each of the responsibility group meetings.

Furthermore, in another case they had no documents to base their evaluation

*Nå har vi jobbet de to siste årene for å få oppdatert og videreutviklet en IP plan, som i utgangspunktet var veldig bra. Men på de to åra har det ikke kommet noe ny plan...ingenting har blitt skrevet inn i planen eller inn i dokumentet. (Primary Contact C)*

#### **4.1.5 Responsibility groups – a part of the plan?**

According to Thommesen et al. (2008) responsibility groups are the most common form of interaction when coordinating services for individuals in the municipalities. This argument is consisted with the findings of Lorentsen and Berge (2006), where nearly 80% of the informants had a responsibility group. Responsibility groups consist of people responsible for the services given to an individual, together with the service user or family or guardian. To establish a responsibility group is not something that is required by law, however Thommesen et al. (2008) found that many are under the impression that responsibility groups are a compulsory part of the Individual Plan arrangement, and as a consequence many are sceptical to the arrangement as a whole.

The children represented in this thesis have all been involved with the child habilitation services, where it is common to use responsibility groups when coordinating and planning the



services. Henceforth, the responsibility groups were established before the Individual Plan was initiated. It varies as to how big these groups are and how often they meet. Most of the groups are composed of representatives from the care facility; both primary contact and representatives from the management, the child's parents, representative from the city district; which in all of the cases acts as coordinators, representatives from municipal health services, representatives from the school or kinder garden, and from the child-welfare services. In some cases representatives from the specialist health services are present at the meetings, but they are not permanent members of any of the responsibility groups. The group meetings take place between 2 to 4 times a year, where either the care facility or the representatives from the city district summon the meeting, and all the meetings have a prepared agenda.

When the informants talked about the responsibility groups they described it as an arena for planning, "brainstorming", coordinating, solving problems, discussing, sharing information, processing feelings of grief, and coming to agreements; concepts with a positive connotation

However, the experiences with responsibility groups were not entirely positive;

*(...) og til tider så følte jeg at de dere ansvarsgruppemøtene ble sånne ansvarsfraskrivelsesmøter. (Stian's mother)*

*(ansvarsgruppa) det er bare en kasteball mellom motsetninger og meninger...og fordeling av ansvar. (Primary contact C)*

According to Thommesen et al. (2008) many found that the responsibility groups could create better communication and information flow, but those groups that did not function could turn into a battle arena. This is also evident among the informants in this thesis.

Even if the experiences with responsibility groups are mixed, none of the informants mentioned alternative methods of cooperation and coordination. It seems like the arrangement of Individual Plan and responsibility groups are two sides of the same coin. This is consistent with Lorentsen and Berge (2006), where the authors conclude that in many of the municipalities, responsibility groups and Individual plan is inextricable linked together.

Lise's mother thought it was difficult to see how the Individual Plan was different from the meetings with the responsibility group;

*(..) men det er kanskje det som skjer , bare at vi ikke har merket det...at det ligger en IP der, men at vi ikke har blitt forklart godt nok at nå jobber vi etter det systemet som heter IP, at når vi har snakket sammen her så har vi lagd en IP. (Lise's mother)*

One coordinator expressed that;

*Det ble litt sånn stokket i forhold til om det er ansvarsgruppe eller IP...det fløt litt i hverandre. Coordinator 3.*

#### **4.1.6 The coordinator – The glue that holds it all together?**

Having a personal coordinator that is responsible for the plan process and the following up of the service user and the family is an essential part of the Individual Plan arrangement. The National Guidelines to the Individual Plan Regulations (2007) do not specify what qualifications and what type of education a person acting as a coordinator should have. However, the guidelines recommend sharing the role as coordinator among people working in the educational, health, and social sector in the municipality, and that the municipality should provide guidance and training.

The three coordinators that are represented in this thesis came from three different units; one coordinator came from the child habilitations services and two coordinators worked as case-workers in the social sector where one worked in the unit which executes the services<sup>11</sup> and the other in the unit that buy the services<sup>12</sup>. Only one of the coordinators had received any training from the city district when embarking on the role as a coordinator, while for the two others learning about Individual Plan and being a coordinator was their own responsibility;

*Jeg fikk problemer som skulle løses, så måtte jeg finne ut hvordan jeg skulle løse de. (Coordinator 1)*

However, one coordinator told that to meet a large demand for Individual Plans and for Coordinators in their district, they were planning to give courses about IP on both individual- and on system level. The National Guidelines to the Individual Plan Arrangement state that

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<sup>11</sup> Utførerenheten (trans.)

<sup>12</sup> Bestillerenheten (trans.)

even if the person acting as coordinator has the formal competence that is needed to work with Individual Plans , it is important that they receive some training about all of the aspects of the arrangement.

All three coordinators stressed the importance of possessing a great deal of knowledge and overview of the services and the system for being a qualified coordinator;

*Å sette inn en Koordinator som ikke har oversikt over tjenester og muligheter, det tenker jeg er dårlig av bydelen. (Coordinator 3)*

*Men du må som koordinator være villig til å sette deg inn i ting som trygdeordninger og skolesystemer og hjelpemiddelsentralen...det er veldig mange sånne vesener som du skal forholde deg til som koordinator... (Coordinator 1)*

However, they had different views when it came to what being a coordinator entailed. Two stressed the importance of being a contact person for the family, while one coordinator it was leading the responsibility groups and making sure that responsibility was being coordinated and carried out.

When asked how they experienced being a coordinator the informants expressed that it was a rewarding role that gave them the opportunity to help and being a resource to people that need it. However, two of the coordinators felt that having this responsibility was time consuming. All of the coordinators represented in this thesis had other obligations besides acting as coordinators. For one informant this was a problem for taking on the responsibility as a coordinator;

*Jeg ønsker å yte en god tjeneste til brukerne slik at de deres imøtekommes når de oppstår. Men samtidig så må jeg forholde meg til mange andre ting, som er egentlig som en hindring for å kunne yte den tjenesten som de trenger. (Coordinator 2)*

Another expressed that ;

*jeg får gjort det jeg skal for jeg har vært i denne jobben så lenge, at jeg har inne rutiner...men for en ny en så hadde det nok ikke gått å følge opp på den måten man skal følge opp på.*

The National Guidelines the Individual Plan regulations (2007) state that if a person has to combine service provision with the role as coordinator it can lead to a conflict between the responsibilities they have as a service provider and the responsibility as a coordinator. The National Guidelines stress that both the leaders in the municipality and the individual service provider must be aware of this problem.

## **4.2 A worthless document or a valuable tool? – The experiences with Individual Plan**

This section investigates the informants' experiences with Individual Plan and is based on the systematic text condensation of the empirical material. The different headings represent those meaningful categories that were most apparent in the data material.

### **4.2.1 Expectations – *It is not worth the paper it is written on!***

The informants expressed frustration about the expectations that are surrounds the Individual Plan arrangement. The content Individual Plan is not legally binding something that can be a source of misunderstanding and conflict;

*Det har noe med forståelsen på hva dette her er, og det kan også skape en del forventninger som ikke kan oppfylles...altså man kan jo skrive alt man ønsker seg i en sånn plan, men det er ikke noen juridisk dokument...man har ikke krav på det som står der. (Coordinator 1)*

Stian's mother had high expectations to the Individual Plan arrangement when it first came, and thought that this was an important document. Now she has changed her mind.

*(...) jeg hadde veldig forventninger i mange år til noe som aldri kom på plass, og følte meg litt lurt...litt sånn tatt ved nesen. (Stian's mother)*

A source of frustration among some of the informants was that the coordinators who are responsible for the Individual Plan has no formal authority to carry out the initiatives stated in the plan document.

*(...)jeg sitter i en bydel som utfører og at det er en bestillerenhet som fatter vedtakene, så jeg har ingen formell makt... og det kan være vanskelig for pårørende å skjønne (Coordinator 3)*

*(...)så er det sånn at de som sitter med planen, de har ingen myndighet til å beslutte noe. (Stian's mother)*

Thommesen et al (2008) discuss the weak legal status of the Individual Plan and argues that this is the reason why many of the informants in the study were indifferent or even critical to the plan document. This is supported by Bakke (2005) and Lorentsen and Berge (2006).

#### **4.2.2 Cooperation and interaction – *working together towards common goals.***

One of the main purposes with the Individual Plan arrangement is to strengthen the interaction between the service user and service providers, and between service providers within and across different levels of the service apparatus (Thommesen et al, 2008). A majority of the informants were positive with regard to the cooperation and interaction with the other actors that participated in the plan process, while some found it very difficult. Three factors stood out as being important for the cooperation in the cases presented in this thesis; continuity, competence and conflict of interest.

First of all several informants pointed to continuity as a factor that influenced the interaction;

*Det er liksom de samme menneskene som er involvert hele tiden så du får en kontinuitet i det, og det hjelper veldig. (Primary Contact A)*

*Dette var personer som likte å samarbeide med hverandre og som kjente hverandre godt, så det var kanskje jeg som ble det femte hjulet på vogna. (Coordinator 3)*

Many of the informants that were pleased with the cooperation in the plan process stressed that it was the same actors that participated throughout the process. Continuity may contribute to better insight to the service user's needs and life situation, progress in the plan process, better communication between the actors and more openness and trust. According to Thommesen et al (2008), cooperation works best where the different actors are used to

cooperate and have respect and knowledge of each others field, qualifications and work methods.

When there was a lack of continuity it was due to either a replacement of coordinators or other service providers;

*Og så sluttet saksbehandleren og da ble det liggende brakk... og så da måtte vi begynne på'n igjen.... (Stian's mother)*

*Kan kanskje si det at vi har skifta koordinator to eller tre ganger i løpet av de to årene....så informasjonsflyten går ganske sakte. (Primary Contact C)*

Some of the informants expressed that when new people came into the process everything had to start from the scratch and the plan process came to a stop. The National Guidelines to Individual Plan (2007) state that replacement of coordinators should be kept at a minimum and that the municipality should establish routines to ensure continuity.

Another factor that was emphasised was competence, especially the competence of the coordinator, as stated earlier in this chapter the coordinator is seen as the glue that keeps it all together;

*Vedkommende vi har i dag fungerer svært dårlig. Har lite kompetanse på barnet der her er snakk om...lite forståelse for hans behov. (Primary Contact C)*

*Altså, jeg har opplevd så elendig saksbehandling fra bydelen (...)Og så har jeg opplevd kjempe flinke folk. Det er ti ganger viktigere enn sånn individuell plan, å få dyktige folk som skjønner hva de holder på med, som skjønner regelverket, som kjenner rettigheter og som skjønner dramatikken i den hverdagen en sånn familie står i. (Stian's mother)*

What constitutes competence is a matter of discussion, however the informants emphasizes both insight and understanding of that particular group of service users that the coordinators are involved with, and the knowledge of the system. In some of the cases the informants felt that the coordinator lacked competence and understanding of the service user's and their family's life situation, and with the situation of those who have the daily contact with the service user. This led to misunderstandings and reluctance when interacting.

A third factor that was mentioned and that could have a negative effect on the interaction and the cooperation was conflict of interest;

*Man har jo forskjellige fagområder og forskjellige interesser (...)Så det er mange sånne områder som krysser hverandre og litt forskjellige interesser som jeg tenker at er litt min jobb som koordinator å styre. (Coordinator 3)*

*Så når man sitter ovenfor en gruppe hvor i utgangspunktet alle vil ta vare på brukerens interesse, men ståstedet er forskjellig, synet på saken er forskjellige blir det vanskelig. (Coordinator 2)*

According to Thommesen et al (2008) the interaction and cooperation between services are difficult to maintain where the interaction is characterised by suspiciousness and battle of interests.

Furthermore, conflict of interest may not only be between different professions in the responsibility group, it can also occur when the coordinator is divided between conflicting roles and responsibilities. This was evident in one of the cases where the coordinator also functioned as a case-worker in the part of the city district that handles applications for services;

*Og det å ha en dobbeltrolle gjør at det blir litt vanskelig...konflikter av og til, for at de krever noe....men jeg som sitter men økonomien har vanskelig for å aksepterer det. Jeg føler at jeg blir sett som den stygge ulven som ikke vi gi noe, men samtidig er jeg også på en måte en forvalter av offentlige penger, så jeg må finn alternativer og løsninger som er gode for begge parter.( Coordinator 2)*

Another coordinator emphasised the importance of having a neutral role to avoid this type of conflict;

*Jeg tenker at det kan være en fordel også for det er ikke alltid man har rett på de tjenestene man søker på, eller at man alltid får innvilga sånn som man søker, og da kan det være en fordel at det er en mellommann som er fra en litt mer nøytral instans. Og den rollen kan også være greit for pårørende så man ikke kommer i noen posisjoner hvor da kan være vanskelig å samarbeide. (Coordinator 3)*

According to Thommesen (2008) a coordinator has to balance between loyalty to the service user and loyalty to the system

### 4.2.3 Plan or no plan – *does it really matter?*

In Thommesen et al (2008) many of the informants were sceptical towards the arrangement with Individual Plan because it existed many different and conflicting ideas of what Individual Plan really is, especially when it comes to the distinction between the plan document and the process. The author argues that a common understanding for many, including representatives from the central health authorities, is that Individual Plan first and foremost is a written document. However, the National Guidelines to the Individual Plan regulations state that Individual Plan is both a tool and a process.

In the cases presented in this thesis only one had a plan document. However, many of the informants stressed the importance of the plan document;

*Det virker på meg som et utrolig bra verktøy for å kunne koordinere tjenester rundt en bruker. Og så det også sikre informasjonsflyt til instanser som kanskje ikke kjenner tjenestemottaker. Og ikke minst det og så sikre en god prosess og sakelighet. (Primary Contact C)*

*Det er en del positive ting omkring IP ordningen da...man dokumenterer hva som ønskes, hva som skal gjøres, hvem som har ansvaret for hva.... (Coordinator 2 )*

While some of the informants emphasised the importance of the process;

*Der vi har sett at det har vært veldig vellykket det er foreldrenes prosess, i forhold til å se barnet sitt og se muligheter...egentlig så spiller det ikke noen rolle hva som står der. (Coordinator 1)*

*Jeg tenker at det mest hensiktsmessige der var å ha kontinuerlige møter, og planen for så vidt var en sikring av det. (Coordinator 3)*

Furthermore, some of the informants experienced drawing up the Individual Plans as being given an extra work load;

*(...) altså presset på at alle liksom har krav på en plan er merarbeid fordi det er ikke alle som trenger det. (Coordinator 1)*



*For meg så blir den individuelle planen sett på som merarbeid (...)det blir bare en sånn dårlig samvittighet som ligger baki der...hittil har det vært sånn. (Lise's mother)*

*Mindre arbeidsmengde er det jo ikke, for vi brukte år på å lage den og måtte ustanselig begynne forfra. (Stian's mother)*

The Informants were asked whether the Individual Plan has made any difference to the quality of the work and the services offered to the service user. Many were doubtful that it had any influence;

*(...) de tingen som er viktig rundt NN, de blir gjort eller ikke gjort uavhengig av den planen. (Stian's mother)*

*Men jeg har ikke fått helt grep på hva som skulle være forskjellen på hvis NN hadde det og hvis NN ikke hadde det (...)for tingene skjer jo allikevel, så jeg har ikke sett helt nytten av den da.... (Lise's mother)*

*Kan ikke si at det sikrer et bedre tjenestetilbud... det vet jeg ikke...men det er et verktøy å ha med. (Primary Contact C)*

However, many of the informants were more positive to the responsibility groups than when they talked they talked about the Individual Plan. As one coordinator said;

*Jeg synes at ansvarsgrupper er mye viktigere enn planen. Men planen kan være et godt redskap i ansvarsgruppa. (Coordinator 3)*

### **4.3 Factors that influences the plan process – summing up the experiences.**

Based on how the informants in this thesis have experienced being involved with Individual Plans, one can distinguish some main factors that may have a positive or negative effect on the overall process. This section will present these factors in the frame work conceptualized in 2.3;

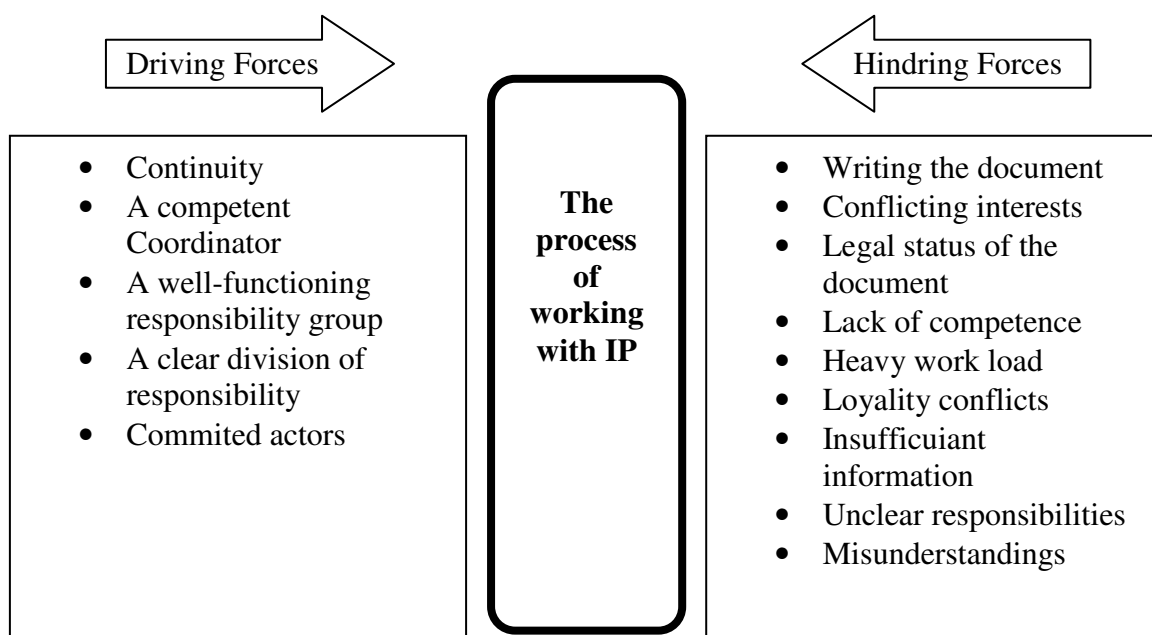


Figure 2. Force Field analysis of the process of working with Individual Plans

In Thommesen et al (2008) the author argues that it is many factors must come together in order for the Individual Plan to be a valuable tool, however the most essential factors are a coordinator and a responsibility group that is well functioning. Furthermore, Lorentsen and Berge (2006) point to several areas for improving the process of working with Individual Plan; ensuring continuity in the process, making sure that the work is not lying fallow between every revision. Furthermore, the author stress the importance of giving the service user and the family better information at the start and during the process, better knowledge of the Individual Plan arrangement, together with a common culture and coordination at the system level, defining and clarifying the responsibility of different roles and actors, system of training and educating coordinators, and establishing routines, procedures and methods in the work with Individual Plans.

#### **4.4 Assessing Validity, Reliability and Generalizability**

Verification of knowledge is commonly discussed in the relation to the concepts of validity, reliability, and generalizability. In Kvale (1996) these terms are described as the holy trinity in science. However, there is a different understanding to these concepts in qualitative

research then in the quantitative field, and different authors have reconceptualised the terms in forms relevant for qualitative methodology

According to Kvale (1996) assessing validity involves issues of truth and knowledge; to what extent do our observations reflect the phenomena of interest to us. Dalen (2004) argues that when assessing validity in a qualitative research interview several factors have to be accounted for. First of all the researcher must give an account to his or hers connection to the phenomenon that is being studied, so that the reader can critically assess the researchers influences on the results of the study. To meet this requirement I have accounted for my initial understanding and experiences with the field and the topic under study in 1.1.2. Moreover, the researcher has to account for the research process and for the methods that is applied. The researcher must make it possible for the reader to follow every step in the process and to critically assess the validity of the study. Essential questions to be asked when validating a qualitative study are; are the methods applied in the study appropriate to obtain knowledge about the phenomena of interest? Has the selection of informants the knowledge that is relevant to the research questions? Does the interview contain questions that are relevant to the study? (Dalen, 2004) I have accounted for the research process in chapter 3 where I have discussed the different choices I have made along the way. Furthermore, I have presented the interview guide in appendices III-V.

Reliability relates to the consistency of the research findings, and to the collecting, processing and analyses of the empirical material, and the researchers interpretations during this process (Kvale, 1996). To ensure reliability in my empirical material I used a tape recorder when conducting the interviews. In the process of transcribing the interviews into written text, I tried to be as loyal as possible to the voices of the informants. Furthermore, the informants had to read through the transcribed text to verify the interview. In the analysis I give a clear distinction between the data material and my interpretation of the material by italicizing the statements from the informants. Furthermore, I have chosen to cite the informants in Norwegian to preserve the meaningful content. My understanding and interpretations of the empirical material is written in English.

According to Jørgensen (1996) generalizability commonly refers to the extent to which the findings in the study can be transferred to other settings, persons or groups other than those who are presented in the specific study. However in qualitative research we do not seek to

build or verify general theories or hypothesis, but to seek in-depth understanding into few cases where the empirical material has a subjective character. Nonetheless, generalizability is an issue in qualitative research but the concept entails a different meaning where generalizability is an effect of the in-depth understanding that the analysis of the empirical material provides. Henceforth, the concept of generalizability as to be discussed in relation to validity (*ibid.*) I would argue that many steps have been taken to preserve validity in this study and therefore that the findings presented in this study may be in accordance with how people experience Individual Plan. However, this study is built around the use of Individual Plans for mentally disabled children living in a care facility, while Individual Plan arrangement encompass a large number of people with different needs and circumstances. Thus, the findings in this study may only give some indications into how three defined group of actors' experience being involved with the Individual Plans for a specific group. To gain more insight into the experience with Individual Plan further research has to be done on this field.

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## 5. FINAL REFLECTIONS

This thesis has investigated the use of Individual Plans for mentally and physically disabled children, based on three empirical cases. The focus of the thesis has been to gain insight into the qualitative aspect of the Individual Plan arrangement and the relationship between the ideal of the arrangement and the reality in which it is implemented. To gain this insight three research questions have been defined; 1) How is the plan process carried out? 2) How do central actors experience being involved in the plan process? 3) Can any factors be identified which affect the plan process in a negative or positive direction? Together the research questions have clarified the main theme of the thesis; Individual Plan – has it lived up the expectations.

The study is based on qualitative interviews of three groups of informants that are involved with Individual Plans. The empirical material presented a broader and more nuanced range of experiences than I expected to find based on my initial understanding of the topic. I was surprised by the diversity of approaches to the practical execution of the Individual Plan in the three cases. Furthermore, I was surprised by how the actors participating in the same plan process had entirely different experiences and views on how the process went. In this chapter I will present some of the main findings that were most apparent during the analysis.

The practise of using Individual Plan was characterised by a lack of established routines at the city district level. The way it was carried out relied mostly on the Coordinators and their understanding of the arrangement. Consequently the practise of using Individual Plan rested on the Coordinators competence and personal and professional qualifications. This was evident in the empirical material where I could distinguish a connection between how the actors experienced the overall plan process and how they experienced the Coordinator. The importance of the Coordinator for the overall plan process is supported by Thommesen et al (2008), Bakke (2005), and Lorentsen and Berge (2006). However, only one of the informants in the thesis has received any formal training when taking on the responsibility as a Coordinator.

The National Guidelines to the Individual Plan arrangement stresses the need for flexibility in the practise of using Individual Plans, to ensure that the arrangement makes room for individual adjustment. On the other hand, has the need for flexibility been at the expense of the need for establishing routines and a common culture? Many of the informants expressed that the content of Individual Plan arrangement was vague and diffuse. This reflected in the different understandings surrounding the content and the purpose of the arrangement. One example that caused misunderstanding and frustration in two of the cases presented in this thesis was something as trivial as the responsibility of writing the plan document. Lorentsen and Berge (2006) and Thommesen et al (2008) suggest a stronger anchoring of the arrangement at the system level and to establish a common set of values and a common culture for those service providers that are involved with Individual Plans. However, when defining specific procedures and guidelines there is a risk of making the arrangement rigid and standardised, and as a consequence, the individuality of the Individual Plan can be compromised.

As described in this thesis the arrangement with the Individual Plan is mainly a political initiative where the purpose and the intentions of the arrangement are defined by the central health authorities. Is this an arrangement that has been forced from above, or is the purpose of Individual Plan welcomed by service providers and service users? All of the informants were positive to the intention behind the Individual Plan arrangement. Many of the informants told about worn-out parents that had to struggle and fight their way through the service apparatus while taking care of a child with extensive care needs. They pointed to the necessity of coordinating and interacting, and relieving some of the burden these parents carry. However, the informants had mixed experiences on how the arrangement was carried out.

An important factor that was evident in this thesis was the expectations that many had to Individual Plan, which they did not feel that the arrangement had fulfilled. As discussed in this thesis, the Individual Plan document is not a juridical document and the service user is not entitled to what is written in the plan. Does the weak status of the plan document contribute to undermine the purpose of the overall arrangement? As shown in Thommesen et al (2008) some are sceptical or even indifferent to Individual Plan because they see it as a worthless paper. Furthermore, it may also be the case that plan documents are drawn up only for the purpose of fulfilling the juridical requirements, while the other aspects of the arrangement such as cooperation, coordination and user participation are overlooked. One coordinator

expressed that it had been an inflation of poorly made Individual Plans. One can question whether the right to have a plan document overshadows the overall quality of the services that are provided.

Another factor that was evident in this thesis was the unclear distinction between the plan document and the plan process, where there is a greater emphasis on the written document. Thommesen et al (2008) argue that the concept of “Individual Plan” may be misleading by giving association to the document and not the plan process. As argued by Lorentsen and Berge (2006) clarification of and information about the arrangement should be improved both on system and on the individual level. However, most of the informants presented in this thesis were more positive towards participating and working in responsibility groups than with the Individual Plan. Is the plan document really necessary, and can the Individual Plan arrangement function without the document? Maybe the Individual Plan is not what works best for every group of service users, and maybe one should look at other ways of achieving the same goals?

Individual Plan – has it lived up to the expectations? On the basis of the empirical material this thesis is built on, I would have to conclude that the Individual Plan arrangement has not lived up to the expectations that are articulated by the central health authorities. However, more research is needed on this topic to make any final conclusions. This thesis is based on Individual Plans for children living in a care facility where they receive around the clock assistance. The parents in this thesis expressed that when the children moved to the facility they could finally let go of much of the responsibility because the main follow-up and the care was now being taken over by service providers. As a result, the Individual Plan may not be that relevant for this group of children, as one mother put it; things happen regardless of the IP. On this account a recommendation for further study is to look into the practise of using Individual Plans for mentally and physically disabled children living at home with their families or legal guardians. As one of the informants expressed; coordination and assistance in the day to day life is what these families desperately needs.

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# APPENDICES

# Appendix I. Approval from Norwegian Social Science Data Service

Norsk samfunnsvitenskapelig datatjeneste AS  
NORWEGIAN SOCIAL SCIENCE DATA SERVICES



Harald Hårfagres gate 29  
N-5007 Bergen  
Norway  
Tel: +47-55 58 21 17  
Fax: +47-55 58 96 50  
nsd@nsd.uib.no  
www.nsd.uib.no  
Org.nr. 985 321 884

Olaf Gjerløw Aasland  
Institutt for helseledelse og helseøkonomi  
Universitetet i Oslo  
Postboks 1089 Blindern  
0317 OSLO

Vår dato: 25.02.2009

Vår ref: 20962 / 2 / AMS

Deres dato:

Deres ref:

## TILRÅDING AV BEHANDLING AV PERSONOPPLYSNINGER

Vi viser til melding om behandling av personopplysninger, mottatt 12.01.09. Meldingen gjelder prosjektet:

20962	<i>En kvalitativ studie av bruken av individuelle planer for barn med psykiske - og fysiske utviklingshemninger</i>
Behandlingsansvarlig	Universitetet i Oslo, ved institusjonens øverste leder
Daglig ansvarlig	Olaf Gjerløw Aasland
Student	Linda Kristine Markham

Personvernombudet har vurdert prosjektet, og finner at behandlingen av personopplysninger vil være regulert av § 7-27 i personopplysningsforskriften. Personvernombudet tilrår at prosjektet gjennomføres.

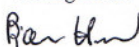
Personvernombudets tilråding forutsetter at prosjektet gjennomføres i tråd med opplysningene gitt i meldeskjemaet, korrespondanse med ombudet, eventuelle kommentarer samt personopplysningsloven/-helseregisterloven med forskrifter. Behandlingen av personopplysninger kan settes i gang.

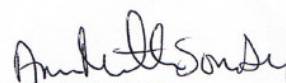
Det gjøres oppmerksom på at det skal gis ny melding dersom behandlingen endres i forhold til de opplysninger som ligger til grunn for personvernombudets vurdering. Endringsmeldinger gis via et eget skjema, [http://www.nsd.uib.no/personvern/forsk\\_stud/skjema.html](http://www.nsd.uib.no/personvern/forsk_stud/skjema.html). Det skal også gis melding etter tre år dersom prosjektet fortsatt pågår. Meldinger skal skje skriftlig til ombudet.

Personvernombudet har lagt ut opplysninger om prosjektet i en offentlig database, <http://www.nsd.uib.no/personvern/prosjektoversikt.jsp>.

Personvernombudet vil ved prosjektets avslutning, 31.05.09, rette en henvendelse angående status for behandlingen av personopplysninger.

Vennlig hilsen

  
Bjørn Henrichsen

  
Anne-Mette Somby

Kontaktperson: Anne-Mette Somby tlf: 55 58 33 48  
Vedlegg: Prosjektvurdering  
Kopi: Linda Kristine Markham, St.Halvardsgate 25 C, 0192 OSLO

Avdelingskontorer / District Offices:

OSLO: NSD, Universitetet i Oslo, Postboks 1055 Blindern, 0316 Oslo. Tel: +47-22 85 52 11. nsd@uio.no

TRONDHEIM: NSD, Norges teknisk-naturvitenskapelige universitet, 7491 Trondheim. Tel: +47-73 59 19 07. kyre.svarva@svt.ntnu.no

TROMSØ: NSD, SVF, Universitetet i Tromsø, 9037 Tromsø. Tel: +47-77 64 43 36. nsdmas@sv.uit.no

## **Appendix II. Letter of Information and Declaration of Consent**

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Oslo 11.01.09

### **Forespørsel om å delta i studentprosjekt**

Jeg er student ved institutt for helseledelse og helseøkonomi ved Universitetet i Oslo og holder nå på med min avsluttende masteroppgave under veiledning av Olaf Aasland. Oppgavens tema omhandler bruken av individuelle planer for psykisk utviklingshemmede barn, hvor jeg ønsker å kartlegge prosessen i arbeidet med planene, og innholdet i disse. Jeg er interessert i å se hvorvidt innhold og praksis er i samsvar med anbefalinger som er gitt fra sentrale helsemyndigheter.

I den forbindelse ønsker jeg tilgang til individuelle planer samt andre relevante dokumenter til et utvalg av barn bosatt [REDACTED]. Jeg ønsker også tillatelse til å delta på ansvarsgruppemøter og å intervju sentrale aktører som er involvert i arbeidet med individuelle planer til de barna som er med i utvalget.

Det er frivillig å la ditt barn være med i prosjektet, og du kan når som helst velge å trekke barnet ut fra prosjektet uten å måtte begrunne dette nærmere. Alle personopplysninger vil bli anonymisert og behandlet konfidensielt i samsvar med personopplysningsloven.

Jeg må også informere om at jeg ved siden av studiene har vært ansatt ved [REDACTED]

Hvis du/dere ønsker å gi tillatelse til å gi meg innsyn i dokumenter og ansvarsgruppemøter som omhandler deres barn vennligst fyll ut samtykkeerklæringen nedenfor og send denne til min kontaktperson [REDACTED], innen utgangen av februar 2009.

Hvis du har noen spørsmål vedrørende dette prosjektet vennligst ta kontakt [REDACTED] han vil videreformidle disse til meg.

Prosjektet er meldt inn til Personvernombudet for forskning

Med vennlig hilsen  
Linda Markham

## Samtykkeerklæring

Jeg har mottatt informasjon om prosjektet "Bruk av individuelle planer for psykisk utviklingshemmede barn" og gir herved samtykke på vegne av

.....(barnets navn) til at Linda Markham kan innhente de opplysninger som er relevant for prosjektet.

Dato.....

Signatur.....

Barnets foresatte/verge

## Appendix III. Interview guide – Primary Contacts

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### 1. Primærkontakter

- Forklare formålet med oppgaven
- Si litt om hva slags spørsmål som vil bli stilt/temaer som ønskes belyst
- Anonymitet/konfidensialitet/mulighet til å trekke seg når som helst under intervjuet og etterpå
- Sende kopi til gjennomlesning innen en uke

- Kan du si hva du heter og hvem du er primærkontakt for?
- Hvor lenge har du inne og jobbet rundt IP'en til NN?
- Er dette første gang du jobber med IP?
- Har du blitt kurset i eller på andre måter blitt informert om IP ordningen og hva det vil si å jobbe rundt IP?
- Hva innebærer din rolle som primærkontakt i arbeidet rund IP?
- **Betraktninger rundt arbeidet med planen til brukeren**
  - Hvordan opplever du å delta i arbeidet med Individuell plan?
  - Hvordan blir den praktiske biten av planarbeidet utført?
  - Hvordan opplever du at koordineringen og samarbeidet fungerer?
  - Er det en klar ansvarsfordeling blant de som deltar i planarbeidet?
  - Hvordan fungerer koordinatoren?
  - Fungerer planen?
  - Syns du at innholdet i planen er hensiktsmessig i forhold til livssituasjonen til NN?
  - Opplever du at planen blir fulgt opp?
  - Hva er din rolle i planarbeidet?

- Betragtninger rundt egne erfaringer og forestillinger rundt IP

- Hvilke tanker har du gjort rundt ordningen med Individuell plan?

- Sikrer IP et bedre tjenestetilbud til de brukerne du jobber med?

Hvorfor/hvorfor ikke

- Noe annet å tilføye?



### 3. Koordinatorer

- Forklare formålet med oppgaven
- Si litt om hva slags spørsmål som vil bli stilt/temaer som ønskes belyst
- Anonymitet/konfidensialitet/mulighet til å trekke seg når som helst under intervjuet og etterpå
- Sende kopi til gjennomlesning innen en uke

- Kan du begynne med å si hvem du er?

- **Bydelens ruiner for IP**

- Hvilke rutiner har bydelen i forhold til å informere om retten til IP
- En bruker henvender seg til bydelen og ønsker å få opprettet en IP, hvordan vil den prosessen fortone seg?

- **Refleksjoner rundt koordinator rollen**

- Hva innebærer din rolle som koordinator?
- Hvor mange brukere er du koordinator for?
- Ble du kurset før du begynte som koordinator? På hvilken måte?

- **Refleksjoner rundt planarbeidet**

- Hvordan opplever du at arbeidet rundt NN's IP har vært?
- Hva har vært din rolle og ditt ansvar i planprosessen?
- Hvordan har ansvarsgruppemøtene fungert?
- Hvordan syns du samarbeidet mellom de ulike aktørene fungerer?
- Er det tydelig hvem som har ansvar for hva i planprosessen?

- Hvordan er ditt forhold til brukeren? Føler du at du har god nok kjennskap til hans/hennes livssituasjon?
- Hvordan er ditt forhold til brukerens foresatte?

- **Refleksjoner rundt IP ordningen**

- I korte trekk, hva er det viktigste med IP ordningen slik du ser det?
- Hva er det viktigste med koordinator rollen slik du ser det?
- Hvordan fungerer ordningen i praksis slik du ser det?

### 2. Foresatte

- Forklare formålet med oppgaven
- Si litt om hva slags spørsmål som vil bli stilt/temaer som ønskes belyst
- Anonymitet/konfidensialitet/mulighet til å trekke seg når som helst under intervjuet og etterpå
- Sende kopi til gjennomlesning innen en uke

- Kan du begynne med å si hva du heter?

- Informasjon og oppstart

- Hvordan var det dere fikk vite om retten til individuell plan?
- Hvem tok initiativet med å opprette en IP? (tjenesteyter eller dere)
- Hvordan startet arbeidet med planen?

- Refleksjoner rundt planarbeidet

- Hvordan syns dere arbeidet med IP'en fungerer?
- Føler du at dere i tilstrekkelig grad blir inkludert i planprosessen?
- Føler du at du når fram med de sakene som er viktige for dere?
- Hva har vært din rolle i planprosessen?
- Hvordan opplever du at samarbeidet fungerer?
- Er det klart og tydelig hvem som har ansvar for hva og hvem som gjør hva?
- Har dere deltatt på ansvarsgruppe møter?  
Hvordan fungerer det?

- Koordinatoren

- Hvilket forhold har du til koordinatoren?
- Føler du at vedkommende har i tilstrekkelig grad satt seg inn i livssituasjonen til NN?
  
- **Innholdet i planen**
  - Omfatter IP'en det som du anser er viktig for NN?
  - Føler du at IP'en gir en god beskrivelse av mål, behov or ressurser i forhold til NN?
  
- **Refleksjoner rundt IP ordningen. Hva har kommet ut av det....?**
  - Hvordan opplever du at arbeidet rundt NN fungerer nå etter at IP ble innført? Har den utgjort noen forskjell?
  - Hva har planen bidratt til for dere som foresatte?
  - Hvis du skulle endre på noe for at IP'en skulle fungere bedre, hva ville de ha vært?