Interprofessional collaboration in the Norwegian welfare context: a scoping review

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Abstract

Joint efforts among welfare services are often needed to provide help to people with complex needs. Interprofessional collaboration is believed to play an important part in successful service provisions. In Norway, a strong political will and significant efforts are focused on financing and implementing policies to support interprofessional collaboration. Despite this, empirical literature on the topic is fragmented. An overview of interprofessional collaboration in Norway is internationally relevant since the complexity in social service provision is experienced as challenging in different contexts. A scoping review was performed to investigate the facilitators of and constraints on interprofessional collaboration by Norwegian welfare services. After screening the relevant literature, 12 empirical studies were synthesized and analyzed using four dimensions of interprofessional collaboration (sharing, partnership, interdependence, and power). The results suggest that interprofessional collaboration by Norway's welfare services has not been fully actualized. This is partly due to the individual services' autonomy and segregation, which are reflected in laws and regulations, the funding system, and different ideological goals.

Keywords*:* interprofessional collaboration, welfare services, scoping review, social work, Norway

Introduction

One challenge related to providing welfare services and implementing social policies is that people who need help from more than one service risk "falling between the cracks" (Hall, 2002, p. 217), meaning that they might not receive adequate help from appropriate services. Interprofessional collaboration is often sponsored at policy and practical levels to avoid this problem (Hood, 2012; Leathard, 2004; Longoria, 2005; Rawson, 1994). Interprofessional collaboration between social workers and healthcare workers, such as physicians, nurses, and psychologists, is a growing practice in many countries that aims to increase the quality of care (Blacker & Deveau, 2010).

In Norway, interprofessional collaboration has been used to address challenges in various sectors of the welfare system regarding healthcare and social work through policies that focus on increased efficiency, secure the quality of social programs through collaboration, and provide a clear focus on recipients' perspectives and participation. To finance the implementations of these policies, the Norwegian government uses public funds obtained through high income taxes and significant state intervention in the national economy (Willumsen & Breivik, 2011). Social and labor policies are mostly implemented by the Norwegian Labor and Welfare Administration (NAV), which is an organization that resulted from the merger of one municipal run office, the Social Services, and two state run offices, the Labor and Employment Office and the National Insurance Service. The merger's goal was to increase collaboration and partnership in the handling of welfare challenges with transparency, diversity, and innovation (Breimo, Turba, Firbank, Bode, & Sandvin, 2017). Consequently, Norway has distinguished itself with respect to social policies and reforms in the social service and labor sectors. Furthermore, NAV's wide range of service provisions means that it engages in interprofessional collaborations with other services. Exploring the literature helps answer the question: what facilitates and what constrains interprofessional

collaborations engaged in by NAV and other welfare services? This is relevant to understanding how people's needs are met and how social policies are developed. A scoping review was completed to identify those facilitators and constraints.

Background

Hood, Gillespie, and Davies (2016) and D'Amour, Ferrada-Videla, San Martín-Rodríguez, and Beaulieu (2005) conducted conceptual reviews in the field of interprofessional collaboration. Hood et al. (2016) concluded that the success of interprofessional efforts on behalf of children's welfare depends on practitioners' experiences and abilities. D'Amour et al. (2005) found that collaboration must be perceived as more than a professional task, similar to a human process. They concluded that frameworks not based on empirical data were weak because it was impossible to predict client outcomes with them.

Studies on collaboration across welfare services in Norway have increased recently. Laws and regulations, such as the Regulation on habilitation and rehabilitation, i. p. a. c., (2011), Law of Health and Care Services (2011), and Law of Social Services (2009) have increased the focus on collaboration as an important topic. Many authors have addressed collaboration among welfare services through topical issues such as individual plans as coordinating tools (Breimo, Normann, Sandvin, & Thommesen, 2015; Nilssen, 2011) and rehabilitation (Breimo, Sandvin, & Lunde, 2014; Breimo & Thommesen, 2012; Sandvin, 2012).

Moreover, reviews of studies on collaborations in public welfare services in Norway have been of interest (Fossum, Lauritzen, Vis, Ottosen, & Rustad, 2014; Lo, Olsen, & Anvik, 2016). Fossum et al. (2014) found that organizational, economic, professional, and methodological differences, as well as differences in competence, challenged child welfare services' collaborations and the psychological health of team members aiming to serve youth. They further found a lack of knowledge about collaborative partners' traditions and work

methods, and a lack of common goals. In a qualitative review of studies on youth welfare services in Norway, Lo et al. (2016) found that few researchers took a holistic approach to investigating the interplay between the recipients' complex needs and welfare services offered to them.

Although research on collaboration among professions exists in the Norwegian context, it is fragmented and does not consider the recipients' challenges (Lo et al., 2016). To date, no reviews exist on studies of interprofessional collaborations by NAV and other public welfare services in Norway. However, knowledge about the facilitators of and constraints on such collaborations is valuable because it could influence the entirety of Norway's welfare services. This knowledge would also have transferrable value to other Nordic countries because the welfare systems and social programs are similar, and it would inform European and other countries in which interprofessional collaboration is valued for meeting complex public needs (Schulte, 2004). Knowledge about collaborative processes by welfare services is relevant to policymaking because it helps social policies to enhance support for individuals and groups and supports practitioners' efforts to share the challenges and benefits of collaboration. Also, it furthers scientific understanding by identifying non-duplicative topics and gaps in knowledge to guide future endeavors.

Conceptual Framework

This study's conceptual framework was based on D'Amour et al.'s (2005) review of the dimensions of interprofessional collaboration in 17 articles from organizational theory, organizational sociology, and social exchange theory perspectives, and two bi-disciplinary models not based on explicit theories. D'Amour et al. (2005) found that the dimensions of sharing, partnership, interdependence, and power were useful in explaining interprofessional collaboration.

The "sharing" dimension was defined as sharing responsibilities, decision making,

healthcare philosophy, values, data, planning and intervention, and professional perspectives (D'Amour et al., 2005). For this study, I adapted shared healthcare philosophy as shared general philosophy because in this study I considered collaboration in sectors other than healthcare. D'Amour et al. (2005) defined "partnership" as two or more actors with collegial attitudes jointly working on an authentic and constructive task, and a set of common goals was noted as important to partnership formation. Communications in these relationships must be open and honest, and all of the partners must be aware of each other's contributions and understand various professional perspectives. In addition, having a set of common goals is recognized as important for partnerships to form. "Interdependence" implies mutual dependence among the relevant professionals (D'Amour et al., 2005). The collaborative process depends on professionals' relinquishment of autonomy to depend on each other to meet clients' needs. Individual efforts increase in collaborations, and the total output of collaborative efforts is greater than individual inputs for solving problems.

D'Amour et al. (2005) identified the fourth dimension, termed "power," as shared among all of the partners and conferred on the partners through empowerment of team members. In the context of interprofessional collaborations, power is created by experience and knowledge. Furthermore, power is relational, meaning that it depends on the relationship through which it is used. Maintaining symmetrical power relations is necessary in interprofessional collaborations.

Method

Research design

In this scoping review, I investigated the facilitators of and constraints on interprofessional collaborations by NAV with other welfare services. Although there is no universal way to define scoping reviews, they are characterized by analytical reinterpretations of published studies, often referred to as syntheses (Levac, Colquhoun, & O'Brien, 2010).

This study was conducted by a single author. However, as Arksey and O'Malley (2005) discussed, the replicability of the study and reliability on the findings depend on detailed process documentation. I present all stages in this study with detailed descriptions to enhance the methodological rigorousness of the study and to avoid potential bias from conducting the study as a single author.

I followed Levac et al.'s (2010) five stages as a guideline. However, in addition to Levac et al.'s (2010) approach, I critically assessed the studies under observation. This critique, performed between Stages 3 and 4, assigned a score to each study (Qualitative Assessment Score, QAS).

Information sources

Stage 1: Identifying the research question. In this stage I formulated a research question based on population, NAV; phenomenon of interest, collaboration with partners; and context, facilitators of and constraints on interprofessional collaboration: what facilitates and what constrains interprofessional collaboration engaged in by NAV and other Norwegian welfare services?

Stage 2: Data collection through keyword searches. The search used to obtain published studies for the analysis covered the period of January 2006 to 19th of September 2019. This span was chosen to begin at the implementation of the 2006 NAV reform (http://regjeringen.no.) because NAV did not exist before 2006. I collected data in September 2017 and conducted an updated search in September 2019. I used a set of keywords in Norwegian and English. I searched the Norwegian keyword terms "(Samarbeid OR Samordn* OR Koordiner* OR Samhandl*) AND (Nav)" in the Oria, Idunn, and NORA databases, and the English keyword terms, "(Cooperat* OR Consolida* OR Coordinat* OR Collabor*) AND (Norwegian Labour and Welfare Administration)" in Oria, Scopus, and Sage. Four additional articles were screened. These were published in the paper version of

the journal *Tidsskrift for Velferdsforskning* [*Journal of Welfare Research*]. I identified these by going through all issues from 2006 to 2015 (these issues were not electronically available within this timespan).

Selection of sources

Stage 3: Data collection through article selection. The exclusion criteria were: (a) articles not in journals on the Norwegian Center for Research Data's list of levels 1 and 2 journals (http://www.nsd.uib.no/); (b) bachelor's degree and master's degree theses; (c) reports; and (d) publications that were not research articles, research books, chapters in research books, or PhD theses. For articles to be included in the study they needed to: (e) include aspects of cooperation, coordination, or collaboration between or among actors; (f) identify one of those actors as NAV; and (g) empirically assess the collaborative activities. Figure 1 illustrates the screening process using the inclusion and exclusion criteria.

(Insert *Figure 1* here)

Critical appraisal

The articles included (n=12) were appraised using the Critical Appraisal Skills Programme (https://casp-uk.net/casp-tools-checklists/) Qualitative Research Checklist appraisal tool. This tool assesses research as a guide regarding the quality of an article. There were 10 items in the Checklist, and I included all of them. I changed one question from "Is the qualitative methodology appropriate?" to "Is the selected methodology appropriate?" to use this tool to also assess mixed method articles . The QAS of the 12 included articles ranged from 7 to 10 (See Table 1), and none of the articles were quantitative. All 12 articles were included in the further analysis.

(Insert *Table 1* here)

Data charting and synthesis

Stage 4: Data analysis by charting the data. I constructed a table to summarize and

compare the results using the dimensions of the framework (See Table 1).

Stage 5: Data analysis by collating, summarizing, and reporting the results. Following Levac et al. (2010), three steps were taken to strengthen the validity of the synthesis. I used Nvivo (QSR International PTY) as a coding program for this stage. In Step 1 I collated and summarized data. I generated a descriptive numerical summary of the articles' characteristics. These characteristics were: (a) authors' names, (b) publication year, (c) partners identified as collaborating with NAV, (e) study designs, and (f) sampling and data collection. In step 2, I conducted a thematic analysis of the articles' contents, searching each article for mentions of D'Amour et al.'s (2005) four dimensions. In step 3, I used those results to discuss the implications of the findings within the context of research, policy, and practice (Levac et al., 2010).

Ethical considerations

This study did not use human subjects; approval by a research ethics board was not deemed necessary.

Results

Results of the search

Stage 2 (Data collection through keyword searches) yielded 2,484 articles after 766 duplicate articles were identified and removed using EndNote. In stage 3 (Data collection through article selection), the screening of articles using exclusion and inclusion criteria resulted in 12 articles that I included in the synthesis (See Figure 1).

Characteristics of sources of evidence

I organized the results of Stage 4, data analysis, by charting the data (Levac et al., 2010) by theme (See Table 1). All articles were peer-reviewed, 10 are research articles and two are chapters in research books. The issues addressed in the articles are youth dropping out of secondary schooling (Anvik & Waldahl, 2017; Arntzen & Grøgaard, 2012; Reinertsen,

2014), parents with mental health issues and drug addiction (Rørvik, 2017), overdoses (Soggiu & Biong, 2017), collaboration between social workers and physicians in regards to activation policies (Andreassen & Fossestøl, 2014; Håvold, Harsløf & Andreassen, 2017; Kane, Köhler-Olsen & Reedtz, 2017), collaboration between, and transitions from, Child Welfare and Protection Services (CWP) to NAV (Ask & Sagatun, 2014; Breimo, Sandvin & Thommesen, 2015), and collaboration in steering groups that include different professions and organizations (Biong, 2011). I have presented the results of Stage 5 (Collating, summarizing, and reporting the results) in the following section.

Synthesis of results

Sharing. In all 12 articles sharing was important to NAV's collaborative processes with its partners (Andreassen & Fossestøl, 2014; Anvik & Waldahl, 2017; Arntzen & Grøgaard, 2012; Ask & Sagatun, 2014; Biong, 2011; Breimo et al., 2015; Gjertsen, 2014; Håvold et al., 2017; Kane, Köhler-Olsen & Reedtz, 2017; Reinertsen, 2014; Rørvik, 2017, Soggiu & Biong, 2017). Sharing responsibility was important in seven of the articles (See Andreassen & Fossestøl, 2014; Ask & Sagatun, 2014; Håvold et al., 2017; Kane et al., 2017, Reinertsen 2014; Rørvik, 2017; Soggio & Biong, 2017). The motivation for sharing responsibility was to help people who needed it. However, the authors of seven articles identified a lack of shared responsibility. Ask and Sagatun (2014) found that the lack of shared responsibility between NAV and CWP sometimes resulted in neither agency providing financial help to the families that needed it.

Data sharing was pointed out as challenging by authors of six articles (See Andreassen & Fossestøl, 2014; Ask & Sagatun, 2014, Gjertsen, 2014, Håvold et al., 2017; Rørvik, 2017, Soggiu & Biong, 2017). There was a lack of information exchange when the recipients transitioned from secondary school to NAV's services (See Gjertsen, 2014). Physicians did not understand what information NAV required in the declarations the

physicians wrote on behalf of their patients and afterwards sent to NAV (See Andreassen & Fossestøl, 2014); NAV workers did not receive detailed enough information to make decisions about appropriate interventions (Håvold et al., 2017); and people helped by CWP sometimes acted as messengers between CWP and NAV (See Ask & Sagatun, 2014). In her study, Rørvik (2017) found that lack of information exchange sometimes led to assumptions that the CWP would have all relevant information about families, which led to other services not sharing information with CWP. The help the families would receive in these cases would be limited. Soggiu and Biong (2017) illustrated a case where the lack of sharing data had fatal consequences. In this case the principle of confidentiality hindered a prison from informing NAV workers that a person with drug addiction had been released, and 3 days later he was found dead from overdose.

One of the most common aspects of sharing in the articles was *shared planning and intervention*. Lack of shared planning between NAV and the healthcare system was reported by the authors in two articles (See Andreassen & Fossestøl, 2014; Håvold et al., 2017). Likewise, between NAV and the Follow-Up Services (FUS) at the secondary school level (Arntzen & Grøgaard, 2012), and by welfare agencies in general when trying to meet youth's needs (See Anvik & Waldahl, 2017). In five articles shared interventions were discussed. The authors of two studies reported that their informants expressed a lack of equivalent competence between themselves and the NAV workers. These studies concerned shared interventions between NAV and CWP (See Ask & Sagatun, 2014) and between NAV and FUS at the secondary school level (See Anvik & Waldahl, 2017). An example of the problems identified was a lack of joint planning between the healthcare system and NAV that led to a lack of shared intervention. The disparity between physicians' understandings of the best way to work reintegration after a sick leave and NAV workers' understandings influenced the nature of the intervention (See Andreassen & Fossestøl, 2014).

In eight of the studies, authors found that the ways that *professional perspectives* were shared influenced the collaborative processes (See Andreassen and Fossestøl, 2014; Anvik & Waldahl, 2017; Arntzen & Grøgaard, 2012; Ask & Sagatun, 2014; Biong, 2011; Håvald et al, 2017; Kane et al., 2017; Reinertsen, 2014). A sense of confidence in a collaborative partner's competence, along with expressing acceptance and recognition of this competence, were considered important for collaborative processes to move forward (See Ask & Sagatun, 2014; Biong, 2011; Kane et al., 2017; Reinertsen, 2014). However, the authors of three studies found that this was not always the case. Arntzen and Grøgaard (2012) reported that the FUS providers at secondary schools were unsure whether the NAV workers were competent to help the recipients. In their study on NAV and CWP, Ask and Sagatun (2014) found variation in the extent of confidence regarding collaborative partners' levels of competence, but that they still used each other for guidance and to obtain information. Håvold et al. (2017) found that a lack of sharing data led to a lack of shared professional perspectives between physicians and NAV workers in regards to work reintegration after a period of sick leave.Anvik and Waldahl (2017, p. 26) referred to "silo mentality," which they defined as a fragmented system characterized by a lack of shared understanding of professional perspectives.

Not all of D'Amour et al.'s (2005, p. 118) types of sharing were addressed in the 12 articles. Shared decision making did not emerge in the synthesis, and shared values appeared in just one article, in which the FUS workers at the secondary schools asked for NAV workers to be dedicated to the targeted youth and the challenges they were facing (See Arntzen & Grøgaard, 2012). In addition, two articles addressed shared philosophy. Biong (2011) pointed out that shared philosophy across sectors was a condition of successful collaboration in a study where the partners' shared ideology was the driving force of their sense of significance of and dedication to the collaboration. Håvold et al. (2017) found that

the cultivation of common norms regarding activation policies was important in the collaborative effort between NAV and physicians.

In sum, regarding sharing, in all of the studies the authors found a lack of shared responsibility, shared data, shared planning and intervention, and shared decision making. Some of the authors referred to shared professional perspectives as present, but others found no evidence of this. Thus, it is concluded that sharing by NAV and other welfare services occurred to a limited extent.

Partnership. One of the most common aspects of partnership found in the articles concerned the partners' collegial attitudes in the execution of authentic and constructive tasks (D'Amour et al., 2005). This topic was raised by authors in seven articles (See Anvik & Waldahl, 2017; Arntzen & Grøgaard, 2012; Breimo, Sandvin et al., 2015; Gjertsen, 2014; Håvold et al., 2017; Kane et al., 2017; Soggiu & Biong, 2017). Organized collaborations were important to collegial attitudes in two articles (See Arntzen & Grøgaard, 2012; Gjertsen, 2014). First, according to Arntzen and Grøgaard's (2012) informants, formal agreements between NAV and the FUS supported the resources spent on common tasks. Second, Gjertsen (2014) found that organized meetings as arenas for coordinating services for recipients with complex needs had positive outcomes when partners were working on common tasks.

In addition to organized types of collaboration, the authors of three studies found that so-called "enthusiasts," who understood the various sectors' work with youths, were significant to the collaborative process (See Anvik & Waldahl, 2017; Breimo, Sandvin et al., 2015 Kane et al., 2017). These enthusiasts worked jointly with the youths and with the collaborating entities to accomplish tasks. It was pointed out that, in these cases, the collaborating entities found it more challenging to work together without the efforts of the enthusiasts. It is reasonable to assume that social services' collegial attitudes were lacking,

even though their task was constructive.

The authors of six articles addressed a lack of collegial attitudes in joint efforts to accomplish a constructive task (See Anvik & Waldahl, 2017; Arntzen & Grøgaard, 2012; Gjertsen, 2014; Håvold et al. 2017; Kane et al., 2017, Soggiu & Biong, 2017). They all indicated that the various welfare services were unable to coordinate their assistance to meet recipients' needs. The criticism based on empirical findings was that the services were fragmented, to help the recipients' complex needs (See Anvik & Waldahl, 2017; Arntzen & Grøgaard, 2012). In addition, NAV entered the collaborative process at a late stage, which was considered a missing link at the systemic level (See Gjertsen, 2014). Soggiu and Biong (2017) found that NAV workers thought that they worked alone on cases that required collaboration, and thus the results were dependent on the individual service provider rather than a system. Håvold et al. (2017) found that NAV and physicians did not have the same understanding of what work reintegration after a period of illness should entail, and thus they had different goals. Just one article reported empirical data that explicitly demonstrated that a lack of collegial attitudes helped to explain a lack of motivation to collaborate (See Kane et al., 2017). Arntzen and Grøgaard (2012) pointed out that, although the areas needing collaboration were set forth in formal agreements entered into by NAV and the FUS, the service workers working with the youths were unaware of these agreements.

Regarding open and honest communication as requisite for collaboration (D'Amour et al., 2005), the authors of five studies found a lack of such communication (See Andreassen & Fossestøl, 2014; Arntzen & Grøgaard, 2012, Ask & Sagatun, 2014; Breimo, Sandvin et al., 2015; Rørvik, 2017), and none of them specifically indicated its presence. FUS (See Arntzen & Grøgaard, 2012) and CWP (See Ask & Sagatun, 2014) reported difficulties when they tried to contact NAV people. Andreassen and Fossestøl (2014) reported that physicians in their study found it challenging to correctly complete medical certificates because NAV did

not provide instructions. Moreover, NAV workers criticized CWP's workers as introverted in their collaborations, which they explained was directly caused by confidentiality hindering collaboration (See Breimo, Sandvin et al., 2015). Rørvik (2017) found that the lack of communication led to the different entities having different projects with clients. Each of these projects could be accomplished when isolated, but they were not feasible when all were implemented simultaneously.

The authors of five articles addressed awareness of collaborative partners' contributions and understandings of the various professional perspectives in the collaborative context (See Andreassen & Fossestøl, 2014; Arntzen & Grøgaard, 2012, Biong, 2011; Breimo, Sandvin et al., 2015; Reinertsen, 2014). In two studies, the authors found that a sense of personal and professional confidence in the value of personal contributions and a sense of confidence in partners' competence, was important (See Arntzen & Grøgaard, 2012; Biong, 2011). One of Reinertsen's (2014) informants said that other professionals' competence did not help them in doing their own work better. In three articles, the authors pointed out a lack of awareness of partners' contributions and partners' professional perspectives (See Andreassen & Fossestøl, 2014; Arntzen & Grøgaard, 2012; Rørvik, 2017). In one case, the FUS and NAV did not characterize the joint service recipients the same way regarding FUS, and the FUS workers expressed a lack of confidence that NAV was appropriately competent to help the youth (See Arntzen & Grøgaard, 2012).Understanding the various professional perspectives was not always strong between physicians and NAV because the physicians apparently considered only the medical perspective (See Andreassen & Fossestøl, 2014). Breimo, Sandvin, and Thommesen (2015) found that the various welfare services in their study were insular regarding their individual activities and responsibilities.

Having a set of common goals was expected to be important to partnership formation (D'Amour et al., 2005), and in six of the articles the authors addressed a lack of common

goals between NAV and its various partners (See Andreassen & Fossestøl, 2014; Anvik & Waldahl, 2017; Arntzen & Grøgaard, 2012; Breimo, Sandvin et al., 2015; Håvold et al., 2017; Rørvik, 2017). The authors of two articles pointed out that the collaborating partners perceived their counterparts as tools to be used to achieve their service goals rather than as partners working toward common goals (See Andreassen & Fossestøl, 2014; Arntzen & Grøgaard, 2012). In Breimo, Sandvin et al. (2015), the support services' partner criticized NAV as focused only on its emphasis that the service recipients needed to engage in an activity. The municipal systems were focused on tasks related to their particular services rather than on services that might be provided through joint efforts. Håvold et al. (2017) and Rørvik (2017) pointed to similar findings, where the entities' simultaneous interventions showed a lack of common goals (Rørvik, 2017), with physicians focused on disease while NAV workers focused on work reintegration (Håvald et al., 2017). Anvik and Waldahl (2017) reported that the focuses of the goals of the educational sector, work/social/welfare sector, and healthcare sector differed by concentrating only on educational attainment, salaried employment, and health respectively. However, Kane, Köhler-Olsen and Reedtz, (2017) found that the healthcare sector collaborated closely with NAV to assess the provision of social benefits and identification of meaningful activities for the recipients, indicating a joint effort toward achieving a common goal.

In sum, collegial attitudes were present in some cases regarding partnership, but they more often were absent. There was an apparent lack of communication among the welfare services and a lack of common goals. Also in some but not all cases, awareness of a collaborating partner's contributions and an understanding of a partner's professional perspective existed.

Interdependence. In eight of the articles aspects of interdependence between NAV and its collaborators were included (See Andreassen & Fossestøl, 2014; Anvik & Waldahl,

2017; Arntzen & Grøgaard, 2012; Ask & Sagatun, 2014; Biong, 2011; Breimo, Sandvin et al., 2015; Rørvik, 2017; Soggiu & Biong, 2017). In seven articles the authors reported that the involved entities were more autonomous than interdependent (See Andreassen & Fossestøl, 2014; Anvik & Waldahl, 2017; Arntzen & Grøgaard, 2012; Ask & Sagatun, 2014; Breimo, Sandvin et al., 2015; Rørvik, 2017; Soggiu & Biong, 2017). Andreassen and Fossestøl (2014) concluded that the healthcare sector and NAV did not recognize the value of collaboration, although the healthcare sector workers depended on information from NAV to complete medical certificates, and, without receiving that information, the clients could not move forward with their lives. Anvik and Waldahl (2017) found that the healthcare sector contributed very little to interprofessional collaboration regarding young adults' mental health services.

Authors of three articles reported results indicating that the collaborative partners were autonomous as opposed to professionally interdependent (See Arntzen & Grøgaard, 2012; Ask & Sagatun, 2014, Breimo, Sandvin et al., 2015). Breimo, Sandvin et al. (2015) found that CWP and NAV were focused on their individual tasks, and that the recipients' transitions from one service to another did not receive the attention that they needed. Ask and Sagatun (2014) studying CWP and NAV shared an instance of a mother who obtained help only from the former, although she needed the two services to collaborate. FUS and NAV depended on each other to provide youth with occupational training, but their functions were autonomous: NAV was passively funding the service while FUS was fully responsible for the training, even of tasks that they believed were NAV's responsibility (See Arntzen & Grøgaard, 2012).

In four articles the authors reported on the total output of collaborative activities as greater than the individual inputs (See Andreassen & Fossestøl, 2014; Anvik & Waldahl, 2017; Arntzen & Grøgaard, 2012; Biong, 2011). Andreassen and Fossestøl (2014) suggested

the entities did not assess their outcome targets regarding the actions that needed collaborations, and, thus, the measured outcomes tended to yield higher results without collaboration. The services were financed based on their outcome targets, and the targets were developed so that each service could independently achieve them. Another example was that CWP believed it would be beneficial to collaborate with NAV about the clients' financial situations, but they never did so. Apparently, the CWP workers were concerned about a possible increase in workload, although they knew of examples of collaborative efforts that had successfully achieved their goals and actually lessened the workload long term (See Ask & Sagatun, 2014). Lack of collaboration apparently lessened the success of the outcome compared to what could have resulted had they collaborated.

The informants in Biong (2011) reported positive experiences in their collaborations. Having different work roles strengthened interprofessional collaboration, as the workers could explain to each other how the sector and service they worked within functioned, and what their mandates were. Anvik and Waldahl (2017) reported that enthusiasts working across the sectors were successfully helping recipients and meeting their needs. However, this suggests that, although the relevant entities were interdependent, they were not specifically participating in collaborative efforts.

In sum, the fact that the services were more autonomous than interdependent although clients' needs seem to have required interdependent relationships across services. By insisting on autonomy, services were not meeting the clients' needs. In addition, these findings revealed that funding the services was tied to activities that did not need collaboration.

Power. In two studies (See Andreassen & Fossestøl, 2014; Biong, 2011) the authors reported that power was not a shared experience between NAV and its collaborative partners. Authors of one article reported that the welfare services' workers tended to perceive the other

service providers as tools to achieve their objectives (See Andreassen & Fossestøl, 2014). In addition to a lack of common goals, this finding implies that the various services did not understand power as shared.

Biong (2011) and Arntzen and Grøgaard (2012) looked at formal indicators of power. In one collaborative project, establishing NAV as the project's owner was important for the project to move forward (See Biong, 2011). In an established collaboration between NAV and FUS at secondary schools, the experience and knowledge that grew from the collaborative efforts over time fostered collaboration. In this case, the experience of working together and knowledge about each other were important for interprofessional collaboration to work, and formal indicators such as formal agreements were less significant (See Arntzen & Grøgaard, 2012).

The authors of five articles reported that power depended on the relationship through which it was exercised (See Andreassen & Fossestøl, 2014; Arntzen & Grøgaard, 2012; Ask & Sagatun, 2014; Biong, 2011; Håvold et al., 2017). In one case, CWP found it difficult to contact NAV counselors, although they worked in the same building (Ask & Sagatun, 2014), suggesting an asymmetrical power relationship between the services as well as a lack of open communication. The other four studies suggested asymmetrical power relations between NAV and the physicians/workers at polyclinics (See Andreassen & Fossestøl, 2014; Håvold et al., 2017); between NAV and the group of FUS at secondary schools (See Arntzen & Grøgaard, 2012); and between NAV and CWP (See Ask & Sagatun, 2014). In all cases, the asymmetry favored NAV because of NAV's lack of or slow response to the communicative efforts of its partners.

Overall, these findings imply that power among welfare services is not a shared experience, and none of the findings considered the empowering effects of collaboration on partners. Thus, the findings indicate that power was relational, but asymmetrical, in favor of

NAV.

Discussion

The findings of this scoping review show that, although joint efforts existed among welfare entities in the Norwegian case, these efforts cannot be defined as collaborative processes when evaluated in light of D'Amour et al.'s (2005) four dimensions of collaboration (sharing, partnership, interdependence, and power). The articles analyzed here even suggest that it seems almost coincidental when a person in need of interprofessional assistance actually receives the help needed. The exception to this seems to have been when so-called enthusiasts with knowledge of the relevant welfare services were dedicated to helping people obtain services. The reasons this was challenging for these service providers to fully collaborate seem to be related to confidentiality, funding systems, and ideological goals or outcomes that seem as fragmented as the services themselves, which created more constraints than facilitators for collaboration.

Regarding aspects of sharing, Fossum et al. (2014) similarly found with respect to shared data that CWP did not collect relevant data on families from other welfare services. Moreover, Hood et al. (2016) found that acknowledging partners' roles, responsibilities, and competencies was important in facilitating interprofessional collaboration. Hood et al.'s (2016) study did not provide empirical examples, but Ask and Sagatun (2014) found that responsibility was not shared, supporting the findings of Hood et al. (2016).

Fragmented welfare services, or the "silo-mentality" (Anvik & Waldahl, 2017, p. 26), also was addressed by Hood et al. (2016), who argued that the uni-professional model in the educational service system explains the "silo-mentality." Similarly, Ose, Mandal, and Mordal (2014) reported that NAV workers delimited their personal roles and responsibilities, although tasks are regulated in a broader spectrum of responsibility for the recipients of NAV's services.

Fossum et al. (2014) described similar findings regarding partnership. The differences regarding professional background and organizational culture were highlighted as constraints on collaboration. Furthermore, communication was determined satisfactory only in some of the cases in contrast to previous studies that found it satisfactory, and in this synthesis, open and honest communication was the exception rather than the rule. This result reflects previous findings regarding lack of sharing, which could be interpreted as another manifestation of the "silo-mentality" in the overall welfare services system.

Concerning interdependence, the findings show that autonomy interferes with the ability to meet clients' needs. In addition, the funding requirements and measuring of each service's outcome targets are tied to tasks that do not require interprofessional collaboration. Despite that, collaboration generally was considered a positive activity. Longoria (2005) questioned that perception when the symbolic qualities of the dimensions of the phenomenon of "collaboration" overshadow the findings, casting doubt on interprofessional collaboration and its supposedly positive outcomes for recipients. When the outcome targets of a service are set to measure autonomous activities, these targets are prioritized .

This study's findings about power imply that it is not equivalently shared among partners. Firbank, Breimo, and Sandvin (2016) examined power relations between NAV and CWP, and they found that NAV had a significant influence on decision-making processes when NAV and the CWP collaborated. This because of NAV's control of resources combined with its prestige (Firbank et al., 2016). This power asymmetry is supported by the findings of this scoping study. The implications of asymmetrical power relations in collaborative processes could be positive and/or negative because one partner exercising relatively more power might drive projects forward, which might benefit recipients whose lives had stalled. However, there are examples when asymmetrical power constrains communication, availability, or recipients' progress. Thus, D'Amour et al.'s (2005)

framework is limited in cases where the outcomes depend on the context.

Another weakness of using these four distinct dimensions is that they cannot be applied to investigations of alleged fragmentation of the system. Interdependence might be somewhat useful here, but institutional constraints on collaboration are likely out of reach because these dimensions focus on activities among participants in collaborative processes rather than the organizational determinants of those processes. In addition, the concept of "trust," as a characteristic of the collaborative process, is somewhat opaque in D'Amour et al.'s (2005) framework, and operationalizing trust into the four dimensions would be challenging. However, trust might be an aspect of partnership in addition to open and honest communication.

The results of the synthesis also show that dimensions at times overlap. Sharing of data seems to be of particular importance as a constraining or facilitating factor for collaboration. Sharing data helps in developing and sharing a general philosophy, and the lack of sharing data seems to constrain a common effort of planning and intervention. Regarding interdependence, the ability to work interdependently appear as dependent on whether or not collaborators share data. This was particular apparent in Håvold et al. (2017) and Soggiu & Biong (2017) where the collaborators were interdependent regarding their ability to meet the needs of clients, but where they worked autonomously due to lack of sharing data.

Limitations

By using the five analytical stages of Levac et al.'s (2010) I have structured the methodological approach to enhance the replicability of this study and the reliability of the findings. However, despite the value provided by the results of this scoping study, its application is somewhat limited. Methodologically, a wider search for relevant articles, including grey literature, might broaden the context in which the results are interpreted,

although accurate quality assessment might be more difficult.

Implications

This study's results offer insights about the facilitators of and constraints on NAV's interprofessional collaborations with other welfare services. The results might help practitioners engaged in collaborations to identify challenges, and they could be used to improve aspects of interprofessional collaboration. From a policy perspective, the results highlight the gap between actual collaborative processes in welfare services and the relevant social policies.

In Norway, collaboration and coordination aiming to provide recipients with sufficient and appropriate help has received increased attention with respect to funding and implementation of regulations, such as the Regulation on Habilitation and Rehabilitation (2011), Regulation on Individual Plan (2005), Law of Health and Care Services (2011), and Law of Social Services (2009; https://www.lovdata.no). In Europe, as well as Norway, these results might support assessments of collaborative efforts among stakeholders regarding implementations of programs responding to the social exclusion of youth, such as the Youth Guarantee. Collaborations, partnerships, and coordination are considered important to this effort's success (The Council of the European Union, 2013). At the international level, this study's results might inform assessments of the quality aspects of the youth employment opportunities proposed by the International Labour Organization (Corbanese & Rosas, 2017), as youth employment tends to not just be connected to relations in the labor market itself, and to dropping out of secondary schooling as well as to having mental health related issues (Anvik & Waldahl, 2016).

The findings of this synthesis offer a critical look at these policy and assessment schemes beyond the symbolism of collaboration to motivate appropriate investments in Norway, the European Union and its member states, and in the global context.

Concluding comments

An overall conclusion of this study is that the challenges to collaboration in Norway identified here might be explained by the welfare system's fragmentation. The relevant laws and regulations are segregated by sector, funding system, and ideological goals, that reflect fragmentation of the welfare system that constrains interprofessional collaboration. When efforts are international, organizing, allocating resources, and ideological differences increase and become more complex. Addressing those challenges when evaluating and shaping future policy would help to ensure that recipients' needs are met, and that collaboration is more than a symbolic characteristic of interprofessional relationships. Further international studies on the organization of welfare systems and on the influences of laws and regulations on collaborative behaviors and activities are recommended.

Declaration of Interest

The author reports no conflicts of interest. The author alone is responsible for the content and writing of this article.

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