

Research paper

Immigrants caught in the crossfire of projectification of the Swedish public sector: short-term solutions to long-term problems

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What is known on this subject

- Management of the public sector at the levels of EU, government and local organisations has increasingly used project funding as a way to steer their operations.
- The increased prevalence of project-based actions has therefore evolved as a way to finance operations in a slimmed-down public sector.
- The context of the projectification of the public sector is the *new public management* doctrine, in which competition between units and perceiving community members as customers are central phenomena.

What this paper adds

- Health and social services targeting vulnerable groups of citizens such as immigrants risk being counterproductive through use of projects as short-term solutions to long-term problems.
- At the time when the project is terminated, individuals who are involved in mainstream activity still have to cope with unsatisfied needs.
- The legitimacy of organisations in the immigrants' communities will be compromised by episodic projects, and the values of participation and democracy are threatened because projects are ineffective in breaking through segregation.

ABSTRACT

In this article we use two immigrant projects, operating in a Swedish context, as a basis for discussing and analysing the potential of joint projects as a tool for change in human welfare service organisations that target the general public. The extensive use of projects in the development of a slimmed-down public sector can be seen as originating from the contradictory promises of projects regarding flexibility and rationality in the *new public management* context. Projects are also used as a way to obtain more resources for specific long-term needs, but they are seldom implemented as intended in the regular 'mainstream' organisation. Therefore the long-term development of social services and healthcare for immigrants remains inadequate. It

appears that politicians, managers and civil servants prefer to focus on the positive aspect of projects to legitimate the organisations and to bring about change by targeting and steering activities. However, they tend to overlook the negative consequences of using projects, and there is a risk that a backlash will undermine the legitimacy of organisations. Citizens and participants in general, and immigrants in particular, experience frustration and distrust as a result of the short-term nature of project-based action. The problems that the projects were expected to address may remain, or even increase.

Keywords: distrust, immigrants, projectification, public sector, resource mobilisation

Introduction

The idea of using 'projects' (short-term, specifically funded activities) is popular not only within the private sector, but has also become more prevalent within the public sector, even in core areas of the welfare sector, such as education, health and social care. There are examples of municipalities that have developed a kind of project culture where several projects are carried out simultaneously (Johansson *et al*, 2000; Jensen *et al*, 2007). The increased prevalence of organising work in projects has resulted in a tendency among many organisations to finance their operation through projects. Consequently, more and more people are likely to be given specific project employment instead of being permanently employed (Johansson *et al*, 2000; Jensen *et al*, 2007).

The idea of projects as an organisational form is disseminated and interpreted in various shapes and forms (Sahlin, 1996a; Johansson *et al*, 2000; Blomberg, 2003). One reason for the model's wide dissemination can be seen in the way that the more extreme version of project management literature describes the advantages of working in projects. It claims:

... that all operations and management, irrespective of their line of business, objectives or their very nature, would be more effective, more lucrative, more flexible, or better in general, if it were to be organized in the manner of a project, i.e. if it was 'projectified'.

(Blomberg, 2003, p. 64)

This article is partly based on a previously published article in Swedish (Abrahamsson and Agevall, 2009), in which we have discussed *projects*, particularly those that target immigrants within the welfare sector in Sweden. These so-called *outwarding projects* have a direct orientation towards users and members of that society (Sahlin, 1996a), and are based on some form of collaboration between various organisations or units. This implies that a temporal form of organising the work is chosen in operations and management, where the importance of continuity for its users is particularly emphasised (Ström, 1994; Blomqvist and Rothstein, 2000; Markström, 2003). The aim in this article is to look for common features in, and the consequences of, two projects within the Swedish public sector that target immigrants.

The new public management context of projects

The context in which the origin of the projects that target the public can be better understood is the

administrative doctrine that has been prescribed since the 1980s, namely *new public management (NPM)*. NPM can be described as a hybrid form of various distinct and often conflicting elements, which can nevertheless be said to have a common core in terms of marketisation and the forming of companies. This means that operations and management in the public sector are increasingly adopting elements from the institutionalised organisational form known as '*the enterprise*' (Brunsson, 1991).

In the public sector, organisations are expected to compete with each other as well as with players in the private sector, and consequently a *marketplace* must be created (Kastberg, 2005). The public sector units are required to become independent units with clear organisational boundaries, which implies a fragmentation of the public sector sphere. An example of this is known as outsourcing (Montin, 2002; Agevall, 2005; Hasselbladh *et al*, 2008). This type of organisation also contains a discontinuity in time. The independence of the operational units, with clear organisational boundaries, brings about a strengthened identification with the organisation (Brunsson and Sahlin-Andersson, 2000).

NPM can be seen as a double-edged sword, as there is a focus on delegation and decentralisation, while at the same time a centralisation of operating control is advocated (Christensen and Læg Reid, 2002a). The politicians tend to acquire an apolitical identity, which transforms them into managers (Bäck, 2000; Christensen and Læg Reid 2002b; Hasselbladh *et al*, 2008). Citizens are transformed into customers, who should be able to wield influence regarding their own specific demands (Hasselbladh *et al*, 2008). The notion of customer orientation clashes with the notion of the politically active citizen who, in contrast to the customer, has both a right to participate in the democracy and an obligation to do so (Montin, 2002).

NPM prescribes that the separate organisations engage in resource mobilisation (albeit only to a certain degree), which implies that the operative units will be weighing needs and resources against one another (Montin, 2002; Johansson, 2003). They are expected to answer the question '*Who gets what, when and how?*' Traditionally this has been a political issue, which has also implied a political responsibility. The resource mobilisation which has been transferred to the individual organisations involves uncertainty regarding the survival of those organisations, and subsequently also gives rise to uncertainty for their employees. The greater the uncertainty regarding resources, the greater is the tendency to reword the needs. In order to accommodate the needs to the availability of resources subsequently, this leads to other types of prioritisation being made by the organisations (Montin, 2002; Johansson, 2003). It could be argued that within NPM there exists a *structured uncertainty* (Agevall,

2005). Consequently, questions are raised as to where the responsibility for decision making should be placed (Hasselbladh *et al*, 2008), which is exactly what has been described as the Achilles heel of NPM (Ferlie *et al*, 1996).

One aspect of the control philosophy of NPM is that, in addition to the 'new' financial control (a reduction of resources and an altogether more 'slimmed-down' organisation), there is an increased demand for control (auditing) and for documentation (Pettersson, 1999; Ivarsson Westerberg, 2004; Agevall and Jonnergård, 2007). This leads to administrative work increasing at the operating level, consequently encroaching further on resources from the core activity (Gustafsson, 1999).

A discourse on change, rationality and outcome prevails in NPM. That change and innovations are desirable is perceived to be implicit in standards of society. Flexibility becomes essential, and procedures and routines are toned down (Gustafsson and Svensson, 1999). In other words, NPM is ambiguous, its two faces being in conflict with each other, as is reflected in the pledge of the idea of projects:

Project management is probably one of the most viable ideas of NPM, since it unites the better of two worlds from a management perspective: rational planning and dynamic, innovative entrepreneurship.

(Hall, 2007, p. 145)

The strengthened identification as a business unit/organisation can be detrimental to maintaining a holistic perspective and comprehensive understanding of superior, common interests (Statens Offentliga Utredningar (SOU), 1997). At the same time, collaboration between different public organisations and operations tends to decline (Blom, 1998; Blomgren, 1999). As a consequence, during the mid-1990s, a focus in projects was put on increasing collaboration between authorities, with the aim of improving and making more efficient their efforts for vulnerable groups. Collaboration was perceived as an interesting way to carry out work, and joint projects became a popular phenomenon (Grape, 2006).

The two cases of projects that target immigrants

The case studies described below are projects that target immigrants, and which concern members of the community who may for one reason or another be perceived as vulnerable groups.

Case 1: Two examples of how to improve the healthcare and service for immigrants

The first case that we shall describe includes two separate and successive projects in their own right, namely *immigrant women's health* and the *bridge-builder project*. Both projects aimed to find new solutions to a problem, which all of the stakeholders perceived as extensive and urgent, namely to be more accountable for the needs of healthcare and service for the immigrants. Both projects had a sound foundation in the collaborative work of various welfare organisations. Immigrants who had made the 'journey of integration' were considered to be important participants as a resource in the improvement work, which was to be carried out together with permanent personnel at the various operations (Abrahamsson *et al*, 2005; Abrahamsson, 2007).

The introductory project, *immigrant women's health*, was a community development project. It arose from the exceptionally high level of consumption of healthcare among immigrant women. Personnel at a healthcare centre who encountered female immigrants and their problems became aware of how responsibility for these women was transferred to other organisations, such as social services. This often resulted in female immigrants falling through the cracks of the health and social care system. The project leader's theory of change purported that if the personnel of all organisations were to help one another by regarding the combined resources of the various organisations as 'one pot of money', the needs of the female immigrants could be better accommodated. The personnel of the healthcare centre, and later on the project leaders as well, applied successfully for project funding from a local public health fund, in a joint project with representatives from municipal operations.

The project developed proposals for solutions through collaboration between organisations in the healthcare centre's realm of influence. Lack of integration and insufficient knowledge about the immigrants' situation were considered to be significant reasons for the problem of delivering services. Female immigrants who had lived in Sweden for some time had been invited to participate in the project, since they were perceived as resources both in integration work and in their ability to bridge the lack of knowledge within the organisations of the community. When the money that had been allocated for the project was exhausted, propositions for alternative strategies were submitted in a report (Abrahamsson *et al*, 2005). Since it was considered to be a high priority to find solutions to these problems, which did not only apply to this particular healthcare centre's catchment, a new project was suggested by a cross-sectional/interdisciplinary working group.

After the first project, expectations of the work proceeding were high among the personnel and immigrant women. Consequently, they were greatly disappointed when the project ended with no promise of its continuation. A year later, resources were gathered to proceed. However, the personnel and immigrant women were somewhat ignored when officials who represented the various organisations re-worded the needs to fit the requirements of the European Social Fund (ESF). To be granted, extensive joint funding was necessary, and the project participants had to have been long-term unemployed, with the requirement that they would be hired for employment at the end of the project. The needs were therefore partly re-worded, which implicated the participants in solving relational issues between immigrants and personnel in healthcare and service organisations.

Both before and at the beginning of the new *bridge-builders project*, unanimous expressions of goodwill were expressed at central, regional and municipal levels regarding the need to facilitate better care for the immigrants by improving the service and the way in which they were being treated in public services and healthcare-related areas of society. An emphasis on marketing was desired by the ESF in particular, and it was important that all of the various organisations' logotypes were represented on all information about the project.

The eight bridge builders who were chosen were all immigrants who had made the 'journey of integration', and together with a project manager they would work with so-called 'gate openers' (employees) who performed the practical work with the immigrants at the eight workplaces that participated in the project. The aim was to find new approaches and methods through combined forces that would better correspond to the needs of both the immigrants and the organisations involved. During the second phase, the bridge builders performed their work according to the new methods and proposed working model at the workplaces of the gate openers (Abrahamsson, 2007; Abrahamsson *et al*, 2009).

Every day all of the participants (i.e. administrative directors, employees, project manager and bridge builders) accounted for the number of hours and minutes they had put into the project. At the same time, the project manager and the project owner were required to carry out auditing and follow-up. Thus a considerable part of the work that was carried out during the project was of an administrative nature.

When the project ended without any guarantees that the work would continue, the employees, gate openers and bridge builders experienced great frustration. The bridge builders felt capable and in demand by the organisations as well as by the Swedish and immigrant communities during the project. The evaluation of the project demonstrated that the working

model had been successful, as the personnel and immigrants had experienced an increase in trust and understanding with regard to each other. Furthermore, it resulted in a better 'flow' at the healthcare centre and emergency unit, and an improved work situation for the staff, as they were better able to carry out their usual work assignments. Despite the positive results, and the project manager's preparation for a continuation of the project, the working model was never implemented in the permanent organisation (Abrahamsson, 2007; Abrahamsson *et al*, 2009). The disappointment and sense of having been used by Swedish society became too much for many of the bridge builders. Furthermore, this frustration was also felt by their fellow countrymen.

What happened in the organisations as a result of the projects?

The initial outcome of the project was described as being positive and engaging by all of the stakeholders, even at the higher levels of the organisations. The participants in the project – the people 'on the floor' – all hoped that the work that they had carried out in the projects would continue within the permanent organisations. When the funds were exhausted and the work was terminated, a feeling of emptiness was experienced. Frustration and apprehension were manifested, and the long wait began for a decision as to whether the project work would continue.

The mobilising of resources for both projects took time. The bridge-builder project came to involve more organisations than had originally been intended, and thus the preparations and work involved in getting it rooted took a considerable amount of time. The origins of some of the issues, which were of a structural nature between the organisations, were toned down, whereas individual and specific reasons were brought to the fore. The working model was never implemented in the permanent organisation. The work merely died a death without any information and any clear policy on the matter being left behind. The underlying problems remain (Abrahamsson *et al*, 2005, 2009; Abrahamsson, 2007).

What were the consequences of the projects for the participants and the citizens?

The disappointment and frustration among the project participants, bridge builders and other members of society who had been engaged in the projects were clear to see. The work opportunities, which were required from the EU and had been promised by the organisations through participation in the projects, never became a reality for most of the participants. It also seemed as if mistrust had a dispersion effect on the other immigrants who had been indirectly involved in the project in one way or another.

Case 2: The 'integration project'

The integration project, which we have borrowed from the reporting of Jensen *et al* (2007), contained two national integration programmes/commitments, namely the *national example* and the *big city commitment*, and largely resembles the bridge-builder project. The initiators were members of society living in a residential area in one of the biggest cities in Sweden, with a high representation of immigrants who wanted to break the social alienation that they had experienced, and to promote residents' involvement in the surrounding community.

The municipal administration welcomed the initiative, and a joint agreement was made to establish a meeting place where people worked who had made the 'journey of integration' and who knew how to collaborate with other immigrants. These individuals would have experience and knowledge of various ethnic cultures, and would be fluent in the languages that were spoken in the residential area. The aims of this meeting point were to promote integration and health, and to increase participation and social networks.

The cultural interpreters organised group activities, theme nights, picnics and field trips as well as discussion nights, and all of their work was undertaken in accordance with the residents' wishes. The objective of some other activities was to draw attention to the problems of integration that are often easily described as problems at an individual level, as people experience a sense of alienation. Collaboration with schools, voluntary organisations and immigrant associations, as well as with governing authorities, was a feature of the project. Several political delegations came to visit in order to observe and obtain information about it.

The funding was made possible through various government grants targeted at vulnerable residential areas. Formal decisions and policies regarding the project were made by the municipal district committee. The time between being supported by the two national integration programmes' commitments was pervaded by a sense of frustration about resources not being announced in time. When the decision finally came, it allowed continuation of the activities. At the same time, however, the government funding of other future projects had decreased by one-third. The networks among the residents expressed a sense of powerlessness, and among the project employees this frustration about default decisions was mixed with concern about future employment. The municipal district committee had been concerned about funding throughout the commitment, and felt that there was no prospect of being able to support the project on their own.

The administrative work was extensive. A project coordinator was responsible for the coordination of

around 25 projects, which were structured in a vertical, multi-project organisation. In addition, the marketing of the project was important, as was accounting for what, how and why things were done. For most of the time the project leaders were engaged in generating public support for the projects.

During the evaluation, the integration project was also described in positive terms as being appreciated and needed (Jensen *et al*, 2007). The operation was widely known to be effective, but it was not breaking even financially, and was dependent on short-term government funds. The project coordinator had a deliberate strategy of making the operation permanent, yet it was obvious that this would not be possible unless sacrifices were made. Later, a proposition was made that focused on more comprehensive health promotion measures, where the cost would be shared by the primary healthcare agency and the two municipal districts involved. The municipal administration's office undertook the planning. Psychosocial health issues were highlighted, and there was less emphasis on aspects of integration. Thus selective project funding did not have to be raised, and a niche for permanent operations was found.

What happened in the organisations as a result of the project?

The outcome of the project was described as positive in this case as well, according to the evaluation that was made (i.e. the work was appreciated and needed). What emerged from the project also implied a new round of mobilisation of resources by expanding the operation. By expanding the geographical area, new funding and financial support would be found. The costs would be shared between primary healthcare and the municipal district committee concerned, which would lead to the needs and requirements being reworded in terms of measures of a health promotional nature. This implied a change in priority of the operation, which now highlighted the more psychosocial health issues, while less emphasis was placed on the specific work of integration.

What were the consequences of the projects for participants and citizens?

In the above example it is evident that the continuity of the work was broken, and that the time that elapsed between the various national measures and commitments led to frustration at having to wait for a decision about resources. It clearly shows how residents who were connected to the project experienced feelings of powerlessness, and how individuals who worked in the project felt both frustrated and worried about their future employment prospects.

Different cases: similar consequences

The re-wording of the needs

In both cases, the re-wording of the needs involved a somewhat different priority of the organisation, which also offered an opportunity to apply for resources and funding according to the 'My project fits in with your agenda' game (Berkely and Springett, 2006). The consequences were that the re-wording of needs, from an emphasis on integration to the highlighting of psychosocial interventions, clearly resulted in the re-defining of a structural problem as a more personal kind of problem. At the same time, in Case 2, those members of society who had initiated the project were transformed from being agents (i.e. active members of society) to being passive objects (i.e. mere recipients of care).

Frustration and apprehension resulting from the disruption of work

The most obvious consequence of the disruption of both projects was the generation of feelings of frustration and apprehension among the participants. These were especially evident among those employed on a project basis, in Case 1, who had been promised permanent employment if they participated in the bridge-builder project. In Case 2, it is clear that the time lapse between agreement of funding and the national commitments led to frustration due to policies and decisions about resources not being presented on time. Those networks of residents who were concerned by the national example expressed a sense of powerlessness, and the fellow project workers in question were also concerned about their future employment prospects.

The transformation of issues and players

In both Cases 1 and 2, structural issues were transformed into issues of individual character. In Case 1, the structural issues which led to system failures that resulted in immigrant women falling between the cracks of the Swedish welfare system were transformed into relational issues between immigrants and health-care personnel. In Case 2, it was the population of a residential area that consisted primarily of non-Swedish residents who were the initiators of this project. One consequence of this particular project was that issues of segregation and alienation transformed the measures, which became individual and psychosocial in character. Through the changed direction of the project – from being a 'citizens' office' with

a clear focus on activities to enhance integration, to being one of health promotional measures – active members of society were transformed from being the subject to being the object.

Responsibility for changed priorities of the operations

The priorities that will answer the question '*Who gets what, when and how?*' have traditionally been the responsibility of elected politicians. In these cases, however, the re-wording of needs (by bureaucrats) that took place in order to acquire resources could be seen as confusing the end with the means (i.e. there is confusion between the goal and the resources, where the needs do not govern the allocation of resources, but instead the likelihood of acquiring resources governs the wording of the needs).

Another factor that can present ambiguities with regard to responsibility is the shared economic responsibility for running an operation, and the effect of introducing external players who bring (shared) funding to carry out development work and work of change. The separating of the two may lead to a shift of responsibility for developing the operation to external players, and local discussions concerning priorities will therefore not take place (Johansson *et al*, 2000). It is thus a question about where the responsibility for the priorities of the operation can be placed.

Democratic and economic values

The ramifications and consequences that have been identified above could be discussed and problematised on the basis of both democratic and economic values (Lundquist, 1998). The creation of fellowship, a sense of belonging and solidarity, is a political matter, and trust has been considered to be the glue that is necessary to hold a democratic society together (Putnam, 1996). Kumlin and Rothstein (2003) claim that encounters between members of society and public organisations are significant in relation to the general trust in society, as well as to general trust in policy makers. Furthermore, they assume that discriminatory treatment of various kinds has implications for the trust that people have in one another (i.e. societal trust). Both of the immigrant projects that we have described demonstrate, through their re-direction, a threat to the values of democracy and participation.

On the basis of the available data, it is difficult to discuss economic values such as cost-effectiveness, productivity and functional rationality. However, a few assumptions can probably be made. First of all, the expenses pertaining to the work effort involved in completing recurring project applications must be significant. Secondly, there was increased adminis-

trative work in the controlling/steering of the projects. Thirdly, the project managers invested a lot of time in promotion of the project. It can probably be assumed that project-based organisation brings about increased bureaucracy and thus generates greater expenses. The two cases may be seen as experimental projects where a new working model as well as a new operation would be developed and established. Taking as a starting point the effects that these projects would have on the regular, permanent organisations ('mainstreaming'), it is fair to say that the functional rationality was low (i.e. the experiences and development resulting from the projects did not have much of an impact on the regular operation) (Anell and Wilson, 2002).

The myth that temporary projects can provide a long-term solution

In a slimmed-down public sector, the consequences of temporary solutions for long-term problems have obviously been overlooked. The question is why they have become such a common way to organise projects in health and social care. One answer to this would be to follow the arguments of Sahlin (1996a) and the two-edged promise of projects as a *standard* for steering and organisation. On the one hand, the project model holds the promise of flexibility and dynamic and innovative entrepreneurship, but on the other hand, it holds the promise of control and steering of goals as well as of resources (Sahlin, 1996a). We claim that the projectification of the public sector builds on overconfidence in the advantages of projects, while the drawbacks are neglected. Projects are used as a way to organise and steer operations at a number of levels in society, ranging from EU (the bridge-builder project) and government (the integration project) levels to local levels (immigrant women's health). To meld the two edges together is difficult, and may have negative consequences for the welfare system, both for the permanent operations and for the participants and citizens.

First, negative consequences for the welfare system through projectification are detrimental to maintaining a holistic perspective and comprehensive understanding of common interests.

Secondly, another negative consequence is due to the paradox of organising long-term operations as projects, which requires one or more lapses of activity, and uncertainty about the continued existence of the operation. Unless there is a plan for implementing the operation in the regular, permanent organisation, the projects may end up succeeding one another, leading to operations that are fragmented and episodic, with

ever changing priorities (SOU, 2005). For whom is the flexibility in a project? We consider that the model performs well as a way to steer operations and to finance them. However, it is not as beneficial for the personnel (whether on the floor, the project participants or the citizens). In the worse-case scenario, as in the bridge-builders project, the new and most needed operations within the slimmed-down permanent operation are terminated, and the personnel still have to cope with unsatisfied needs in the same way as they had to do before the project started.

Thirdly, projectification even poses a threat to development work within the organisations. There may be manifold hidden aims incorporated into the way that projects are used to organise the work. For example, they may be used as a way to obtain legitimacy for the organisation and to demonstrate that it is up to date, or as a way to show commitment to addressing significant social problems (Meeuwisse, 1996; Sahlin, 1996b; Lundin and Steinhórsson, 2003). However, we can foresee a backlash against the legitimacy of the organisations, due to the exclusive investment in projects. It may even turn into mistrust in public officials and authorities as well as in society as a whole, and we consider that this outcome is indicated in the bridge-builders project. In the course of time, it may instead result in a diminished legitimacy for the permanent organisation within the public sector.

Fourthly, the actions in reality of the projects that we have reviewed seem to be counterproductive in breaking the segregation that is a challenge of great magnitude for society today (SOU, 2005; Jensen *et al*, 2007). The intention of the Big City Commitment was actually long-sightedness and a bottom-up view, and the termination of a project in progress, which had been perceived to be long term by the participants, results in frustration and disappointment for the individuals involved. Over time, trust in public agents may be eroded due to breach of promises (SOU, 2005). If specific investments are made in an area, when cutbacks are happening at the same time, other members of society may perceive the investments as negligible, contradictory and perhaps even cynical (Sahlin, 1996b; SOU, 2005). This raises the issue of responsibility when a project is terminated, which ultimately affects personnel on the floor and those members of society and service users who were the target of the project.

The promotion of democracy and increased participation has become a potential goal for various administrations/organisations, as well as being a means to an end. At the same time, general practice is pervaded by lack of experience and interest in building new, sustainable structures of democracy of real power (SOU, 2005, p. 16).

Conclusion

Project-based actions that target immigrants run the risk of being counterproductive. At the time when the project is terminated, the individuals involved still have to cope with unsatisfied needs among the immigrants, as development work within the regular activity of the welfare organisations has been inhibited by the project's temporary activity. The legitimacy of the organisations in the immigrants' communities will be compromised due to the unrealistic promises that were given at the start of the project, which are seldom fulfilled during the limited time available. Projects risk being ineffective in breaking the segregation, due to the frustration that the immigrants perceive when a project is terminated. The values of democracy and participation are threatened, and the problems that the projects were expected to target remain, or even increase.

ACKNOWLEDGEMENTS

This article was supported by the platform for nearby care at Kristianstad University College. We particularly wish to thank all of the practitioners and bridge builders who participated in this evaluation, and who discussed their thoughts, experiences and desire to contribute to the development of health and social care with immigrants as a target group.

REFERENCES

- Abrahamsson A (2007) Brobyggare. Kulturtolkare mellan invandrare/flyktingar och det svenska samhället – en utvärdering [Cultural interpreters between immigrants/refugees and the Swedish society]. *Collaborative and Integrated Approaches to Health 3*: Kristianstad: Kristianstad University College/Forskningsplattformen för utveckling av Närsjukvård.
- Abrahamsson A and Agevall L (2009) Valfärdssektorns projektifiering – kortsiktiga lösningar av långsiktiga problem? [The projectification of the welfare sector – short-term solutions to long-term problems]. *Kommunal ekonomi och politik* 13:35–60.
- Abrahamsson A, Karjalainen J and Knutsson C (2005) Humana Basala Strategier – Flyktingkvinnors hälsa och resurser i utvecklingen av närsjukvård [Health and resources of women refugees in the development of Nearby Care]. In: *Collaborative and Integrated Approaches to Health. Report no 4:2005*. Kristianstad: Kristianstad University College, Forskningsplattformen för utveckling av Närsjukvård.
- Abrahamsson A, Springett J and Andersson J (2009) Building bridges or negotiating tensions. *Diversity in Health and Social Care* 6:85–95.
- Agevall L (2005) Valfärdens organisering och demokratin – en analys av New Public Management. [The organisation and democracy of the welfare sector – an analysis of the New Public Management]. In: *Acta Wexionensia. Report No. 60*. Växjö: Växjö University Press.
- Agevall L and Jonnergård K (2007) Management by documents – a risk of de-professionalizing? In: Aili C, Nilsson L-E, Svensson LG and Denicolo P (eds) *In Tension between Organization and Profession: professionals in Nordic public service*. Lund: Nordic Academic Press. pp. 33–55.
- Anell BI and Wilson TL (2002) Organizing in two modes – on the merging of the temporary and the permanent. In: Sahlin-Andersson K and Söderholm A (eds) *Beyond Project Management: new perspectives on the temporary-permanent dilemma*. Malmö: Liber AB. pp. 170–86.
- Bäck H (2000) *Kommunpolitiker i den stora omdaningens tid* [Politicians in the municipality in the time of the big change]. Malmö: Liber Ekonomi.
- Berkely D and Springett J (2006) From rhetoric to reality: a systematic approach to understanding the constraints faced by Health for All initiatives in England. *Social Science and Medicine* 63:2877–89.
- Blom B (1998) *Marknadsorientering av socialtjänstens individ- och familjeomsorg. Om villkor, processer och konsekvenser* [The marketisation of social services for individuals and families]. Umeå: Umeå Universitet, Institutionen för Socialt Arbete.
- Blomberg J (2003) *Projektorganisationen – kritiska analyser av projektprat och praktik* [The organisation of projects – critical analyses of the project discourse and practice]. Malmö: Liber Ekonomi.
- Blomgren M (1999) *Pengarna eller livet? Sjukvårdande professioner och yrkesgrupper i mötet med en ny ekonomistyrning* [Money of life? Health care professions in a new economic management]. Uppsala: Uppsala universitet, Företagsekonomiska Institutionen.
- Blomqvist P and Rothstein B (2000) *Välfärdstatens nya ansikte. Demokrati och marknadsreformer inom den offentliga sektorn* [The new face of the welfare state. Democracy and market reforms in the public sector]. Stockholm: Agora.
- Brunsson N (1991) Politisering och företagisering – om institutionell förankring och förvirring i organisationernas värld [Politics and enterprises – anchoring and confusion in the organisations]. In: Arvidsson G and Lind R (eds) *Ledning av Företag och Förvaltningar*. Stockholm: SNS Förlag. pp. 20–40.
- Brunsson N and Sahlin-Andersson K (2000) Constructing organizations: the example of public sector reform. *Organization Studies* 21:721–46.
- Christensen T and Lægheid P (2002a) A transformative perspective on administrative reforms. In: Christensen T and Lægheid P (eds) *New Public Management: the transformation of ideas and practice*. Aldershot: Ashgate. pp. 13–39.
- Christensen T and Lægheid P (2002b) New public management – undermining political control? In: Christensen T and Lægheid P (eds) *New Public Management: the transformation of ideas and practice*. Aldershot: Ashgate. pp. 93–119.
- Ferlie E, Ashburner L, Pettigrew A et al (1996) *The New Public Management in Action*. Oxford: Oxford University Press.
- Grape O (2006) Domänkonsensus eller domänkonflikt? – Integrerad samverkan mellan myndigheter [Consensus or conflicts between domains? Integrated collaboration

- between authorities]. In: Grape O, Blom B and Johansson R (eds) *Organisation och Omvärld – nyinstitutionell analys av människobehandlande organisationer*. Lund: Studentlitteratur. pp. 47–72.
- Gustafsson L and Svensson A (1999) *Public Sector Reform in Sweden*. Malmö: Liber Ekonomi.
- Gustafsson RÅ (1999) Den nya ekonomistyrningen och arbetsmiljön [The new economic steering and working conditions]. In: *De nya styrsystemen inom hälso- och sjukvården – vad hände med ekonomi, arbetsmiljö och demokrati?* SOU 1999:66. [Swedish Government Official Reports] Bilaga till slutbetänkande av Kommittén om hälso- och sjukvårdens finansiering och organisation – HSU 2000. pp. 53–84.
- Hall P (2007) Byråkratisering som konsekvens av företagisering inom offentlig förvaltning? [Bureaucracy as a consequence of ideas of enterprises within the public sector]. *Statsvetenskaplig tidskrift* 2:143–9.
- Hasselbladh H, Bejerot E and Gustafsson RÅ (2008) *Bortom New Public Management. Institutionell transformation i svensk sjukvård* [Beyond New Public Management. Institutional transformation in Swedish health care]. Lund: Academia Adacta AB.
- Ivarsson Westerberg A (2004) *Papperspolisen. Den ökande administrationen i moderna organisationer* [The police of papers. The increased administration in modern organisations]. Stockholm: Handelshögskolan i Stockholm.
- Jensen C, Johansson S and Löfström M (2007) *Projektledning i offentlig miljö* [Project Management in the Public Organisations]. Malmö: Liber AB.
- Johansson A (2003) *Offentlig kultur i omvandling? Om prestationsfinansiering och konkurrensutsättning av offentlig serviceverksamhet* [The transformation of the culture of public organisations? The economic capacity and competition in public organisations]. Örebro: Örebro Universitet.
- Johansson S, Löfström M and Ohlsson Ö (2000) *Projekt som förändringsstrategi – analys av utvecklingsprojekt inom socialtjänsten* [Projects as a strategy for change – an analysis of development projects in the social services]. Stockholm: SNS förlag.
- Kastberg G (2005) *Kundvalsmodeller. En studie av marknadsskapare och skapade marknader i kommuner och landsting* [Models for the choices of costumers. An investigation of the way markets are created in municipalities and county councils]. Göteborg: Göteborgs Universitet, Förvaltningshögskolan.
- Kumlin S and Rothstein B (2003) Staten och det sociala kapitalet [The state and the social capital]. In: Pierre J and Rothstein B (eds) *Välfärdsstat i Otakt. Om politikens oväntade, oavsiktliga och oönskade effekter*. Malmö: Liber AB. pp. 146–68.
- Lundin R A and Steinhörsson R S (2003) Studying organizations as temporary. *Scandinavian Journal of Management* 19:233–50.
- Lundquist L (1998) *Demokratins Väktare* [The guardians of the democracy]. Lund: Studentlitteratur.
- Markström U (2003) *Den Svenska Psykiatireformen. Bland brukare, eldsjälare och byråkrater* [The Swedish reform of psychiatry. Amongst users, real enthusiasts and bureaucrats]. Umeå: Boréa Bokförlag.
- Meeuwisse A (1996) Projektets dolda funktioner [The hidden functions in projects]. In: Sahlin I (ed.) *Projektets Paradoxer*. Lund: Studentlitteratur. pp. 35–56.
- Montin S (2002) *Moderna Kommuner* [Modern municipalities]. Malmö: Liber.
- Pettersson I-L (1999) Vårdens arbetsmiljöer under 1990-talet – en översikt över genomförda studier [The working conditions in health care during the 20:th – an review]. *De nya styrsystemen inom hälso- och sjukvården – vad hände med ekonomi, arbetsmiljö och demokrati?* SOU 1999:66. [Swedish Government Official Report] Bilaga till slutbetänkande av Kommittén om hälso- och sjukvårdens finansiering och organisering – HSU 2000:85–128.
- Putnam R D (1996) *Den fungerande demokratin: Medborgarandans rötter i Italien* [Swedish translation by Margareta Eklöf. Original title: *Making Democracy Work. Civic Traditions in Modern Italy* (1993)]. Stockholm: SNS Förlag.
- Sahlin I (1996a) Introduction. In: Sahlin I (ed.) *Projektets Paradoxer*. Lund: Studentlitteratur. pp. 13–34.
- Sahlin I (1996b) Vad är ett projekt? [What is a project?] In: Sahlin I (ed.) *Projektets Paradoxer*. Lund: Studentlitteratur. pp. 238–64.
- SOU (1997) *I medborgarnas tjänst. En samlad förvaltningspolitik för staten* [In the service of the citizens. A policy for the state]. Betänkande av Förvaltningspolitiska kommissionen [Swedish Government Official Report].
- SOU (2005) *Storstad i rörelse. Kunskapsöversikt över utvärderingar av storstadspolitikens lokala utvecklingsavtal* [The big city movement. A review of the evaluations of the big city policy]. Slutbetänkande av Utredningen om utvärdering av lokala utvecklingsavtal [Swedish Government Official Report].
- Ström P (1994) Hur påverkas de gamla och personalen av hemtjänstens privatisering? [How does the privatisation of social service influence old people] In: Gustafsson RÅ (ed) *Köp och sälj, var god och svälj? – Vårdens nya ekonomistyrningssystem i ett arbetsmiljöperspektiv* Arbetsmiljöfonden: Rapportserien.

CONFLICTS OF INTEREST

None.

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Received 17 May 2010

Accepted 29 June 2010

