Case management activities and integration policies in France: the weight of pre-existing dynamics and local negotiations

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Case management activities and integration policies in France

The weight of pre-existing dynamics and local negotiations
Integration policies and case management in France: a dilemma?

• Overarching priorities at the policy making level
  – Integration policies: successive schemes

• Integration activities at the local level
  – Pre-existing schemes and professionals
  – Local reception, resistance

• Conflicting ends?
  – Integration vs layering...

• New context: convergence objective
MAIA scheme

• Method of action for the integration of health and social services in the field of autonomy
• 3\textsuperscript{rd} Alzheimer plan 2008-2012
• Elderly people 60+ in complex health and social care situations
• New professionals
  – MAIA pilot
  – Case managers
• How do new case managers develop their integration activities?
  – 2 local MAIA schemes
  – 2 local territories
Results: public policy analysis (1)

• Paradoxes of implementation: resistance at three interdependent levels
  – Institutional, organisational and professional levels

• At the professional level
  – Other professionals with similar coordination tasks on the territory
  – “When the case managers explain their work, it looks so much as what we do. I find it really hard. I also feel bitterness: they have a case load of only 40 situations. What does this mean for our work?! It is completely discrediting it! Our work must be really pathetic if we manage 458 follow-ups a year!” (Social worker)
Results: sociology of professions (2)

• New case managers
  – Absence of a common professional background to face resistance

• Strategies to develop activities: different dimensions of integration work revealed
  – Building reputation: didactic skills, socialisation, clarification
  – Earning recognition: new regulation, complementary relationship, build trust, encourage professional cooperation
  – Exercising judgement: delimitate the scope for the action and stabilize professional boundaries, added value, relational skills
Discussion

• Integrated care research: centrality of the processual dimension of integration (Goodwin et al., 2014; Williams and Sullivan, 2009)

• Drivers for local integration: reconfigurations at work
  – Specific professional skills and know-how
  – Ordinary negotiation spaces
  – Collective learning
  – Permeability of professional boundaries
  – Time needed

• Complex and challenging process
  – Layering logic and concrete implications of the convergence objective
  – Similar implementation of several coordination schemes = difficulty dealt first and foremost at the local level
  – Persistant or increased complexity left in the hands of those in the field
  – Not to be taken for granted nor ignored – risk of disengagement