

Balancing the good – a critical discourse analysis of home modification services

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Abstract Today an increasing number of people with functional limitations are ageing in their homes. Although the home has become an arena for assessment and implementation of services, little is known about how the interrelationships between ideological and practical circumstances influence the allocation of such welfare services. This explorative study applied a combination of critical discourse analysis and a narrative approach to closely examine such relationships in home modification services to older persons in Sweden. Data consisted of focus group discussions with street-level bureaucrats from two institutional contexts in the organisational field of home modification services and official documents related to such services. Findings showed that the attempts of street-level bureaucrats to allocate resources in accordance with the good were complicated by competing local definitions of 'the good'. The process of forming local perceptions of the good included complex balancing acts between hegemonic discourses within the organisational field which influenced and shaped how 'the good' was practised. Understanding the moral dimensions that enter into the complexity of allocation of home modification services across institutional settings has implications for the policies of and practices for the allocation of welfare resources.

Keywords: discourse analysis, organisational field, occupational therapy, narrative analysis, neo-institutionalism

Introduction

An increasing number of people with functional limitations are ageing in their homes. Since the assessment and implementation of various services involve various institutions guided by diverse ideologies, the home becomes an arena where relationships between service users and organisational employees representing diverse professions are experienced and acted out. However, little is known about how institutional ideologies influence service provision. In order to more closely examine the interrelationships between the ideological and practical circumstances that define the organisation of service, this article examines the macro- and micro-aspects of home modification services using a theoretical framework developed from neo-institutionalism, critical discourse, and narrative theory. Home modification services, as

the area of concern, will first be situated within Sweden's overall allocation of welfare resources.

Allocation of welfare resources – from policy to actual practice

The intent of Sweden's, and many other countries', social welfare policy is to provide services supporting older persons with functional limitations in their homes (The National Board of Health and Welfare 2001, Richards 2003). The ambition to support 'ageing in place' (ageing in their homes) is actualised through decision-making processes about the allocation of services on different organisational levels (*e.g.* national legislations and policies, local health and social care organisations) that affect how professionals representing these levels interact with service users (Allen *et al.* 2004, Cott 2004, Hughes and Griffiths 1997, Lilja *et al.* 2003). In addition, different service providers representing different organisations working in adjacent areas (*e.g.* organisations working with home modifications, assistive devices, home help, healthcare, rehabilitation and economic support) can be simultaneously involved in deciding whether services will be allotted to the same individual. Thus, decision-making activities on the allocation of resources involve professionals representing different hierarchical levels *within* as well as *between* diverse organisations.

Despite an increasing body of research connecting organisational features of healthcare services with the experiences and actions of employees and service users (Allen *et al.* 2004, Benoit *et al.* 2005, Goodwin *et al.* 2005, Greatbatch *et al.* 2005, Murray and Elston 2005, Weiner *et al.* 2003), little attention has been paid to the interrelationships between ideologies and practice. Further knowledge is needed about how macro-aspects of organisational features, such as institutional discourses, are experienced and acted upon by organisational employees and service users involved in such webs of decision making (Fischer 2003, Grape *et al.* 2006, Griffiths 2003). Organisational theory has the potential to contribute such knowledge within the field of sociology of health and illness (Davies 2003). In particular, neo-institutionalism provides a useful theoretical framework for developing this knowledge.

Neo-institutionalism

Traditionally, organisational theory has focused on interactions *between* institutions that have been viewed as separate and independent entities (Fischer 2003, Grape *et al.* 2006). The recognition of the complexity of organisational interaction in the last decade called for a more organic perspective. An organic perspective reframed the unit of analysis in organisational studies from *separate* institutions to the *organisational field*, defined as:

.... Those organisations that, in the aggregate, constitute a recognised area of institutional life: key suppliers, resource and product consumers, regulatory agencies and other organisations that produce similar service or products (DiMaggio and Powell 1983: 148).

Thus the organic perspective led to the further development of theories of neo-institutionalism that focused on the socio-cultural *relationships* connecting different organisational levels and actors involved in the organisation and production of services (Fischer 2003, Grape *et al.* 2006).

Critical discourse analysis provides a methodological tool to understand how such socio-cultural relationships connect different organisational levels and actors involved in the

organisation of services (Fischer 2003) by foregrounding the interrelationships between the texts or products of a discursive event and the social conditions in which they unfold (Fairclough 2001). Fairclough's (1995) critical discourse methodology is unique in that it connects ideology and practice *within* and *between* different institutions. In this study we apply this method of critical discourse analysis on the organisational field of home modification services with the ambition to provide knowledge about the relationships between ideologies and practices within and between different institutions and actors.

Street-level bureaucrats

The interactions within an entire organisational field result in what can be understood as a final decision about what types of, and how, services are provided to an individual. Still, from individual service-users' experiences, decisions are made during meetings with street-level bureaucrats (*i.e.* individual professional actors) (Lipsky 1980). It is well known from theories of street-level bureaucracy that how professionals categorise clients shapes the outcomes of meetings (Johansson 1992, Lipsky 1980, Prottas 1979). More recent research foregrounded that categorisation during needs assessment processes is not static, but actively negotiated between service providers, as well as between service providers and clients (Griffiths 2001, Olaison and Cedersund 2006, Vassy 2001). For example, recent studies on the needs assessment of older persons for social and healthcare support in the home showed that: (1) categorisations are negotiated through talk, and (2) professionals balance restrictions and resources given by the organisational framework, professional tasks, and clients' needs (Dunér and Nordström 2005, Hellström Muhli 2003, Janlöv *et al.* 2006, Nordström 1998, Olaison and Cedersund 2006). Although these studies provide important information on the face-to-face client-service provider interactions, more context-sensitive knowledge about institutional interactions is needed (Arminen 2000). This study contributes knowledge on the organisation and provision of welfare services in general through examination of one such service, home modification services in Sweden in particular.

Home modification services

In Sweden, home modification services are part of the official welfare system. In most European countries, in fact, finances and organisation of home modification services are to some extent handled by governmental or local institutions (Iwarsson 2008). In other countries, like the United States, home modification services are more or less privately organised or handled by commercial or voluntary organisations and charity foundations. However, despite the diversity of organisation in different countries, home modification services share the characteristic of involving many different actors, such as healthcare professionals, social service professionals, and/or craftsmen (Arman and Lindahl 2005, Pynoos *et al.* 1998). Knowledge about how the organisation of home modification services influences the outcomes on both societal and individual levels will help shape the design of appropriate and efficient services.

The purpose of home modification services is to reduce barriers in the environment. For older persons with functional limitations, barriers to engaging in or completing everyday activities in their physical home environments include, for example, the placement of sinks and bath tubs (*e.g.* too high, too low), lack of handrails, or doors that are too heavy (Gitlin *et al.* 2001, 2006, Iwarsson 2005, Lilja and Borell 1997). However, facilitating continued

engagement in everyday activities at home is much more complex than altering the physical environment. Researchers have pointed out the need to develop further theoretically grounded empirical knowledge about this complexity, including how home modification services are complicated by their everyday practice and organisation (Fänge and Iwarsson 2005a, 2005b, Gitlin 2003, Heywood 2004, Stark 2004). Furthermore, this complexity must be seen as part of the intervention particularly when services are provided in the home (Richards 2000).

Aim of the study

To summarise, there is a need for more detailed knowledge about the relationships between organisational features of and the actual practice among street-level bureaucrats involved in welfare services. In dialogue with trends in organisational theory, critical discourse analysis (Fairclough 1995) provides a way to integrate the macro-aspects of organisational fields and the micro-aspects of specific contexts by analysing the relationship between institutional discourses and how they are acted out in practice. The aim of this study, therefore, was to explore the relationships between discourses and actual practice among street-level bureaucrats involved in home modification services for older people with functional limitations in Sweden. A secondary aim of this study was to explore the utility of combining theoretical frames in an innovative way by applying them to a limited organisational field within one municipality. This study should therefore be seen as explorative.

The organisational field of home modification services for older persons in Sweden

In general, government policy documents guide the practice of home modification services for older persons in Sweden. For example, the bill on disability politics constitutes the ideological frameworks that direct the formulation of laws, such as the *Home Modification Grant (HMG) law*, and the organisation of professional practices. The Ministry of Health and Social Affairs (1992) formulates the HMG law in the following general terms, 'Grants should be provided by the municipalities to persons with functional limitations who need some adaptation of their home environment in order to live an independent life under the same conditions as other people'. This language allows room for different interpretations in different local contexts as well as across individual cases. The National Board of Housing, Building, and Planning publish more specific guidelines for municipalities (and key providers) to interpret and apply the law in individual cases.

From the perspective of service providers and prospective clients, obtaining home modification services in Sweden requires a formal application and a referral from a health or social care professional. Referrals describe a client's problems engaging in or completing everyday activities related to physical barriers in the home. Although different healthcare professionals can write referrals, they are often written by an occupational therapist in primary care (OTPC) when the applicant is an older person. The client can then apply for a home modification grant (HMG) with or without assistance from the OTPC, but it must be signed by the applicant.

The municipal administrative officer (MAO) makes the final needs assessment based on the referral, application and, sometimes, a home visit. The MAO then decides the eligibility for, as well as amount of, the HMG by matching needs with the cost of solutions available on the commercial market. If the grant application is approved, the grant is provided to the client

who is responsible for ordering the installation from suggested entrepreneurs. In the studied municipality, however, ordering was often handled by the MAOs who were primarily occupational therapists by education. Municipal decisions can be appealed against in the county administrative court, and taken further to the administrative court of appeal and the supreme administrative court (Ministry of Health and Social Affairs 1992, The National Board of Housing Building and Planning 2000).

Materials

In order to provide an organic perspective of the interrelationships between ideology and practice within the organisational file of home modification services, key official documents and focus group discussions with street-level bureaucrats (*e.g.* MAOs and OTPCs) served as data for the study.

Documents

Key official documents related to Swedish (1) legislation and policy on home modification, (2) disability policy, and (3) policies and pedagogy for the occupational therapy profession (see table 1) were included. Documents related to health and social care in general were not considered relevant for the study because of their overarching and non-specific character.

Focus groups

Focus groups were chosen in order to encourage participants to express, discuss and reflect on their perspectives (Krueger 1994). A total of four focus group discussions were conducted separately with MAOs (one focus group) and OTPCs (three focus groups). Each group was limited to four to five participants in order to maximise discussions and allow all participants to talk. The discussions were restricted to two hours each and conducted during working

Table 1 lists documents included in the study, the source of the documents and the character of the documents

<i>Document</i>	<i>Source</i>	<i>Character of document</i>
The Home Modification legislation	Ministry of Health and Social Affairs (1992)	Law text
Guidelines for the Home Modification Grants	The National Board of Housing Building and Planning (2000)	Instructions for implementations of the law
From patient to citizen - a national policy for disability politics	The Swedish Government (Regeringskansliet) (2000)	Government bill
Code of Ethics for occupational therapists	Swedish association of occupational therapists (FSA) (2005)	Ethical guidelines for professional occupational therapists

hours in order to increase participation relative to workload and employers' consent. The discussions were audiotaped and transcribed verbatim.

The MAO focus group took place at the home modification agency (referred to as FG1 in the results). A contact person at the agency was informed about the study and asked to compose a group consisting of five MAOs employed at the department (referred to as R1-5 in the results). The discussion was moderated by the first author, who asked open-ended questions (Patton 2002) about the interaction between different actors involved in the home modification service process. Follow-up questions directed the discussions towards descriptions and reflections of how the participants acted in the service process.

Three focus group discussions (FG2-4) were conducted with occupational therapists working in primary care (OTPCs). Participants were recruited from one geographical district through an occupational therapist employed there. In total, 19 occupational therapists from nine different primary care centres were individually invited to participate. Fourteen accepted and focus groups with four or five participants (R1-5) were organised so that no participants were from the same workplace. The discussions took place in a meeting room at one primary care centre, and were moderated by the first author and a graduate student in occupational therapy, employed in the same district. Open-ended questions were asked about how the participants' reasoned and acted when working with home modifications for older persons. The participants were asked to relate their answers to real cases. Follow-up questions were asked about how different professional actors involved in the home modification service process interacted.

Method

This study utilised a hermeneutic iterative process between data-near and theoretical perspectives (Geertz 1983, Gustavsson 2000). In line with the principles of a hermeneutic circle (Gustavsson 2000), we used two theoretical resources: critical discourse analysis (Fairclough 1995) and narrative analysis (Mattingly 1998) that are described in more detail below. All four authors were involved in the analysis through detailed discussions of data interpretation.

Critical discourse analysis

The analysis was performed in line with Fairclough's (1995) conceptualisation of three dimensions of discourse as text, discourse practice and socio-cultural practice. First, we conducted a descriptive analysis of the texts (*e.g.* documents and the transcripts of the focus group) that identified four macro-level discourses. Based on the literature of the Swedish welfare society and occupational therapy education, we were able to place these discourses as hegemonic in their fields related to the Swedish welfare system. Since organisational fields include different discursive fields and comprise an arena for interactions between different hegemonic discourses (Fairclough 1995, Fischer 2003), such macro-dimensions of discourse practice constitute part of the context of any discursive event and are necessary for its interpretation.

Secondly, we conducted an analysis of the discourse practices, that is, how hegemonic discourses were interpreted and communicated in the texts. OTPC discourse practices, found to be consistent across all three focus groups, were analysed as one text. Thirdly, we identified the non-discursive aspects of sociocultural practice (*i.e.* the practical and organisational circumstances that direct practice) and ascertained that the particular contexts of the two institutional settings included in this study (*e.g.* the municipal department and the

primary care centrals) produced local discourses. The relationship between hegemonic discourses and non-discursive aspects of sociocultural practices that led to the local discourses were further analysed. Finally, we analysed the relationships between local discourses and the participants' descriptions of what they did every day (*e.g.* sociocultural practices). This phase identified that their everyday practices were guided by their answers to the question: 'How can the local discourse be implemented in this situation?'. However, this analysis raised further questions on the motives and intentions underlying those everyday discourses and sociocultural practices. In order to answer the questions raised by the critical discourse analysis, a narrative approach was incorporated.

Narrative analysis

Discourse analysis comprises an established analytic genre of narrative studies (Mattingly 1998a). The particular narrative approach followed here, however, foregrounds the experiences and actions of particular individuals in the pursuit of something that matters. Following Mattingly (1998a), 'To put the matter simply, stories are about someone trying to do something, and what happens to her and to others as a result' (1998a: 7). Storytelling as a sense-making tool to guide actions is also supported by organisational theorist Hajer (1995), who argued that 'a storyline is a generative sort of narrative that allows actors to draw upon various discursive categories to give meaning to specific or social phenomena' (1995: 56). Further, drawing broadly from the Aristotelian sense of practical wisdom, Mattingly (1998b) suggests that this narrative sense making was a form of rationality that involved more than applying technical knowledge to reach a pre-defined goal. Instead, telling stories draws from practical experiences (*i.e.* practical rationality)—particularly challenging ones—to raise moral questions about which course of action is actually worth pursuing.

In the focus groups, when stories became event-centred, experience-centred, and did not merely refer to past experience, but created experiences for their audience (Mattingly 1998a: 8)—the question being answered shifted from the instrumental question, 'How can the local discourse be implemented in this situation?', towards telling stories that tried to convey the experience of and justify, 'What is/was the best good?' in particular situations with particular others. This narrative approach to the initial findings of the critical discourse analysis was in line with the principles of a hermeneutic circle (Gustavsson 2000). Below, we represent the findings in a rough approximation of that process.

Attempting resource allocation in accordance with the good

Overall, the findings point to an overarching intention—to allocate resources in accordance with the good—underlying the discourse practices and practical rationality of street-level bureaucrats in a particular municipality in the organisational field of home modification services in Sweden. Both groups interpreted the good as a convergence between what is good for the individual and what is good for society. Yet, in formulating the good, each group drew upon diverse discourse practices comprising different combinations of the four hegemonic discourses found through the initial analysis of the texts. A brief sketch of the dominant discourses found across the texts (Hegemonic discourses in the organisational field) will be followed by a more thorough description of how these dominant discourses then emerged in local discourse practices of the street-level bureaucrats (Balancing discourses into the good) and how they were implemented in practice as recounted in stories (Practising the good).

Hegemonic discourses in the organisational field

Each of these hegemonic discourses—found in different combinations within and across different texts—is situated in its field of hegemony below:

Economic discourse: using social resources efficiently

Since the early 1990s, the political language in discussions of resource allocation in the Swedish welfare system refers to efficacy. At that time, financial problems of the welfare system coincided with a debate about the legitimacy and rationality of the welfare state (Bergmark *et al.* 2000) that led to a hegemonic discourse of cost efficacy in the public discussion of welfare policy. This economic discourse permeated the narratives of the OTPC (occupational therapist in primary care) focus groups, for example:

How much of the society's resources should we waste? I mean, how much [home modifications] should one apply for? How much should be attended to when we don't know how many weeks or months they [the older persons] have to live? They may not [even] use this home modification a single time (FG4 R4).

Occupational therapy professional discourse: client-centred assessment of needs

Occupational therapy literature defines a task of therapists to assess clients' needs based on interpretations of their situations from a holistic long-term perspective (Kielhofner 2008, Rogers 1997). At the same time, occupational therapists are exhorted to promote self-determinism, which is framed as listening to and understanding clients' needs and preferences from their perspective (CAOT 2002, Kielhofner 2008, Rogers 1997). Thus, we identified that a synthesis of two, somewhat contradictory phrases, 'needs assessment' and 'self-determinism for clients' resulted in an occupational therapy professional discourse of client-centred assessment of needs. According to the occupational therapy literature, client-centred assessment of needs results in achieving the goal of independence, safety, self-care, quality of life and dignity. This discourse can be illustrated by how the code of ethics presents the client's and therapist's respective responsibilities; that is, that 'the patient/client is entitled to *make his own decisions*' (*sic.*) while 'the therapist shall examine the needs of the individual for changes [in the environment]' FSA (2005: 4). It can also be exemplified by the following quote from one focus group with OTPC:

We use the patient, and the patients' needs as the starting point [.....]. What needs do the patient have, and how can it [a home modification] facilitate their everyday life. Will it lead to increased independence? (FG4 R4).

Bureaucratic discourse: following rules and regulations

The construction and maintenance of rules and regulations can be identified as the basis of a bureaucratic system; that is, where rules and regulations are implicated through decisions taken by employees in public organisations. Bureaucracy was identified as a central feature of the Swedish society already in the early 1900s (Flodström 1918). We found this to be explicitly expressed in the ambitions of the guidelines for home modification grants to '*...account for the regulations and praxis applicable to the home modification grant*' (The National Board of Housing, Building and Planning 2000: 1).

This bureaucratic discourse, present in the guidelines for home modification grants, emerged predominately in the focus group with MAOs (municipal administration officers). In this focus group, this discourse was evidenced by their repeated statements that ‘everybody should know about and follow rules and regulations.’

Discourse of human rights: guarantee of individual human rights and democracy

Strongly promoted as a basis for the Swedish welfare society (Regeringskansliet 2008), which references the UN declaration of human rights (UNHR 1948/2008), the discourse of human rights can be defined as Swedish society’s comprehensive hegemonic discourse. In the field of disability politics, this discourse has been promoted by disability organisations with an emphasis on autonomy and self-determinism (Independent Living Institute 2006). In this study, this discourse was reflected in the focus on individuals’ rights to autonomy, self-determinism, and legal security in Sweden’s policy on disability politics and HMG law as illustrated by the goal of present politics to support the ‘...total participation, equality and dignity of each individual’ (The National Board of Housing Building and Planning 2000). The discourse of human rights was also expressed in the focus groups with MAOs, formulated as the clients’ right to get access to home modification resources in accordance with their own choices.

Balancing discourses into the good

In actual discourse practices the MAOs and OTPCs did not simply reiterate ideology. Rather, within the parameters of their practical circumstances of work, they sought to balance often competing or contradictory hegemonic discourses into a unified perception of the good. The professional acts of balancing occurred on what we are calling ‘platforms’. These platforms were conceptualised as a combination of the practical framework of professional tasks (*e.g.* non-discursive aspects of practice) and discourses associated with those tasks. A narrative approach on these critical discourse findings—focused on the kinds of sense-making or practical reasoning that is experience-centred—deepened our understanding of the local discourses *as local perceptions of the good* emerged from the professionals’ balancing acts.

The OTPCs’ balancing act: using societal resources to meet true individual needs in a cost-efficient way

The OTPCs’ closeness to the actual circumstances of the clients characterised their platform. Home visits gave them opportunities to become close to their clients’ situations and, to a large extent, defined their work task (*e.g.* non-discursive aspect of practice). Foregrounding client-centred assessment, as in the code of ethics for occupational therapists, the OTPCs emphasised that professional competence should be used to benefit the client. Yet, the OTPCs balanced this professional discourse with the economic discourse into a *local* perception of the good: using societal resources to meet true individual needs in a cost-efficient way.

The analysis identified that the OTPCs perceived the professional occupational therapy discourse to represent what is good for the individual and the economic discourse to represent what is good for society. The act of balancing between the individual and social good can be illustrated with this quote from one of the OTPCs:

Yes, you also think of the patients and their needs. But at the same time, you try to keep some kind of cost awareness. So you suggest what is possible and that's also motivated price-wise (FG2 R5).

If needs expressed by clients were not in accordance with needs assessed by the OTPCs, they were viewed as *personal* demands:

...An older person who wants [stated], 'I have to get to the second floor because there are rooms there. I don't really *need* to but I *want*...' I think that's a dilemma (FG4 R1).

The OTPCs said that provision of services targeting demands or wants for comfort were perceived as an inefficient use of community resources through statements such as:

should we [the society] really pay for this, just because they demand it, or want to have a nice bathroom? (FG4 R4).

Thus, the OTPCs' main tool for implementing the good was being able to separate demands from needs in order to save community resources.

The discourse of client-centred assessment of needs guided the OTPCs to address clients' independence, safety, hygienic situation, dignity or quality of life from a long-term perspective. However, the OTPCs expressed a dilemma in balancing their professional judgement of how resources could meet needs in a cost-efficient way from a long-term perspective, with clients' perceptions of needs from a short-term perspective as exemplified in the following discussion from FG2:

Home modification I think you have to discuss a lot more. What is self-responsibility? What is included in normal ageing? [...] (FG2 R1).

People have to realise, 'I am 90 years old, and live three flights up'. Should we pay for somebody to stay there, or should the person take responsibility for not having moved house earlier? (FG2 R2).

This quote also illustrates that needs that remained after clients had tried to solve their situations were judged as eligible, and the provision of resources to meet such needs was seen as an allocation in accordance with the good.

In some situations, closeness to the reality of the client was perceived as a threat to balancing societal and individual goods. The participants expressed the challenge with prioritising an economic discourse and a professional judgement of needs when their closeness to the client's reality made them sympathetic to the client's wish for comfort and perceptions of needs. As one participant recounted, 'It is difficult to say no to someone you know'.

The MAOs' balancing act: using bureaucracy to guarantee individual rights to self-determinism

The platform of the MAOs was characterised by adherence to rules and regulations (*e.g.* non-discursive aspect), which their work task implicitly demanded and the guidelines of the home modification grants (HMG) law handbook explicitly defined. On this platform, the MAOs balanced the bureaucratic discourse with the discourse of human rights into a local

perception of the good as using bureaucracy to guarantee individual rights to self-determinism. The discourse of human rights represented the good for the individual and the bureaucratic discourse represented the good for society. Through the focus group, the MAOs emphasised that rules and regulations should be followed in order to guarantee individual rights to self-determinism and legal security. We interpreted this to show that they perceived rules and regulations as being constructed to guarantee self-determinism and legal security for clients. Thus, their primary means to implement the good was to adhere to and get other actors to adhere to rules and regulations.

The discourse of democracy and human rights, strongly promoted in the 'Policy for disability politics' document, was also expressed in the purpose of the home modification legislation as 'giving persons with functional limitations possibilities for independent lives in their own homes through grants for home modifications'. The HMG *guidelines*, in turn, by providing case examples of appealed juridical decisions conveys a policy of how to apply rules and regulations in everyday situations (*e.g.* promoting the *bureaucratic discourse*). These two predominant discourses—discourse of human rights and the bureaucratic discourse—appeared complementary as well as supportive of the MAOs' professional tasks. The MAOs described dilemmas in balancing between and within the right to self-determinism and the authority of the juridical system. They suggested that this dilemma could be resolved by letting the juridical system define whether a decision was taken in accordance with the law. This required them to take decisions that did not fully respect clients' rights to self-determinism. However, if the clients upheld their right to self-determinism, the client should appeal against their decision. The MAOs expected the clients to uphold these rights and appeal against the decision. The MAOs criticised themselves for *not* using this opportunity to support clients' self-determinism by making too-generous decisions and avoiding decisions to be appealed. Thus, the HMG guidelines ultimately represented a policy document translating how rules and regulations could be used to guarantee individual rights of self-determinism.

On the one hand, the MAOs also gave experience-near descriptions of when it was preferable to step away from strict adherence to rules and regulations. For example, referrals made by the OTPCs should only include functional challenges and not descriptions of needs for specific home modifications. The MAO, in the following example, switches to telling a story that recreates the experience for the audience by using the present tense and thus conveying that sometimes strict adherence to rules and regulations did not result in the good:

I don't know how they could write, 'The person stumbles over differences in the floor level', and then not recommend taking away the thresholds as a solution. It really gets a little absurd (FG1 R3).

On the other hand, although the MAOs, educated as occupational therapists, expressed frustration at not having the closeness to the clients' situation that would support their being able to obtain a holistic client-centred perspective, they also stated that 'wearing two hats' was a threat to legal security. This ultimately tipped their acts of balancing discourses towards that of the bureaucratic discourse's adherence to rules and regulations.

Practising the good

The participants' efforts to implement or practise the good was categorised into two closely related areas described below.

Acting for collaborative practice of the good

Both the MAO and OTPC professional groups expected other actors, professionals as well as clients, to share their perceptions of the good. Therefore many of the actions taken to reach collaboration included providing the other actors (*e.g.* other professional groups as well as older individuals) with facts that in the focus groups were often presented as stories of past or future events, expecting them to take part in a shared story about the best good, and implementation of this good. In the focus groups, the professionals often presented stories of past events using present tense and quoting the statements of others. We deduced that many of these stories were not merely about making sense of what is the best good in a particular circumstance with particular others, but also an attempt to recreate an experience for the listener (*i.e.* colleagues as well as researchers in the focus groups) to convince the others of the best course of action.

Despite the attempts towards *acting for a collaborative practice of the good*, balancing competing and sometimes conflicting discourses on diverse platforms resulted in the OTPCs' and MAOs' different perceptions of the good. Different perceptions of the good led to divergent stories of how to collaborate, let alone practise, a shared good. For example, although well aware of the HMG regulation's division of labour—OTPCs made referrals based on a description of the client's problems, and MAOs' interpreted needs—both professional groups reported that referrals often also described need. Even though the OTPCs did not have the authority to make any final decisions they still felt that they needed to 'take a stand' on what 'should be given' to the client. The OTPCs justified such standpoints by pointing to their relative closeness to the client's reality. Yet, they reported frustration that their authority to implement the good by describing needs was not always respected:

...well, it [the role of the different professionals] is a little blurred. We're the ones who have, actually, great power to visit people, make an evaluation, write a referral, make a suggestion. But, we actually have no authority. We are only obliged to certify that... (FG3 R2).

I think, about referrals we write, when you can't write that this is justified. But I write that the patient *wants*, the relatives *want*, and so on, and then they get it anyway. So, you wonder what difference do our referrals make? Do they [the MAOs] look at them, do they read them, or...? (FG3 R4).

Acting for a collaborative practice of the good required a shifting back and forth between, or careful acts of balancing, diverse hegemonic discourses. For example, the OTPCs frequently stated that they were 'defending my standpoint' to indicate how they used the home visits to carefully explain or cajole clients and their families into sharing their view of what were 'eligible' needs and cost-efficient use of resources. More often, however, they attempted to practise the good by trying to convince clients that a suggested intervention (home modifications, changed behaviour, assistive devices, or no intervention at all), in the long run would lead to increased independence and safety, better hygienic situation, increased dignity or quality of life in a cost efficient way.

For the MAOs, on the other hand, the good was tightly intertwined with the bureaucratic discourse and the characteristics of their professional platform, as detailed in sections above. In fact, in order to ensure individuals' human rights, one needed to follow rules and regulations. It followed that the main barrier to collaboration practising the good was the other actors' ignorance of rules and regulations. For example, one MAO tried to be understanding when rules and regulations were not followed, but ultimately expressed frustration:

I understand that, for a new occupational therapist or physiotherapist, they don't understand the difference [between prescribing assistive devices and writing referrals for home modification grants]. They prescribe assistive devices and use a form for that. Then, they take the application form for home modification grants and think that they are doing the same thing (FG1 R3).

Yet, there were also stories attempting to convey their dilemma of collaborating with clients who seemed ignorant of the importance of self-determinism (e.g. discourse of human rights):

Yes, it's surprising how many accept our going in and doing interventions. These are their homes. They haven't really decided anything more than, 'Yes, we want to be able to take a shower.' But how that's to be done and whether we must widen a door or not, they seldom have any opinions about that (FG1 R1).

Thus, for the MAOs, ensuring that other providers like the OTPCs acted from the rules and regulations and that clients acted on the value of self-determinism was essential to being able to act for the collaborative practice of the good. Ultimately, when diverse perceptions of the good jeopardised acts for collaborative practice, the professional actors attempted to restore a shared good by further acts of balancing hegemonic discourses within the parameters of their professional platforms as described below.

Restoring the good in the absence of practising the good

The MAOs' attempts to restore their local perception of the good were conveyed through stories that related events in which clients themselves had not decided what to include in the application, and whether to send it in. In essence, the MAOs felt that the good had been jeopardised because clients' 'ownership' of an application was not respected (*i.e.* it appeared that the need for a modification was experienced by the home help or a relative). Thus, they tried to restore the good by promoting the client's right to self-determinism:

I try to find out what they want themselves, of course, and explain that they have the option of making their own additions, and that it's like up to them if they want this, 'yes'. I tell them often that, 'You have the right to say, 'no', so that they know that (FG1 R3).

Both professional groups told stories that were a kind of sense-making of dilemmas, where formulations of the good needed to be developed in each specific situation. Many stories, for example, that recounted situations where older people in very poor health lived in their homes as a result of decisions taken at the hospital were also a kind of *search for the good* (Mattingly 1998b) of the best course of action to take. The following example is drawn from an OTPC focus group:

If you have an anguished lady who's discharged [...] and doesn't want to be at home, and who actually can't manage herself, and the home care people must have a special bed and shower chair in order to be able to care for her, then it [the need for home modifications] is only for the people to be able to care for this person in her home. It's not really for the individual at all (FG3 R5).

In this case, the search for the best good outweighed any local perception of the good. Similarly, one MAO described how they provided a stairlift for an older person to reduce his experiences of isolation in a situation where he did not want to remain in his home, but had

no possibilities to move to an assisted living facility. Thus, this narrative approach also underlined how restoring the good often entailed a search for the good based on particular individuals in particular circumstances.

Discussion

This study further excavated the complexity of interrelationships between institutional discourses and professional practice involved in the organisational field of home modification services to older persons in a municipality in Sweden. This knowledge was achieved through the application of a critical discourse analysis that approaches the institutional setting as an argumentative field (Fischer 2003) combined with a narrative approach (Mattingly 1998). In turn, this study contributed knowledge about how arguments for the right course of action were developed and implemented in practice as a local perception of the good. Such practical argumentation can be understood as rationalities of different actors involved in an organisational field. Therefore the implications for the understanding of how different rationalities for resource allocation are developed and communicated are discussed under the following headings; understanding rationalities for allocation of home modification resources and conflicting rationalities for resource allocation within an organisational field. Furthermore we discuss how findings from this study can be understood in the context of a contemporary welfare society (the good in a contemporary welfare society).

Understanding rationalities for allocation of home modification resources

Street-level bureaucrats involved in home modification services drew on multiple discourses and actual experiences to reason about and justify the best course of action to take in any given situation; that is, to answer 'What was/is *best* good here?'. Such local perceptions of the good were developed through acts of balancing different institutional discourses in specific local contexts. The MAOs' and OTPCs' ambition to do 'the good' provided the link between macro-aspects of the organisational field, such as institutional discourses, and their actions. Thus, street-level bureaucrats' rationality involved being confronted by or raising moral questions about which ends were worth pursuing in the balancing act between individual and social goods. In line with theories of neo-institutionalism (Fischer 2003) and the organisation of healthcare services (Davies 2003), these findings illustrate that social discourses and individual sense making mutually shape one another. In addition they join critiques of decision making as merely applying technical knowledge to reach a predefined goal (Fischer 2003, Mattingly 1998), and underline the need to focus on (moral) motivations of different actors involved in the organisation of welfare services.

In line with existing knowledge on street-level bureaucrats, these findings also highlight that the political and economic policies in an organisational field are implemented through the practice of employees (Grape *et al.*, 2006, Lipsky 1980, Johansson 1992). Showing the complexity of interrelationships between institutional discourses and professional practice further foregrounds how employees in societal institutions cannot be understood as technocrats who just apply societal and organisational policies and decisions (Fischer 2003), but as actors guided by their rationalities; that is, as actors who try to implement their perception of what is the best good in each specific situation.

Conflicting rationalities for resource allocation within an organisational field

This study identified that different, and often conflicting, local perceptions of the good were developed among the MAO and OTPC participants. Despite expectations of a shared response to ‘What is the best good?’ among street-level bureaucrats involved in the organisational field of home modification services different and sometimes conflicting rationalities often resulted in diverse stories of how the good should be implemented. Similar findings from other studies have shown how different institutional logics complicate collaboration in the field of public health insurance and work rehabilitation (Grape *et al.* 2006) as well as the school environments of students with disabilities (Hemmingsson *et al.* 2007). Parallels can also be drawn to a study of two community mental health teams, situated in different local organisations, where rationalities developed from ‘an ensemble of micro-level interactions, affected by both intentional and unintentional action, and influenced by a range of contextual/organisational factors’ (Griffiths 2001). The MAOs and OTPCs shared professional education as occupational therapists highlight how local institutional contexts influence the development of discourse practices and, by extension, the development of different rationalities behind the allocation of welfare services.

Previous studies from the same research project, taking instead the older persons’ perspective, showed how, in a similar vein to the professional, the older persons expected the professionals involved in home modification services to also share their answers to the question ‘What is the good here?’ (Johansson 2008, Johansson *et al.* 2009). Together these findings from the perspectives of *both* professionals and clients indicate a need to make explicit that there are different perceptions of the good. This knowledge is necessary to begin handling the moral issues that underlie welfare services.

Perceptions of the good in the context of a contemporary welfare society

The local perceptions of the good identified in this study can be related to large-scale trends in Sweden and other European countries. The study was done in the historical context of the aftermath of financial problems in the early 1990s and ideological changes that have brought cost efficacy of welfare services into focus in politics and public discussions in Sweden (Bergmark *et al.* 2000) and other European countries (Ellis *et al.* 1999, Parry-Jones and Soulsby 2001). This trend coincides with the inclusion of ideas of individual self-determinism sought in policies of welfare services by service users’ organisations in disability politics. Even though it is not clear what constitutes ‘efficiency’, decision makers have promoted raising thresholds of eligibility for services in order to increase efficiency. At the same time, individual needs assessments have been promoted as a way to increase individual self-determinism. Together, the ideas of cost efficiency and self-determinism have led to a strong emphasis on needs assessment in the policy and practice of welfare services (Bergmark *et al.* 2000, Ellis *et al.* 1999, Parry-Jones and Soulsby 2001, Robertson 1998).

Trends in policy can help us understand the findings of this study. For example, the separation of needs assessment from the supply of resources was intended to provide services based in individual needs rather than on available resources (Ellis *et al.* 1999). This division of assessment and distribution of resources could be said to characterise the organisation of home modification services in Sweden. In addition, the distribution of responsibility in welfare societies are often divided across institutional and thus ideological lines. For example, older people with functional limitations—who comprise the majority of individuals receiving

home modification across countries in general (Gitlin *et al.* 2001, Iwarsson *et al.* 2007) and the studied municipality in Sweden specifically (Johansson *et al.* 2007)—fall between both disability and welfare policies. If the Swedish HMG law was found to be expressed in terms of disability policies (*e.g. discourse of human rights*), welfare services for older persons are more often framed in the terminology of care (Angus and Reeve 2006). In this study, a central perception of the good among the MAOs was the right for individuals to access and have resources (*e.g. discourse of human rights*), while the OTPCs perception of the good promoted an ideology of ‘client-centred care’ (*e.g. occupational therapy professional discourse*). This suggests that the local rationalities reflect that MAOs identified themselves as working in the field of services for people with disabilities, while OTPCs identified themselves as working in the care field.

Methodological considerations

Findings in this study were based on a limited number of focus groups with professionals who worked in a limited geographic area. Considering the importance of the local context found in this study, it is important to note that the findings only showed how the practical rationalities for resource allocation were developed in those specific institutional settings. Although the concept of organisational field (DiMaggio and Powell 1983) was used to identify the study object, the MAOs and OTPCs and four official documents, only represented a limited part of the organisational field of home modification services. Other relevant institutions, documents, and actors relevant to understanding the allocation of home modification services were excluded (*e.g.* documents relating to elder care, contracting companies, local management and service-users and their families). However, the concept of the organisational field did prove to be a fruitful conceptual tool that deepened knowledge about the interrelationships connecting different ideologies and practices involved in welfare services and, thus, could be expanded upon in future studies. In addition, although *practising the good* was a central finding in this study, the data did not include observations of *how* the good was acted in particular situations. Stories of actions taken could be strengthened by supplemental methods such as the use of participant observations from ethnographic traditions.

Conclusion

In sum, this explorative study has generated important theoretical and empirical findings by combining theoretical frames in an innovative way. This approach, and the findings achieved, need to be further explored in diverse settings and across international contexts in future studies of service provision to older persons in their home, in particular, and of provision of welfare services in general. Our conclusion from this study is that research on the organisation of health and social care could benefit from recognising moral motivations in order to understand allocation of welfare services. In addition this implies that policy makers need to include knowledge about not only the relationships between discursive and organisational content in their policies, but also about how such content is integrated in moral motivations among organisational employees in specific local contexts.

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