



Work programme

2015–2024

Large-scale Programmes
Health, care and welfare services research – HELSEVEL

**Large-scale
Programmes**

The RCN initiative
to meet national
research priorities

Work programme 2015 - 2024

Health, care and welfare services research – HELSEVEL

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1. Summary

Background: The Research Council's priority area *Healthy and active for many years* (FASE) focuses on three main challenges in the health and welfare sector: *i*) the shift in the range of illnesses and need for care; *ii*) the need for increased productivity and competency in the health and welfare sector; and *iii*) the need for a larger labour force in society at large. The *Programme on Health, Care and Welfare Services Research* (HELSEVEL) is the largest and most important individual activity in the FASE area. The programme encompasses health and care services, social and welfare services, and the child welfare service. Services research and service innovation are the key components of the programme.

Primary objective: The HELSEVEL programme will promote research and innovation that enhances quality, competency and efficiency in the health, care and welfare services. Through focus on the four secondary objectives, the programme will: *i*) enhance the quality and international orientation of health, care and welfare services research; *ii*) strengthen the foundation for knowledge-based education and professional practice, both for the individual sector and across sectors, by conducting practice-based, practice-oriented services research, especially in under-researched areas; *iii*) generate new knowledge that benefits users/patients and the services and that creates synergies and greater coherence in services research and innovation for the health, care and welfare services; and *iv*) establish new arenas of cooperation by bringing together researchers, service providers and users from various service areas across the health and welfare sector.

Work method: The HELSEVEL programme will encompass applied research and innovation that benefits users/patients and the population as a whole, as well as the services themselves. The work programme establishes the programme's framework and sets the long-term perspectives. Action plans will be drawn up for sub-initiatives that have shorter timeframes and comprise concrete activities under the programme. The programme's secondary objectives and action plans will be revised on a regular basis. The programme's results are to have an impact and be useful for patients, family members, users of the services and their organisations, service providers and educational programmes/professions, the public health and welfare administration at all levels, the authorities, and trade and industry and society at large. The research needs will be defined through designated processes that *identify the needs for research*. Examples of measures to be used are larger and smaller amounts of targeted funding, project grant allocations, support for researcher networks, recruitment grants, Knowledge-building Projects, Innovation Projects for the Public Sector, National Graduate-level Researcher Schools, Personal Overseas Research Grants and Personal Visiting Researcher Grants. To increase implementation of the research results, all projects funded under the programme must have a plan for how the results from the research should be used (e.g. through organisational changes and/or to affect user and patient pathways). In addition, all projects must be able to document how patients and users will be involved in the projects. An explanation must be provided, if they are not involved.

Financing: The programme is financed by several ministries, and activities will focus on these ministries' main areas of responsibility, as well as on the interfaces and connections between the services delivered by the sectors. The various thematic priority areas will be phased in according to the ministries' follow-up and financing during the programme period. Analysis of the project portfolio will incorporate both sector-specific and cross-sectoral perspectives. The programme will provide annual reports on selected performance indicators and confirm that the activities are in keeping with the guidelines set out in the work

programme, the allocation letters from the various ministries and in relation to the ministries' sectoral responsibilities.

2. Background

The Research Council's priority area *Healthy and active for many years* (FASE)¹ focuses on three main challenges in the health and welfare sector:

- The shift in the range of illnesses and need for care;
- The need for increased productivity and competency in the health and welfare sector;
- The need for a larger labour force in society at large.

The *Programme on Health, Care and Welfare Services Research* (HELSEVEL) is the largest and most important individual activity in the FASE area. The programme encompasses health and care services, the child welfare service, and social and welfare services. Services research and service innovation are the key components of the programme.

The *Large-scale Programmes* initiative is an instrument used to realise national research policy priorities and promote greater international cooperation. A broad-based initiative on services research will help to enhance coherency, interrelationships and synergy between the service areas both in research and innovation activities and for the field of practice overall.² The programme will employ new perspectives that will generate new, useful knowledge for users,³ service providers and the public administration.

Several major reforms have been implemented in the health and welfare sector in recent years, and a number of government white papers and strategies analyse critical problem areas and propose new measures for use in the services. A recurrent theme is the need for more knowledge and expertise on the effects of various measures, the factors that are a condition for and that contribute to these effects, and the ways in which new knowledge and innovations may be implemented in the services. Such needs and recommendations for follow-up are also discussed in the national research and innovation strategy for the health and care sector, Health&Care21 (HelseOmsorg21).⁴

3. Major challenges to the society

We know that we will see an increase in both the number of elderly and the proportion of elderly among the population.⁵ Due to better public health and new medical innovations, most of us will live past 80 years old, and many will live to be much older. The growth in the size of the labour force is expected to slow down, and the number of active workers per retiree/welfare beneficiary will be reduced by half over the next 50 years. In addition, many working-age people have fallen outside of working life on a prolonged or temporary basis and receive work-related or health-related social benefits. Demographic changes and societal

¹ *Flere aktive sunne år* ("Healthy and active for many years"), a descriptive booklet from the Research Council of Norway, May 2012.

² Meld. St. 7 (2014–2015) Long-term plan for research and higher education 2015–2024, white paper from the Ministry of Education and Research.

³ In this context, the term "users" is understood to mean patients, clients and family members.

⁴ The Health&Care21 (*HelseOmsorg21*) strategy, June 2014.

⁵ Meld. St. 7 Long-term plan for research and higher education 2015–2024, white paper from the Ministry of Education and Research.

developments in general will place new and greater demands on the health, care and welfare services due to the following factors:

- The number of elderly with chronic, complex medical conditions will increase.
- The number of people with substance abuse problems and mental health disorders is on the rise, especially among younger age groups.
- The number of child and family welfare cases is increasing. There is a clear correlation between health problems and economic and social problems, which require measures and assistance in several areas simultaneously. New knowledge is bringing attention to the importance of early intervention to prevent further harm.
- There is a clear correlation between socioeconomic status, living conditions and health. A long-term, coordinated effort from various service areas will be required to bring about improvements.
- It will be difficult to finance the health, care and welfare schemes. Expenses will increase for a variety of reasons: the needs of older age groups, more working-age people who fall outside of working life, the emergence of new problem areas, and increasingly higher expectations from the population as a whole and the services themselves regarding the quality and efficiency of services.
- The rising cost of the health, care and welfare schemes indicates there is a need for more knowledge about the effect of measures so that future efforts focus on measures which research has shown to be effective. This will benefit not only individuals, but also society as a whole.
- To ensure an adequate supply of labour in the future that can finance the greater need for services, it is important to intensify the effort to include more people in the labour force. Inclusion in the labour force is critical for fighting poverty and may improve the health of individuals. One of the challenges is to achieve greater inclusion of people with an immigrant or minority background and to ensure that people with reduced work capacity and/or functionality are able to utilise the work capacity they still have.
- The user perspective is important for further development of the health, care and welfare services. The services must be restructured to incorporate more involvement and participation from patients, users, family members and volunteers. Personalised services (and treatment) are also included in this.
- A more heterogeneous population with more minorities and growing social inequality in health is placing new demands on the services.
- Gender perspectives are increasingly important in the health, care and welfare services on many levels. Biological differences and sociocultural variations related to gender must be taken into account when dealing with a diverse patient and client group. The gender dimension is especially critical with regard to the services as a workplace, and there must be a framework in place that supports gender equality.
- New products, services and technological solutions may help to solve many of the challenges faced by the health and welfare sector, but technological development in itself may also create new, resource-intensive needs and ethical dilemmas.

There is widespread political agreement that more focus should be placed on an inclusive labour force and prevention of diseases and social problems, and that this effort should be launched at an early age. Similarly, we know that the childhood and teenage years are critical for social development and for the potential to live healthy, active lives. A low educational

level and exclusion from working life are primary causes of poor health. The primary health care services are essential in identifying conditions that allow us to prevent problems from developing at a later point in time and to establish low threshold services for follow-up.

There is also general agreement about the need for restructuring processes in the services that comprise the foundation of the welfare society. To meet societal challenges and the needs of individuals, we must have a well-functioning, high-quality service system that maximises resource utilisation. This will depend partly on successful and effective cooperation between the various levels in the health care sector and across the health and welfare services.

4. Scientific and strategic perspectives

The Long-term plan for research and higher education 2015–2024⁶ states that Norwegian research is to promote high-quality, research-based professional practice in the health, care and welfare sector. According to the plan, it is important to strengthen under-researched, strategically important cross-sectoral areas to promote more knowledge-based production and development of services.

Efficient and effective services are one of 10 priority areas in the Health&Care21 strategy.⁷ The services themselves, in close cooperation with universities and university colleges, should play a major role in deciding the research topics to be studied, especially with a view to improving and enhancing the efficiency of the services. Research, education and innovation must be practice-based. The strategy also gives clear recommendations for knowledge mobilisation for the municipalities and for increasing the municipalities' responsibility to take part in research activities. The municipal sector plays a critical role in public health efforts. Good health is best achieved by incorporating a public health perspective in the development of all segments of society, in health-promoting and preventive measures, and in early diagnosis and treatment at the proper level. Research, innovation, participation in education, and promotion of industrial development must be a natural part of the municipal sector's sphere of responsibility.⁸

The overall perspective of the white paper on education for welfare⁹ focuses on ensuring that society has the necessary expertise to meet the population's future needs for health and welfare services. Knowledge-based services must revolve around the users, and knowledge must be developed across sectors and professions. It is crucial to ensure cooperation and knowledge sharing between professional practice, education and research.

Public services do not operate independently of each other, but must cooperate and be coordinated vis-à-vis users who often have completely different, complex needs. These users require assistance from a number of services from various sectors and administrative levels. For example, it is important to have adequate coordination between labour market measures, the health and care services, and education. Dealing with complex connections and high demands for quality in the services takes knowledge and expertise. It is therefore important that research helps the educational programmes to reflect this complexity (see the strategic

⁶ Meld. St. 7 Long-term plan for research and higher education 2015–2024, white paper from the Ministry of Education and Research.

⁷ The Health&Care21 (*HelseOmsorg21*) strategy, June 2014.

⁸ Meld. St. 18 (2012–2013) Long-term perspectives – Knowledge provides opportunity, white paper from the Ministry of Education and Research.

⁹ Meld. St. 13 (2011–2012) Utdanning for velferd, white paper on education for welfare, Ministry of Education and Research.

plan for the Programme on Practice-based R&D for the Health and Welfare Services (PRAKSISVEL)).

The Research Council's evaluation of biology, medicine and health research in Norway (2011) gave Norwegian health research a positive review overall, but it noted that the quality of health and care services research varies widely. The research is best primarily in entities affiliated with the universities. Regarding the university colleges, the evaluation states the academic staff has a large teaching load, the research resources are relatively limited, and the research lacks relevance. The evaluation recommends expanded cooperation and a greater distribution of tasks among the research institutions to facilitate a better use of resources and strengthen areas that are under-researched.

In 2013, the Nordic Institute for Studies in Innovation, Research and Education (NIFU) carried out a survey of welfare research on commission from the Research Council.¹⁰ Welfare research is conducted primarily in, and is distributed equally between, the university and university college sector and the research institute sector. The volume of welfare research at the university colleges is modest. Evaluations of Norwegian sociology and social anthropology¹¹ have noted that too much welfare research consists of descriptive, local studies. It is recommended that researchers should make greater use of national registries and survey data, that researcher mobility should be increased, and that theoretical and methodological research should be strengthened. Efforts in this direction are underway in several of the Research Council's programmes, and it is important to give these issues attention in the future. The need to expand international cooperation and set higher goals for research excellence is addressed as well.

Educational programmes in health and social care are currently offered at more than 30 universities and university colleges. The focus of these programmes does not adequately meet the needs of the services. In particular, the need for expertise in service coordination has been noted.¹² Evaluations conducted by the Norwegian Agency for Quality Assurance in Education (NOKUT) and studies carried out under the auspices of NIFU show a great need for more employees with researcher competency in the health and social care educational programmes.¹³ Some service areas have a long tradition of research, whereas other areas are under-researched. The quality of research varies, and a number of educational programmes lack research-based knowledge. Practice-based R&D should be strengthened in order to bolster the knowledge base for education and professional practice. Development of subject areas at the interface of health, care, welfare and technology subjects should be strengthened.

Innovations in technology and digitalisation (ICT, e-health, welfare technology, etc.) are needed to achieve better utilisation of the resources in the health and welfare sector and to succeed in restructuring the services where called for. Need-based service innovation is necessary for transferring knowledge and innovations to the services. It will often be most difficult to achieve the organisational changes that will lead to a beneficial outcome. InnoMed, a national competency network, been given a particular responsibility for strengthening need-based innovation. The Health&Care21 strategy points out the need for a

¹⁰ *Velferdsforskning i Norge 2011* ("Welfare research in Norway 2011"), Report 15/2013 NIFU.

¹¹ *Sosialantropologi* ("Social anthropology") (2010), *Sosiologi* ("Sociology") (2010), Research Council of Norway.

¹² Meld. St.13 (2011-2012) Utdanning for velferd, white paper on education for welfare, Ministry of Education and Research.

¹³ Meld. St.13 (2011-2012) Utdanning for velferd, white paper on education for welfare, Ministry of Education and Research.

more systematic approach to innovation in the public sector in which a crucial task is to develop an integrated innovation system across sectoral boundaries together with the established research and innovation system.

Health data and registries in the Nordic countries give research and innovation a unique advantage and may open up research opportunities internationally. Norway also has good national and municipal statistics and data from the surveys of living conditions. This advantage should be exploited to a greater degree and it should be easier to obtain access to data. There is a need for more data that describes/measures the quality of treatment for various users and patient groups and for life-phase data that shed light on the effects of various forms of service organisation, including user and patient pathways that require coordination between various types of services.

The Health&Care21 strategy emphasises the need for a registry for municipal health and care services as an important basis for strengthening services research in the municipalities. Better registries on the health and care services will also make it possible to link registries in other areas (e.g. the child welfare service), thus laying a better foundation for research using registry data. The national budget for 2015 proposes the development of a registry for the municipal health and care services.

5. Objectives of the programme

Primary objective

The programme will promote research and innovation that enhances quality, competency and efficiency in the health, care and welfare services and that ensures good patient and user pathways based on the users' needs.

Secondary objectives

The programme will enhance the quality and international orientation of health, care and welfare services research.

The programme will strengthen the foundation for knowledge-based education and professional practice, both for the individual sector and across sectors, by conducting practice-based, practice-oriented services research, especially in under-researched areas.

The programme will generate new knowledge that benefits users/patients and the services and that creates synergies and greater coherence in research and innovation for the health, care and welfare services.

The programme will establish new arenas of cooperation by bringing together researchers, service providers and users from various service areas across the health and welfare sector.

The programme objectives follow up the Long-term plan for research and higher education,¹⁴ in which one of the objectives for public sector renewal and better, more efficient welfare,

¹⁴ Meld. St. 7 Long-term plan for research and higher education 2015–2024, white paper from the Ministry of Education and Research.

health and care is “more knowledge-based production and development of services with emphasis on under-researched and strategically significant cross-sector areas”.

Performance targets

During the 10-year programme period, the programme will:

- strengthen existing research centres and specialist circles in the health, care and welfare field;
- ensure user and service involvement throughout the entire research and innovation chain;
- ensure relevant, useful research through projects that meet identified research needs;
- develop at least one core group for research on interaction within and between the services;
- establish at least one core group for research methodology for innovation and implementation research;
- develop at least one cluster for service innovation and service design (cf. Public Health Report (Meld. St. 34 (2012–2013)), white paper from the Ministry of Health and Care Services);
- encourage the dissemination and implementation of research results and innovations in the services, including in the educational programmes;
- enhance the quality of services research through expanded international project collaboration and more comparative studies;
- help to increase quality in under-researched areas within the municipal and state health, care and welfare services.

6. Thematic priority areas under the programme

Because focus is placed on patients and users, an overall theme of the programme is integrated, coherent patient and user pathways.¹⁵ The programme will give priority to research and innovation on:

- health and care services;
- social and welfare services;
- child welfare service;
- integrated, coherent patient and user pathways.

Health and care services

The municipal health and care services encompass publicly organised services that do not fall under the purview of state or county authorities. The Coordination Reform has been instrumental in further expanding the municipalities’ responsibility for health, care and welfare services. The reform seeks to improve coordination between the municipal and specialist health care services, ensure better integrated patient pathways and a coordinated set of services, emphasise preventive activities in the municipalities, and create a framework which allows more treatment to be given at the municipal level at a lower cost to society at large.

¹⁵ Meld. St. 7 Long-term plan for research and higher education 2015–2024, white paper from the Ministry of Education and Research.

Many services have been deinstitutionalised and decentralised, and more municipal and home-based services have been added. The municipal services have become more differentiated, and the responsibility for many treatment services that used to be provided by the specialist health care services now lies with the municipalities. In addition, the Public Health Act requires the municipalities to plan measures related to conditions under which children and adolescents grow up and live, and include housing, education, employment and income, physical and social environments, physical activity, nutrition, injuries and accidents, tobacco use, and alcohol and other substance abuse.

User groups with complex, wide-ranging needs for help and assistance have created the need for restructuring in the municipalities. New areas of responsibility, new work methods and interaction with patients, users, family members and the volunteer sector require new and different expertise, more recruitment of experts to the services, and new ways of managing and organising the services.

The programme will provide funding for research for, in and with the municipalities' areas of responsibility to ensure the quality of the intensified research effort for the municipalities. This will be critically important in the developmental phase.¹⁶

Specialist health care services

Specialist health care services are state services that require access to specialised expertise and resources. They consist of somatic treatment of patients, mental health care, and interdisciplinary, specialised treatment for substance abuse. The specialist health care services are to cooperate with the municipalities to provide high-quality services that encompass diagnosis, treatment, follow-up and rehabilitation, as well as ambulances and medical transport. Well-functioning health care services require extensive cooperation and coordination within and between the specialist health care services and the municipal health and care services – across organisations, specialities, levels and professions. To strengthen services research in the specialist health care services, a joint effort has been established on services research between the regional health authorities and the university and university college sector involving the establishment of a researcher network and a coordination function based at the South-Eastern Norway Regional Health Authority.

Social and welfare services

The objective of the reform of the Norwegian Labour and Welfare Administration (NAV) and a number of simultaneous changes in measures and services was to support national policy that aims to increase the number of people who are employed or active in other ways, reduce the number receiving social benefits, improve user-orientation and promote more efficient use of resources. The reform was intended to facilitate integrated, coordinated services for the users, in part through a form of partnership between the state and municipalities. The objective of increasing participation in the labour force was applied to a wider segment of the population, and also included those who fell relatively far outside the labour market. NAV has schemes that ensure income, as well as measures and services that ensure as many people as possible can support themselves through their own work. NAV also promotes social inclusion and active participation in society.

¹⁶ The Health&Care21 (*HelseOmsorg21*) strategy, June 2014.

The NAV office, and the new professional position of NAV advisers, is to give the users access to adequate, relevant expertise, an integrated approach, a quick resolution of issues, individual follow-up according to need, and a clear work focus. There is substantial latitude for assessing and selecting from among various alternative solutions and opportunities to practice discretion in decision-making. There is a lack of knowledge and expertise on labour market inclusion and social inclusion as a professional field. No profession or position can be responsible for all of this knowledge and expertise. This means that NAV advisers must take advantage of the knowledge and expertise found in other sectors, for example, in the health services, the educational sector and in companies. Carrying out NAV's responsibilities and tasks requires cooperation both with other welfare services and with other local actors, including actors in working life. It also requires knowledge and expertise that extend across sectors.

Today there is a great need for more knowledge development in NAV's areas of responsibility, and on labour market inclusion and social inclusion as subject areas. An objective must be to develop *best practice* for ways to include more people in working life and community life in general. Moreover, research should provide new insight into the significance of organisation, work methods, instruments and cooperative relationships, etc. for labour market and social inclusion in practice and for coordination between the services and users. Much of this is addressed in the strategic plan for the PRAKSISVEL programme.

Child welfare service

In the reform of the child welfare service in 2004, the central government took over the responsibility and tasks of the counties, and created a new division of responsibility and tasks between the municipalities and the state. The reform placed new demands for expertise and knowledge on the professional field. Many of the reform's objectives have largely been achieved, but in certain areas, such as high-quality, equal services regardless of place of residence; cooperation between administrative levels; and cooperation between the services that deal with children and families, the situation is not yet satisfactory. At the same time, there is little research-based knowledge about the effects of measures. The child and family welfare services are seeing more and more children and families in conflict situations, and the efforts of the child welfare service must be strengthened to safeguard the best interests of children. The professional field of child welfare and the work methods employed require specialised, broad-based competency and skills.

The municipalities and the state both have tasks and responsibilities in the area of child welfare. The municipal child welfare service is to provide assistance while the child lives at home, as well as conduct investigations, take decisions in accordance with legislation, and prepare cases for consideration by the county social welfare board. The state child welfare authorities are to assist the municipal child welfare service with the placement of children outside the home, recruitment and distribution of foster homes, approval of private and municipal institutions, and establishment and operation of the state institutions.

Many of the children and families who receive support from the child welfare service have problems that require assistance from other services as well. An effort that extends across disciplines as well as agencies is greatly needed. For example, research shows that these children have many more challenges than other children with regard to mastering a school situation and meeting educational requirements, and a larger number of them have health problems. The child welfare service and cooperating services need research-based

development of new, effective measures that provide high-quality, coordinated assistance. Research must be targeted more towards improving organisation, work methods and user involvement throughout the entire course of child welfare cases.

Integrated, coherent patient and user pathways

Better coordination is needed if the health, care and welfare service are to be integrated and coherent for patients and users. Administration of the services is specialised, and different principles of specialisation are used.



Figure 1 – Integrated, coherent patient and user pathways

The reforms in the health and care sector, child welfare service, and social and welfare sector have an impact on and are significant for the interaction between the sectors in a variety of ways. This applies to cooperation on the array of services provided to the individual user, the way services are organised at the local level, and the overall set of services that society offers. Whereas the Coordination Reform has focused on the relationship between the municipal health and care services and the special health care services, the NAV reform and the subsequent changes in the instruments have primarily revolved around linking labour market policy and welfare policy. None of the reforms has the specific objective of promoting horizontal cooperation and coordination between the two service areas. However, one of the objectives of the administrative reform in the child welfare service was to enhance cooperation with the health services.

For example, people with substance abuse problems and serious mental health disorders require long-term, coordinated services. The national Escalation Plan for Mental Health (1998–2008) was the first integrated plan that describes how people with mental health disorders should be cared for in Norway. As a result of the plan, the mental health services expanded, both in terms of the number of employees and in the proportion of professionally trained personnel. Thus, the conditions for good treatment services were improved. Labour force capacity in the child and adolescent psychiatric service grew considerably under the Escalation Plan, but there is a general view that cooperation with the specialist health care services (district psychiatric centres (DPS) and child and adolescent psychiatric service

(BUP)) and mental health efforts in the municipalities can be greatly improved. The level of cooperation between the primary and specialist health care services varies widely among municipalities. Due to the great diversity of services in this field, the overall coordination of services provided to patients and users with complex needs should be improved.

The need for cooperation is obvious, but it can be difficult to achieve in practice, in part due to a lack of knowledge about and insight into the services provided by other actors. The challenges are also related to the need to take the user perspective into account at the same time. As part of this, the minority perspective must also be included in user involvement, especially in research related on the accessibility of health and care services, as recommended in the Health&Care21 strategy.

Research must be targeted more towards improving the interaction between family care, volunteer and philanthropic activity, professions, sectors and service levels, improvement of processes, logistics, financing systems, organisation and management, and utilisation of technological solutions that can provide accurate service tailored to meet users' needs. There is a great need for follow-up research related to the trial of new technology and new work methods, as well as a need for studies that document the effects of measures.

Cross-cutting themes and research areas

The boundaries may be unclear between the health, care and welfare services, and vis-à-vis other segments of the public sector and private market. The importance of preventive measures for good health and welfare is recognised and emphasised, but many of the tasks and focus areas lie outside of the health, care and welfare services.¹⁷ The private market for health and welfare-related products and services is on the rise. Many services and much of the information provided to users will be delivered in digital form without geographic limitations. There is a need for research and knowledge about how the services must be developed to handle this digitalisation and interaction with a large number of actors.

The health, care and welfare services are facing many common challenges that require new knowledge and that will benefit from cross-sectoral approaches in the search for good, effective solutions. The Research Council's efforts to promote innovation in the public sector entail new interdisciplinary approaches in research and innovation, and comprise a crucial foundation for the programme. ICT research is especially important with regard to resource utilisation in the health and care sector and cooperation across the sectors. The Health&Care21 strategy discusses measures that are necessary for adequate knowledge development for the health and care sector of the future. This strategy is part of the point of departure for the programme.

The programme will facilitate better integration of knowledge and enhanced coordination by providing funding for cross-sectoral and interdisciplinary research and innovation. Figure 2 summarises some of the most critical cross-sectoral knowledge areas that the programme will develop.

¹⁷ Meld. St. 7 Long-term plan for research and higher education 2015–2024, white paper from the Ministry of Education and Research.

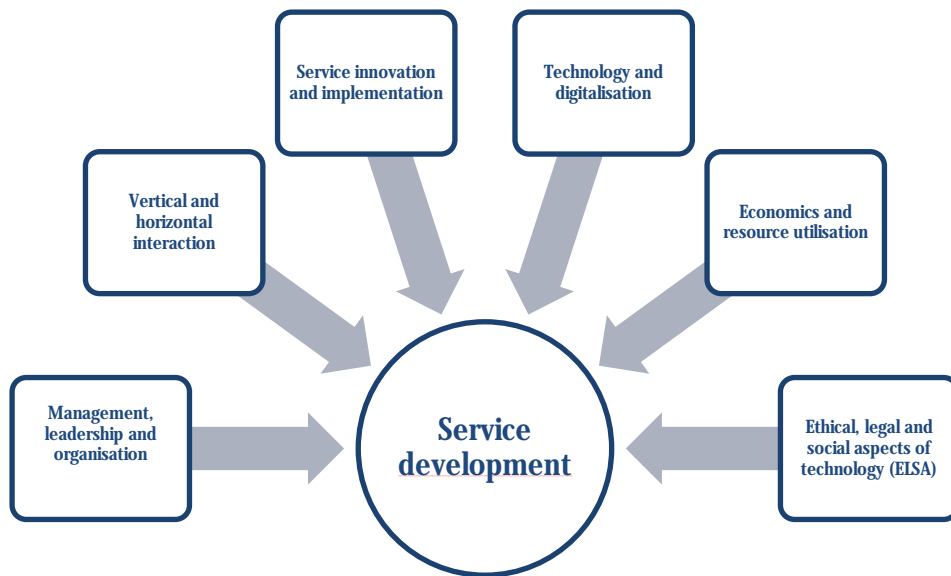


Figure 2 – Cross-cutting themes and research areas

Management, leadership and organisation

Great demands are being placed today on leadership and management in the public sector. The health, care and welfare services carry out some of the welfare state’s most important, but also most complex, tasks. The services are facing new management and leadership challenges, especially because research and technological development create new possibilities for and forms of treatment, and because the organisation of the sectors and between administrative levels is complex and under constant change. At the same time, there is a need to ensure the effective use of resources and to prioritise the services to be provided within the common framework.¹⁸ There is a great need for cooperation and coordination in order to maximise the services and avoid fragmentation of the array of services provided as a result of, for example, procuring services from external suppliers. In addition, more knowledge is needed about the effects of organisational, management, cooperation and financing models and about what impedes and promotes implementation of new knowledge and innovation in the services.

Complex joint problems require action from a variety of actors – across sectoral boundaries and administrative levels, and across the dividing line between the public and private sectors. Co-management¹⁹ is the term used to describe this. A form of co-management has been established between the state and the municipalities in the local NAV offices. The complexity changes the relationships between the actors – public agencies, the volunteer sector, private companies – and gives rise to challenges related to management and leadership. Although the topic of co-management has received great attention internationally in recent years, the knowledge gaps remain large, and there is a need for research on how the various forms of management can help to enhance quality and user satisfaction in the services.

¹⁸ Health&Care21 strategy.

¹⁹ This refers to cooperation that is relevant for management and that involves the public and private sectors, volunteers or other actors in society at large.

Vertical and horizontal interaction

Sector management by the central government combined with weak cooperation and coordination make it difficult to achieve good interaction between the levels. A distinction may be drawn between vertical and horizontal interaction. Vertical interaction refers to interaction between the various administrative levels, such as between the state and municipalities or between central and local government administration or corresponding administration in the municipalities. Horizontal interaction entails various sectors or policy areas at the same level, such as within the specialist health care services or between the health care sector, schools, environmental concerns and transport in the municipality or state.

The municipalities play a critical role in all of the Nordic welfare states. Municipalities ensure political participation and adaptation of public service production to variations in demand. At the same time, it is largely the state that regulates the municipalities' areas of responsibility and latitude for action as a means of ensuring equality and standardisation of services. In recent years the municipalities have been given tasks in the area of health that are highly specialised and resource intensive, and which display great variations in demand.

Service innovation and implementation

New professional knowledge, political reforms and changes in the statutory framework create a need for development and changes in the services. For instance, a recent change in the Child Welfare Act requires that public assistance introduced in the home brings positive change for the child concerned. There is a general trend to strengthen the user's role and influence in the development of the services and in the actual provision of services and to define the user's needs and those of the services as equally important. In recent years more attention has been directed towards the use of service design and methods for analysing and developing patient and user pathways. There is a need for knowledge and expertise about the use and ramifications of service design and other methods for the development of patient and user pathways. In most cases, the introduction of new technology will induce changes in work routines, organisation and distribution of tasks. To take full advantage of the opportunities inherent in technological development, developments in this area must be followed up with research and service innovation.

The aim of implementation research is to reduce the gap between research and practice by developing and evaluating measures that are implemented. There is a great need for studies of how new knowledge is implemented in service provision, how service development and innovation take place, and which business and value creation models underlie this development. Follow-up research will generate knowledge about how measures and innovations are implemented in the services. This may also provide insight for the users who are supposed to benefit from the measures and the services.

Technology and digitalisation

Greater use of innovative procurements and development of standardised interfaces for solutions and products are essential to the development of the services. There is a need for research that helps to enhance the innovation effect of procurements and to bolster efforts related to standardisation and interoperability in the health, care and welfare services.

New technology creates opportunities to develop new and existing services, improve coordination and enhance efficiency. By the same token, digitalisation and the introduction of new technology may have unintended consequences for the individual and for the system. The programme will encourage trials of technological solutions in the health, care and welfare

services to gain knowledge about how the solutions may be integrated into the services and simultaneously give recipients better opportunities to manage their own lives and health.

The development of technological solutions requires research on technology and the impact of technology (diagnostic instruments, user interfaces, information for users, and the significance for/of organisation and work processes). Concrete technology and digitalisation projects should be followed up by process and impact studies that show where learning has occurred and the degree to which project objectives (benefit realisation) and health policy objectives (quality, patient safety, user friendliness, accessibility, cost efficiency) have been achieved.

Economics and resource distribution

The Norwegian welfare state is grounded in widespread agreement that basic welfare benefits are a public responsibility. At the same time, Norway has a history of using private solutions, deductibles and various incentives in the health, care and welfare sectors as a means of keeping costs down. Norway's public investment in social welfare is one of the highest in the world. The accepted principle that equal services are to be provided to the entire population regardless of where they live or how much they earn means the demand for these service can easily exceed what is possible to meet. Efficient services must be based on reasonable financing systems and methods of priority setting and regulation.

Knowledge about economic conditions in the services is needed at both macro and micro levels. For example, socioeconomic analyses, cost-benefit analyses, studies of economic incentive schemes, and priority and distribution analyses will be important under the programme.

Ethical, legal and social aspects of technology (ELSA)

The development of new technology, such as in ICT and welfare technology, makes it possible to offer new and existing services in a better, more efficient manner. But this may also challenge fundamental values and general ethical principles related to personal privacy and the right of self-determination. There is a need for general knowledge about development and innovation in the services together with knowledge about the effects and consequences of specific changes and innovations related to ELSA aspects.

The principle of accessibility and universal design is intended to ensure equal access to the services for all, regardless of level of functionality. There is a need to learn more about how to provide everyone with equal access to the services.

7. The programme's work method

The *Programme on Health, Care and Welfare Services Research* (HELSEVEL) is a 10-year dynamic, strategic initiative that encompasses basic²⁰ and applied research and innovation. The programme's primary objective is to meet society's needs for knowledge, which include the needs of patients, users, the services, educational institutions and decision-makers. To achieve this objective, the programme's primary and secondary objectives and action plans will be revised on a regular basis. The work programme establishes the programme's framework and long-term perspectives, and these elements combined will ensure dynamic development of the research and innovation activities in keeping with needs and learning throughout the programme period. The programme board will work actively to realise the

²⁰ e.g. development of methods and models for services research.

programme's objectives. The research needs and problems will be identified through designated processes prior to the issuing of funding announcements.

The programme will also employ a new work method, referred to as *identified needs for research*, which is based on identification and prioritisation of research needs through both documented knowledge needs (systematic knowledge summaries, Health Research Classification System (HRCS), methodology assessments, etc.) and the use of one or more panel(s) with a broad membership representing users of research, i.e. patients, users and family members, public administrators/service providers, researchers and clinics.

Cross-sectoral and practice-based research is challenging, but is absolutely crucial for the further development of the entire health, care and welfare sector. The large-scale system-related challenges for the services require interdisciplinary perspectives that view various services and measures in relation to each other and that shed light on the connection between effective service organisation and improvements in people's state of health and quality of life. This means that new actors must be incorporated into the projects. The programme will promote large-scale collaborative projects between various stakeholders (cf. Horizon 2020). Examples of relevant actors are municipalities, regional health authorities, the Norwegian Labour and Welfare Administration, the child welfare service, universities and university colleges, other service providers, research institutes, and private and international research institutions.

It takes a lot of effort to implement research results in the sector. Knowledge, expertise and willingness are needed to carry through on any changes. All projects under the programme must submit a final report at conclusion of the project. The report must contain a plan for how the results from the research should be used (e.g. through organisational changes and/or to affect user and patient pathways). If the objective of the project results is not to contribute to change processes, this must be explained in the final report. The project manager will also be sent a questionnaire two to five years after conclusion of the project to document whether the results from the research have been significant for the field of practice and, if so, in what ways.

The programme's forms of support

An important aspect of the programme's activities will be to adapt the various forms of support to the actual needs. The programme will take an innovative approach to the development and use of strategic measures to achieve the programme's objectives.

Several of the research areas encompassed by the programme are under-researched, and the programme must therefore attach special importance to developing quality and competency in areas that traditionally have not been characterised by high quality research, international cooperation and publication. To achieve this, the programme will need to develop and implement special measures for promoting higher quality. It is equally important that the programme performs sound analyses of the reasons why some areas are under-researched with regard to relevance and quality so that the use of instruments may be targeted in an effective manner. For example, funding must be set aside for separate competitive arenas in areas with special needs. Other efforts may include the use of network funding and pre-projects. The programme must also work actively to develop new instruments for enhancing quality in particular fields. A key objective must be to utilise the expertise found in more well-established research groups in closely-related fields in order to raise the level of quality.

The programme will also facilitate the development of dynamic research groups and researcher networks across the traditional subject areas in the context of the interaction between the services. A wide array of project types and instruments will be employed, depending on what the programme board seeks to achieve in various areas.

The programme will promote new forms of project establishment that involve more dialogue (e.g. meeting places, focus groups, user forums, etc.) with interested parties in advance of funding announcements. Various forms of user involvement in project development and project participation will be explored, and projects must incorporate cooperation to ensure user involvement and relevance, cf. the strategic plan for the PRAKSISVEL programme.

Targeted funding announcements can be used to focus on various considerations in accordance with specified needs, e.g. through the use of the work method *identified needs for research*. The programme will draw on the experience of other programme activities at the Research Councils, such as the use of brainstorming sessions or processes such as a “sandpit” (*Idélab*) event.

Examples of forms of support/application types that may be used are:

- targeted funding
- Researcher Projects
- Knowledge-building Projects
- recruitment grants
- researcher networks
- Innovation Projects for the Public Sector
- National Graduate-level Researcher sShools
- Personal Overseas Research Grants and Personal Visiting Researcher Grants

The programme’s arenas of activity

The programme’s activities may be classified into three arenas that have several key, cross-cutting elements. This is a way of structuring the programme’s overall effort and managing the portfolio throughout the entire value chain of research – education – innovation.

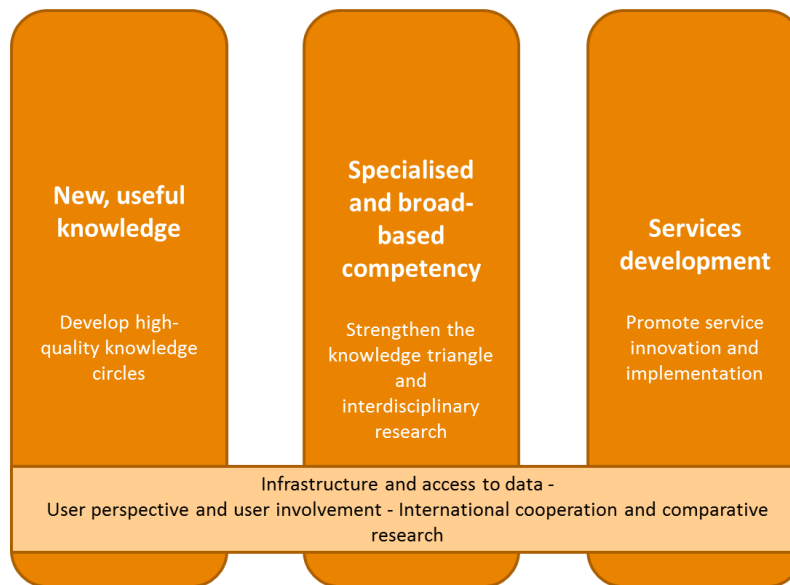


Figure 3 – The programme’s arenas of activity

New, useful knowledge

New knowledge is needed to further develop the services in keeping with the users’ needs and to ensure that the services are efficient and maintain a high standard. A strategic focus on cooperation, task distribution, concentration and mergers, across subject areas, professions and disciplines, will be employed to develop dynamic research groups that can deliver high-quality research of relevance to diverse users.

The programme will provide targeted funding to existing centres or to new specialist groups aiming to become research heavyweights. The programme will also implement measures that encourage project and network cooperation. Funding announcements for large-scale research projects that address the programme’s strategic and thematic priorities will be important in this context.

Specialised and broad-based competency

Practice-based research is based on professional practice and experiential knowledge. The field encompasses knowledge development using a variety of theoretical perspectives and methodological approaches. The programme will develop research quality, methodology and work methods that result in better organised, more efficient services based on the users’ needs. The Programme for Practice-based R&D for the Health and Welfare Services (PRAKSISVEL) will play an important role in this context.

This part of the programme will focus on the individual measures that help to strengthen the knowledge triangle in the field. The programme will set requirements for how research topics are specified and prioritised and how the projects are organised and targeted. In addition, the relevance and benefit of the projects will be assessed in relation to the programme’s strategic and thematic priorities. The projects must be practice-based and document ties to users, the field of practice, the services, relevant educational programmes and high-quality research groups.

Service development

A key objective of the programme is to enhance value creation in the health, care and welfare services through innovation, implementation of research results and increased interdisciplinary expertise. Higher service quality, better horizontal and vertical interaction within the service system, and greater efficiency are examples of value creation in this context.

This part of the programme will employ targeted measures that encourage the services to utilise the research results by implementing trials and innovation projects and following up innovation processes with follow-up research and evaluation. The programme will initiate projects that implement new technological solutions for service organisation, conduct follow-up research that sheds light on the measures and innovations implemented, and study the effects of the service innovations.

User perspective and user involvement

To achieve high service quality and ensure that the services are perceived as beneficial by those concerned, it is necessary to incorporate experiences and views from users and service providers into project development and knowledge application. User involvement must be part of all phases of the research and innovation processes funded under the programme, and an explanation must be provided if user involvement has not been considered. The users' needs, together with society's resources, the existing knowledge triangle and knowledge about the disease burden, inclusion in working life and social problems, must serve as guideposts in setting priorities for the programme as a whole and for the content of the individual projects. A user forum with broad representation and/or the use of resource group(s) will be important resources for implementing this.

Infrastructure and access to data

An important underlying condition for achieving knowledge-based development of the services is the establishment of better infrastructure for research in, for and about the services. There is a great need for simple, secure access to data, higher quality of the data collected, and better, more effective links between data from various sources and registries.

International cooperation and comparative research

International research cooperation leads to greater capacity and higher quality in Norwegian research, and provides access to new research findings, expertise and broader perspectives on methodological approaches. Comparative studies of solutions or measures (e.g. between countries, regions or municipalities) expands opportunities and produces clearer findings. In addition, comparisons of various approaches to innovations may enable the use of experimental design. To be of value, comparative studies must take into account the need for various national solutions to be relevant for Norwegian framework conditions. In turn, Norway's obligations in a global context strengthen the value of the projects when they produce generalised findings that can be applied in other societies.

8. Internationalisation

International cooperation helps to improve quality and enhance capacity in Norwegian research, and ensures access to international knowledge production. Researchers should both benefit from and contribute to international knowledge sharing. Norwegian research must aspire to participate at the international forefront in selected research areas.

The EU Framework Programme for Research and Innovation, Horizon 2020, is the world's largest research and innovation programme with an overall budget of EUR 70–80 billion over a seven-year period. The framework programme is also an important source of funding for Norwegian institutions. Project collaboration and co-publication with European colleagues have risen significantly over the years. However, compared with the other Nordic countries, Norway has considerable room for improvement with regard to applying for funding from the EU.

Health, demographic change and wellbeing is one of seven societal challenges under Horizon 2020. Europe's ageing population, an increasing disease burden – both communicable and non-communicable diseases – and the consequences of the European crisis form the backdrop for identifying “personalising health and care” as a focus area.

Services research, which is integrated into several of the focus areas under *Health, demographic change and wellbeing*, must:

- increase insight into the causes and mechanisms of disease, health and healthy ageing;
- improve the capacity to monitor health and prevent, discover and treat disease;
- produce knowledge about how elderly individuals can maintain their health and ability to function;
- support trials and demonstrations of new models and tools for delivering health and care services.

EU research policy has increasingly promoted cooperation at the programme level. This development is being continued under Horizon 2020 with greater focus on addressing societal challenges through coordination of national and European research and research funding. Norway participates in the Joint Programming Initiative (JPI) “More Years, Better Lives” which addresses the demographic ramifications of the anticipated increase in life expectancy of the European population. At the Nordic level, NordForsk, in cooperation with the Nordic Council of Ministers and the Nordic research councils, has established a programme that will study the historical development of the Nordic welfare model and the capacity of this model to adapt to a changing society.

Internationalisation in research is a vital component of the programme's portfolio management. The objectives for internationalisation under the *Programme on Health, Care and Welfare Services Research* (HELSEVEL) are to:

- strengthen international research cooperation, e.g. in the form of more international partners and project participants, co-publications, more research stays abroad and greater use of visiting researchers;
- mobilise Norwegian researchers to develop projects for which funding may be sought from the EU's Horizon 2020 and other international funding sources;
- facilitate more comparative studies at the international and Nordic levels.

9. Communication and dissemination activities

Research under the programme must have a cumulative perspective, and form the basis for new knowledge development for the research community and the field of practice. The programme's results must have an impact and be important for politicians, for the public health and welfare administration at all levels, and for service providers and professions, users, family members and their organisations, trade and industry, and society at large. Greater diversity in communication and dissemination activities is needed.

Dissemination under the programme may be carried out in various ways:

- scientific publication and international scientific dissemination;
- popular scientific dissemination (articles and news briefs);
- knowledge transfer between research, education and the field of practice within projects;
- use of project results within education;
- use of project results within the field of practice/services;
- knowledge transfer from the projects to relevant fields of practice/services.

The programme will establish various types of meeting places for researchers and users both nationally and internationally. The dissemination activities will be adapted to the three programme arenas and will promote an integrated research, education and innovation system (R&D&I system) in the programme's thematic priority areas. Dissemination will be a key aspect of the action plans that will be drawn up throughout the programme period. Emphasis will also be placed on more long-term implementation of new knowledge in the services. The programme will help to document how this is being followed up.

10. Coordination with other related instruments at the Research Council

The programme will be a vital component of the priority area *Health and active for many years*.²¹ One of the three main challenges in this area is the need for greater productivity and competency in the health and welfare sector.

In addition, the programme will cooperate closely with the broad-based health research programmes on prevention and treatment, , as well as with the Programme on Global Health and Vaccination Research (GLOBVAC), the Research Programme on Welfare, Working Life and Migration (VAM), the Programme for Research and Innovation in the Educational Sector (FINNUT) and the Research Programme on Democratic and Effective Governance, Planning and Public Administration (DEMOS). Many of the programme's activities will be relevant for the regional initiatives and for innovation in the public sector. Bridges must be established to innovation research in various areas, especially within ICT. Technology research and business sector initiatives (especially the Programme on User-driven Research-based Innovation (BIA)) will be important areas for cooperation.

Focus will also be placed on cooperation with other Research Council activities in order to further develop and strengthen access to data (especially the National Financing Initiative for Research Infrastructure (INFRASTRUKTUR) and the Programme on Human Biobanks and Health Data (BIOBANK)). The programme will also facilitate cooperation on calls for proposals for research funding and scientific programme activities.

11. Organisation

The programme board for the *Programme on Health, Care and Welfare Services Research* (HELSEVEL) is appointed by and reports to the Research Board of the Division for Society and Health. The Research Council will submit annual reports to the programme's financing

²¹ *Flere aktive sunne år* ("Healthy and active for many years"), a descriptive booklet from the Research Council of Norway, May 2012.

ministries. The programme board will employ the designated funding instruments to achieve the objectives of the HELSEVEL programme and the strategic plan for the PRAKSISVEL programme. This will be done in keeping with the intentions and objectives set out in the Research Council's strategy and the guidelines from the Research Council's Executive Board, division research board and the HELSEVEL work programme.

The programme board has the responsibility for developing strategic activities under the programme, and must establish effective arenas of cooperation with relevant actors. The programme's main activities will reflect the investments from the financing ministries. To ensure that the programme's portfolio and development over time are user based, a user forum/committees to assess relevance and the like may be established. These forums will, when needed, interact with the programme board via brainstorming sessions, seminars for applicants and development of action plans. If needed, reference groups and other advisory committees for the individual programme arenas may also be appointed to ensure that more specific scientific and research and innovation perspectives are incorporated into the projects. Long-term development of knowledge and expertise must be combined with implementation of relevant research and innovation projects.

12. Budget

The programme will have an especially great impact if all of the ministries contribute financially. Each ministry may focus on its own main areas of responsibility, but it will also be possible and necessary to look at the interfaces between them. In this case, cross-sectoral allocations from the Ministry of Education and Research will be used. As a result, the ministries will obtain research results not only in keeping with their own political guidelines, but also beyond each individual ministerial area. The various thematic priority areas will be phased in according to the ministries' allocations. The programme will submit annual reports to the financing ministries. The budget for 2015 is shown in Table 1..

Table 1. Budget 2015

Financing ministry	Budget 2015
Ministry of Labour and Social Affairs	10 484 000
Ministry of Children, Equality and Social Inclusion	2 325 000
Ministry of Health and Care Services	99 043 000
Ministry of Education and Research	18 774 000
Total	130 626 000

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14. Attachment

- Strategisk plan for PraksisVel, mars 2014

Practice-based R&D for the Health and Welfare Services (PRAKSISVEL)

**Strategic plan
2014-2019**

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1. Summary

The PRAKSISVEL initiative seeks to strengthen the foundation for knowledge-based education and professional practice, both for the individual sector and across sectors, through investment in practice-based research.

The initiative will promote R&D activity that ties together research, education and professional practice, thereby helping to improve the health and welfare services and educational programmes. The main focus will be the need for services among the users and society in a broader sense.

2. Background and knowledge base

To maintain a sustainable welfare society, we must develop services and adapt educational programmes to meet new needs so that future generations have access to high-quality, targeted services.

2.1 Education and research for welfare

In the past decade increased national and international attention has been directed towards *knowledge-based practice*, especially within the health sciences. The objective of knowledge-based practice requires educational programmes to have dynamic specialist environments that conduct, are familiar with and apply research. It is crucial for the quality of educational programmes and the candidates' future practice as professionals that the specialist environments have personnel with research expertise.

Practice-based research is based on professional practice and experiential knowledge. The field encompasses knowledge development using a variety of theoretical perspectives and methodological approaches. The need for knowledge within the services and society at large will inform the choice of research questions. Research activities are to promote the development of quality, research methods, work methods, and the best possible organisation of the services in keeping with users' needs. Research activity will also play a key role in fostering innovation within the services. Innovation is becoming increasingly necessary in light of the challenges facing the health and welfare services.

The overall perspective of the white paper on education for welfare (Meld. St.13 (2011-2012)) from the Ministry of Education and Research focuses on ensuring that society has the necessary expertise to meet the population's future needs for health and welfare services. In this context, the general term "health and welfare services" refers to labour and welfare services (the Norwegian Labour and Welfare Administration), child protection services, and health and care services at all levels, including national, county, municipal and private service providers and services. The objective is to provide knowledge-based services that revolve around the users and promote better health and welfare for the entire population. A crucial perspective in the white paper is the need to generate knowledge across sectors and professions. The challenges are especially great within the primary health care services.

Both the white paper on education for welfare and the white paper on an integrated substance abuse policy (Meld. St. 30 (2011-2012)) from the Ministry of Health and Care Services propose an initiative under the auspices of the Research Council of Norway

targeted directly at practice-based research at the university colleges and universities that have educational programmes on health and welfare. This initiative will strengthen research for the health and welfare services and at the same time help to expand the research framework of the institutions providing education in the health and social care sciences. The initiative will also strengthen ties between research, professional education and professional practice/the services.

Official Norwegian Reports 2009:8 on competence development in the child protection services states that educational programmes targeted at work within the child protection services do not meet the field of practice's demand for expertise and that these programmes vary widely and have major deficiencies. The report notes the need both for more specialised expertise and for greater expertise in cooperating with and knowledge about related agencies. A large volume of research with relevance for the child protection services is being conducted, but the problem is that no overviews exist that give a picture of all the research activity in this area. National overviews of research and more practice-based research will improve the knowledge base.

A large portion of the funding allocated to the PRAKSISVEL initiative dates back to the HUSK (Høgskole- og universitetssosialkontor – The University and College Social Services Office) initiative. The PRAKSISVEL initiative will build on the experience gained from this project and promote new projects that involve the users and practitioners in the field in the planning and implementation phase.

The white paper Long-term perspectives – knowledge provides opportunity (Meld. St.18 (2012-2013)) from the Ministry of Education and Research continues the objectives from the previous white paper on research. The white paper states that Norwegian research is to promote high-quality health and care services and research-based professional practice in the health and welfare sector. It also points out the importance of cooperation between professional practice, education and research.

The Research Council's priority initiative *Healthy and active for many years* aims to better equip Norwegian society to address the challenges resulting from a significantly larger proportion of elderly within the population. The initiative is related not only to the elderly as a group, but to all the challenges that will assume greater importance in light of this demographic change, such as health and employment for working-age people. One part of this initiative is the proposal to establish a large-scale programme on research and innovation for sound, effective health, care and welfare services. Planning activities in connection with the programme, which have also included a broad-based consultative round with relevant institutions and specialist environments, have led to the designation of four main thematic areas:

- Sound, effective patient and user pathways;
- Municipal health and care services;
- Labour and welfare administration;
- Specialist health care services.

The PRAKSISVEL initiative is relevant in this context. The initiative will also promote R&D activity across thematic areas and professions, and encourage innovation in the services. In addition, the trend towards a more diverse society is imposing new demands on the services, and it is essential that these are adapted to the needs of the population. A

population and a society undergoing change call for different work methods and new kinds of competencies. All inhabitants in Norway must have access to the same high-quality services regardless of factors such as gender, age, ethnicity, skin colour, disability, sexual orientation, language, etc. In order for research to be of benefit to the practice of the services, it must be relevant for the service providers and users. This may mean that the users of results should take part in both the planning and performance of the research activity.

2.2 Research related to educational programmes in health and social care

According to the white paper on education for welfare (Meld. St.13 (2011-2012)) from the Ministry of Education and Research, 33 universities and university colleges in Norway offer educational programmes in health and social care subjects. Appendix 1 of the white paper describes the services encompassed by the report and provides an overview of the employees in the respective services. Appendix 3 provides a list of the various educational programmes, but there are more research institutions and health trusts that conduct research on and for the health and welfare services. The research resources are distributed among many subject areas.

The Research Council's evaluation of biology, medicine and health research in Norway (2011) gave Norwegian health research a positive review overall. However, the evaluation also notes that many of the research groups are fragmented, have a weak research tradition and lack research knowledge of sufficiently high quality in qualitative terms to form the basis for knowledge-based practice and to improve the health and care services and make them more efficient. The quality of health and care services research varies widely, and is best primarily in units affiliated with the universities. Regarding the university colleges, the evaluation states the academic staff has a large teaching load, the research resources are relatively limited, and the research lacks relevance.

A follow-up report subsequent to the evaluation by a committee for human medical and health sciences notes the importance of following up the findings and recommendations from the evaluation through the Research Council's Programme on Health and Care Services (HELSEOMSORG) and the priority initiative *Healthy and active for many years*. In addition, there is a general recommendation of the need for a greater degree of cooperation, constructive task distribution and highly focused research activity among the research institutions in order to use the total volume of resources in the best possible manner.

The Research Council has also evaluated two research programmes that have focused on practice-based research and knowledge development for the educational sector (the Programme for Practice-based Educational Research (PRAKUT) and the Programme for Educational Research (UTDANNING2020)), which have been discussed as a basis for future activities. Particular challenges related to the methodological focus of the projects are identified, which must be solved if they are to provide insight into the impact of interventions in the field of practice or promote the development of tools that professional practitioners can use in the practice of their profession. It will be important for the health and welfare sector to learn from the experience gained from these programmes.

In 2013, the Nordic Institute for Studies in Innovation, Research and Education (NIFU) compiled an overview of Norwegian welfare research on commission from the Research

Council. The total operating expenditures for welfare research in 2011 came to NOK 1,135 million. About 45 per cent was conducted within the university and university college sector and the remainder within the independent research institute sector. In other words, the university and university college sector conducted less research of this type than the independent research institute sector. Of a total of NOK 512 million allocated for welfare research in the university and university college sector in 2011, NOK 99 million went to operating expenditures for university colleges. The thematic area of “services, public/private, organisation” came to NOK 100 million. Nineteen of 21 university colleges report activity within welfare research, but 18 of these had operating expenditures under NOK 10 million in 2011. Thus, the volume of R&D activity is modest at most university colleges.

Many research environments are small and the employees need more expertise and more up-to-date knowledge about practice in the professional fields within which education is offered. Evaluations conducted by the Norwegian Agency for Quality Assurance in Education (NOKUT) and studies carried out under the auspices of NIFU show that more employees with research expertise are needed in educational programmes on health and social care. The research base for many educational programmes is too weak. Therefore, the employees’ expertise must be enhanced to ensure and raise the quality of research and education.

The level of expertise varies among educational programmes and various institutions. All of the state university colleges have shown progress in all subject areas overall in recent years, from 26 per cent of the academic staff who are formally qualified for employment at associate professor level (including post-doctoral research fellows) in 2001 to 43.5 per cent in 2010. In comparison, about 80 per cent of the academic staff at the universities had equivalent qualifications. The number of person-years comprising associate professor (*førstelektor*) positions increased from seven per cent of the academic employees in 2011 to 11 per cent in 2010. During the same time period, the proportion of associate professor (*førsteamanuensis*) positions at state university colleges rose from 16 per cent to 20 per cent. The number of research fellows at the university colleges is growing as well.

2.3 Practice-based R&D for the Health and Welfare Services (PRAKSISVEL)

As from 2012, the Research Council has received funding from the Ministry of Health and Care Services, the Ministry of Labour and the Ministry of Children, Equality and Social Inclusion for the initiative which was proposed in the white paper on education for welfare. The Ministry of Education and Research has also allocated funding since 2013. The PRAKSISVEL initiative was defined as a *pilot project* to continue activities in this area, a call for proposals was issued in 2012, and four projects have been launched (see appendix).

It has been decided that the initiative will be continued. After dialogue with the four ministries, a strategic plan for PRAKSISVEL is now being presented which will serve as the basis for a call for proposals for research funding in 2014. The strategic plan may be incorporated later as a module in the large-scale programme on *sound, effective health, care and welfare services* proposed by the Research Council. The initiative will focus on research that strengthens the academic environments offering professional education.

3. Objectives of the programme

3.1 Primary objective

The PRAKSISVEL initiative seeks to strengthen the foundation for knowledge-based education and professional practice, both for the individual sector and across sectors, through investment in practice-based research.

The initiative will promote R&D activity that ties together research, education and professional practice, thereby helping to improve the health and welfare services and educational programmes. The main focus will be the need for services among the users and society in a broader sense.

3.2 Secondary objectives

To achieve the primary objective, the PRAKSISVEL initiative will:

- promote the use of R&D-based knowledge as the basis of professional education;
- enhance the quality and relevance of research;
- promote cooperation between research groups, professional education, the services and users;
- strengthen the international and comparative perspective, especially at the Nordic level;
- facilitate the dissemination of research-based knowledge and the use of this knowledge within the services and educational programmes.

4. Priority research tasks

The PRAKSISVEL initiative will serve several purposes. The field is extensive, and there is a great need for new, relevant knowledge in many areas. The initiative will place special focus on development and innovation in the health and welfare sector and the university colleges' educational cycle. The programme board has found it beneficial to narrow the field based on some overall perspectives.

The white paper on research identifies five strategic objectives for Norwegian research policy. Among these are “better health and health services” and “research-based welfare policy and professional practice”. The PRAKSISVEL initiative is part of the general framework created to follow up these overall objectives. As stated above, the Research Council has worked to follow up these overall objectives, and among other things has established the priority initiative *Healthy and active for many years*.

4.1 Strategic priorities

Target groups for the initiative

The PRAKSISVEL initiative is targeted towards professional education, the R&D system, the health and welfare services, and the users of these services. Thus the target groups are educational institutions, research institutions, the services and users of the services:

1. Professional education programmes: Educational institutions (universities and university colleges) that educate personnel for the health and welfare services. In this context, this refers primarily to shorter professional education programmes in health and social care subjects.

2. The R&D system: Universities, university colleges and other research institutions that conduct research on topics of relevance for the health and welfare services.
3. The health and welfare services: public, private and volunteer agencies that provide health and welfare services, including employees of the services.
4. Users of the services: The services exist for the users, as individual users, user organisations, employers and other representatives of recipients of the services.

Some key research questions

Competence development and the strategic objectives are most important for the PRAKSISVEL initiative. To some extent, defining research topics and questions that may be studied under the initiative must be left up to the researchers in cooperation with the users and the services. Regardless of the topic, the initiative should address several cross-cutting questions:

- How can the relevance of research for practice be ensured?
- How can research improve the services and ensure that issues of special relevance for practice become priority research areas?
- How can the use of research in and by practice be encouraged?
- How can research help to improve cooperation across sectors?
- How can the users be involved in knowledge development?
- How can the research results be transferred to professional education and the field of practice?

User involvement and the use of research results in the field of practice and educational programmes

User involvement in research is crucial for achieving the objectives of quality, relevance and implementation of new knowledge. The initiative will provide funding to projects in which the research question is based in practice and the project's results will help to improve practice. The PRAKSISVEL initiative will tie together research, education, practice/the services and the users' needs, thereby contributing to knowledge-based development of practice. This may be described as a "knowledge rectangle", in which the knowledge triangle is expanded to include the users. User knowledge and user involvement must lie at the core of the planning and implementation of the projects and activities related to the dissemination and use of the results.

The PRAKSISVEL initiative will promote enhanced scientific merit and the use of new knowledge within educational programmes and the services.

The Research Council's policy for R&D at university colleges

The Research Council's new policy for R&D at state university colleges (2014-2018) makes it possible to strengthen the role of the university colleges within research-based education and professional practice. The Research Council will also develop national, network-based graduate researcher training schools and wishes to continue the scheme for Strategic Projects – University Colleges (SHP). The Research Council's instruments will help to structure the sector by promoting cooperation, constructive task distribution and highly focused research activity in the university college system.

Due to their focus on the professions and regions, the university colleges are especially well suited for productive cooperation between education, research and innovation in the

field of practice. The university colleges have the opportunity to further develop higher education by working with the scientific foundation for professional education in cooperation with the field of practice. This should take place through interdisciplinary approaches and participation from students as well as the private sector and society at large. When the university colleges do not have their own research expertise, they must cooperate with other research institutions.

Competence-building across sectors and professions

The PRAKSISVEL initiative will promote projects that address issues which cut across sectors and professions. This points in the direction of some important strategic priorities:

- More integrated, strategic use of the overall R&D resources within professional education by enhancing the quality of research and creating a framework for joint research efforts across research groups, institutions and sectors.
- Higher quality of professional education, making it more R&D-based, practice-based and generalised across sectors and professions.
- Establishment of national, graduate-level researcher training schools that link research fellows from various professions/fields of practice.

4.2 Thematic and cross-cutting perspectives

The PRAKSISVEL initiative will benefit from the synergy created by viewing the entire health and welfare field as a whole. It must be assumed that an initiative focused on the field in its entirety and cooperation related to the population's health and welfare will also create positive ties and better cooperation between the various professions in the field of practice. For instance, it is important to see the connections between competent child protection services and effective prevention strategies in the health services and schools and to recognise that there is interplay between working life, public health activities, and good welfare and health services.

In its efforts to achieve the overall research policy objectives, the Research Council has, in dialogue with relevant actors, described some especially important cross-cutting perspectives. These are areas in which the PRAKSISVEL initiative may be highly significant for knowledge development and the connection between research and the quality of the services.

Public expenditures on health, care and welfare services will increase due to the needs of the elderly, the growing number of younger people who receive disability benefits and rising expectations in general among the population with regard to the quality and provision of the services. It will be necessary to make the services more cost-effective. One of the greatest challenges is that the expanding need for services cannot be addressed with a comparable increase in the number of employees. Society must implement measures that increase productivity within the services, utilise methods of cooperation vis-à-vis users, family members and volunteers, and at the same time maintain and strengthen the expertise of employees in the services. The aim is a well-functioning and qualitatively sound service system with optimal resource utilisation. A development in the services that emphasises integrated treatment and cooperation across services and administrative levels will make interaction between professional groups within the same

subject area and between adjacent subject areas increasingly important. It is also crucial to develop expertise related to change and innovation.

Implementation of the Coordination Reform has played a key role in further expanding the municipalities' responsibility for health, care and welfare services. The Coordination Reform aims to develop more integrated health and care services and to strengthen efforts in disease prevention. More of the health and care services are to be carried out in the municipalities.

The care services have undergone a period of major change involving deinstitutionalisation and the expansion of home-care services. In keeping with the growth in new user groups and home-care services, the services have become more differentiated than previously. In the area of dementia care, daytime programmes with an emphasis on activities are being developed. New user groups have triggered extensive restructuring processes in the municipal health and care services. An expanded sphere of responsibility in recent years has posed challenges to the municipalities in the form of new user groups with complex, wide-ranging needs for help and assistance. New work methods and cooperation with users, their families and social networks require changes in expertise and recruitment, and entail new ways of organising the services. There is a strong indication that changes in the needs and demands have occurred so quickly that the services have had difficulties adapting in terms of competencies and organisationally.

Children and adolescents, especially those at risk, are a vulnerable and important target group for the health and welfare services, and a growing number of children and families have contact with the child protection services. Both the number of children who receive measures and the number of investigations are rising. The professional sphere of the child protection services requires specialised as well as broad-based theoretical knowledge and good practical and personal skills.

The objectives described for the administrative reform of the child protection services, in which the central government took over the responsibility and tasks of the county administrations from 2004, entail new requirements with regard to expertise and knowledge. The evaluation of the administrative reform shows that the objectives of the reform have largely been achieved, but that challenges remain with regard to providing equal services regardless of place of residence and to cooperation between administrative levels as well as between services for children and their families.

Many of the children and families who receive help from the child protection services have problems that require assistance from other services as well. For example, research shows that these children have many more challenges than other children with regard to mastering a school situation and meeting educational requirements, and an even larger number of them have health challenges. This requires integrated, coordinated assistance. The child protection services and cooperating services are in need of research-based development of new, effective measures and for identification of what is required to provide high-quality, coordinated assistance. Organisation, work methods and user involvement are critical throughout the entire life cycle of the child protection cases.

There has been a shift in public health activities from a disease perspective, in which efforts were targeted towards the prevention of specific diseases, to an impact perspective that focuses on factors which influence health. An impact perspective provides a better

basis for targeting efforts towards underlying factors. The instruments for addressing the underlying factors are found in several sectors. They are related to aspects of the conditions under which children and adolescents grow up and live, and include housing, education, employment and income, physical and social environments, physical activity, nutrition, injuries, accidents, and substance abuse. Multi- and interdisciplinary research on such cross-cutting research questions will be needed.

The reform of the Norwegian Labour and Welfare Administration (NAV) is an administrative reform in which the legal framework emphasises the importance of organisation. Under the reform, traditional areas of expertise have been reorganised, and at the same time instruments related to the objective of employment and activity have been consolidated in the primary health care services. The clearest expression of the reform's coordination focus is found in the local NAV offices which integrate state-provided services and certain municipal services and benefits. Processing of state welfare benefits has been assigned to entities at the regional level or to more centralised entities. In connection with the reform, major changes have been implemented in the instruments – services, measures and benefit schemes – that are used by the Norwegian Labour and Welfare Administration.

The evaluation of the NAV reform has shown that task performance and competencies in the NAV offices are organised in different ways, e.g. depending on the size of the office. In addition, adjustments are continually being made in the organisational model at the interface between specialisation of areas of expertise and cooperation across such areas. It will therefore be important to study the further development of the NAV offices and the features of the services provided. The offices are to offer a wide range of integrated services, and they must also ensure that adequate targeting of expertise and services related to labour and labour-oriented measures. These efforts must encompass both standardised procedures and guidelines, and the services must be rooted in knowledge-based discretionary assessments, when necessary.

The NAV reform also introduced a new advisory role for the NAV offices, which was viewed as a contrast to the traditional case administrator role. The advisory role implies that the content of the services are to be based primarily on the users' individual needs as these are defined in consultation with the users themselves. The basic principle for how this role is practiced relates to employment, i.e. that the individual needs are related mainly to opportunities to place the user in paid work or, secondarily, in other forms of activity. Thus the advisory role unites two key aspects of provision of the services. On the one hand, this involves individualisation (customisation), which implies greater discretionary assessment at the local level. On the other hand, it entails a focus on employment and activity, in which the NAV advisor seeks to motivate and assist the user in finding appropriate solutions, while at the same time staying apprised to ensure that users who are capable of working do not merely receive benefits, but must also participate in various activities to enhance their work capabilities.

Many of the challenges facing the health and welfare services cannot be solved within just one (or the public) sector alone. A key objective of the NAV reform is therefore to coordinate services and benefits for people who need multiple services and benefits simultaneously, also between NAV and other assistance-providing agencies. This includes coordinating services and measures between the employment and welfare sector (NAV) and the educational sector. In such cases it will be important to study how coordination and cooperation are developed, e.g. for younger people with health problems

and difficulties related to working life and school. An especially relevant topic is the axis between health and employment. NAV cooperates with the health services at different levels and various degrees of specialisation.

User involvement is relevant to all service areas. Ensuring good user involvement is especially challenging when there is a need to coordinate services provided by numerous sectors. It would be interesting to compare how this is done in the various service areas. More knowledge is needed about the degree to which and the ways in which users' experiences are used in the development of the health and welfare services.

In recent years an increasing number of enterprises have been established that refer to themselves as social entrepreneurs and that aim to develop new, more innovative solutions to social problems. These enterprises cooperate to various degrees and in different ways with the health and welfare services.

Rapid developments in ICT, medical technology, e-health and welfare technology have an enormous impact on the organisation of the services, cooperation internally within the services and with users of the services, cooperation between various services and levels, and the way in which the services carry out their tasks. This presents opportunities as well as challenges for users, employees of the services, research institutions and educational programmes. It is especially important that research and education generate relevant knowledge and interdisciplinary expertise to meet these developments so that technology may be applied for the benefit of the services and users alike.

Education and expertise are critical factors for value creation in society. The expertise, creativity and innovative capacity of the labour force are crucial for service provision in the future. Research can contribute to this by providing more in-depth knowledge about the transition between professional education and working life.

4.3 Research design and project types

To achieve the objectives of the PRAKSISVEL initiative and support the strategic priorities described above, it is crucial that there is correlation between the projects' objectives, the projects' design, and assessment of the project proposals. Requirements related to organisation and focus must be such that the projects help to achieve the primary objective of strengthening the knowledge triangle in this field.

First, it is important that projects can document a link to the field of practice. This means that the research topic and methodology must be relevant and significant for the field of practice and that the field of practice is represented and plays an active role in the project. Secondly, it is important that projects can document a link to relevant educational programmes to ensure that the results will be relevant for the educational programmes and that the educational institutions will be able to incorporate the knowledge into their programmes. Third, it is important that the projects can document a link to dynamic research groups in the field in which the research will be conducted. This is to ensure that the research is of high quality, that the issues have relevance to research and that research expertise in the field of practice and at educational institutions is strengthened. Fourth, projects must be required to incorporate a component of knowledge sharing and dissemination of results.

Together these four points will be crucial for the choice of research design and application type. Some relevant application types are discussed below.

Researcher Project – requirement for user involvement

The Researcher Project application type is used extensively in the basic research programmes and policy-oriented programmes, and is targeted towards research institutions. The description of the application type, the guidelines for the template for the project description and the mandatory assessment criteria give special emphasis to scientific merit, the project manager and project group, national and international cooperation, and dissemination and communication of results. This application type has also been used in previous calls for proposals for “practice-based R&D projects”. In those cases, the calls have included an additional assessment criterion related to user involvement. In general, this application type poses two challenges. The first is how the requirement for scientific merit is assessed together with the requirement for user involvement. The second is how one assesses whether user involvement is sufficient, i.e. which assessment criteria are used to determine this. To address these challenges, future calls for proposals may include several assessment criteria related to strategic and thematic relevance for professional practice and education, project organisation, various types of user involvement, and the potential for communication, dissemination and implementation in the field of practice.

To achieve the objectives of the PRAKSISVEL initiative, it may be beneficial to use application types and measures other than Researcher Projects with user involvement.

Innovation Projects for the Public Sector

Thus far this application type has not been used for “practice-based R&D projects”. Under this application type, the formal applicant is normally an entity in the public sector. Application assessments are based more heavily on the level of innovation, the potential for value creation within the public sector, the constellation of cooperating parties, and the plan for realisation rather than on scientific merit. For these projects, research is assessed on the basis of quality and relevance for realising the innovation.

Knowledge-building Projects for Industry

Knowledge-building Projects for Industry is an application type targeted at research institutions which may seek funding together with partners from industry. The Research Council is considering expanding this application type to include partners from the public sector, in which case it will be relevant for the PRAKSISVEL initiative. This application type ensures relevance and user involvement by requiring partners in the project to participate actively in the project’s steering group and contribute a minimum of 20 per cent of the total project costs. This type of project is designed to contribute to industry-oriented researcher training and long-term competence development in the Norwegian research community within topics that are crucial to the development of business and industry, the public sector and/or society at large.

Public sector Ph.D. scheme

To foster the development of research expertise among service providers, it will be beneficial to recruit research fellows from the health and welfare services. A scheme for public sector Ph.D.s is currently being planned and may serve as a supplement to the PRAKSISVEL initiative.

Other Support

When using the Other Support application type, the assessment criteria and requirements regarding attachments are determined for the individual call for proposal. As one example, this application type may be used when issuing a call for proposals for funding for graduate-level researcher training schools.

Overall, the PRAKSISVEL initiative is seeking larger projects that will, through their choice of methods, design and empirical basis, produce knowledge that can be generalised.

5. International cooperation

International cooperation is vital for improving quality and enhancing capacity in Norwegian research, and Norwegian researchers should both benefit from and contribute to international knowledge sharing. International cooperation is especially crucial for conducting high-quality comparative research that can generate important new insight. The Norwegian research community must also seek to attract the very best researchers and position itself at the international forefront in selected research areas.

The EU framework programmes for research and development comprise an important source of funding for Norwegian institutions, and project cooperation and co-publication with European colleagues has risen significantly over the years. EU research policy has increasingly promoted cooperation at the programme level (through platforms such as ERA-NET and Joint Programming Initiatives). This development will continue under Horizon 2020 with greater focus on addressing societal challenges through coordination of national and European research and research funding. For instance, a Joint Programming Initiative (JPI) has been established on the demographic ramifications of the anticipated increase in life expectancy of the European population.

The eighth societal challenge under Horizon 2020 is “Health, demographic change and wellbeing”. Calls for proposals on the topic of “Integrated sustainable, citizen-centred care” are planned for 2014 and 2015, which may be relevant for the PRAKSISVEL initiative.

The PRAKSISVEL initiative has a joint responsibility for ensuring that Norwegian researchers take part in European cooperation.

The objectives for internationalisation under the PRAKSISVEL initiative are:

- The initiative will strengthen international research cooperation, e.g. in the form of international partners and project participants, co-publication, research stays at institutions abroad, and visiting researchers at Norwegian institutions.
- The initiative will motivate Norwegian researchers to seek funding under the EU’s Horizon 2020 and from other international funding sources.
- The initiative will facilitate more comparative studies at the international and Nordic levels.

For the PRAKSISVEL initiative, it is especially relevant to promote comparative projects at the Nordic level.

6. Communication and dissemination activities

The users' need for high-quality services is at the core of the PRAKSISVEL initiative, and this must also be the core of dissemination activities under the projects. In short, dissemination under the PRAKSISVEL initiative must strengthen the basis for knowledge-based practice of the services.

Dissemination activities may take place in various ways:

- Scientific publication and dissemination.
- Knowledge transfer within the projects between research, education and the field of practice.
- Use of results from the projects in professional education.
- Use of results from the projects in the field of practice/services.
- Knowledge transfer from the projects to relevant fields of practice/services.

The last point expresses the primary concept behind the PRAKSISVEL initiative. It is important that these dissemination and implementation requirements are clearly stated in the calls for proposals and assessment criteria and that they are given weight in the application assessment process. The projects must have a clear plan for implementation and describe the role of both the researchers and the field of practice in the dissemination of results. To ensure effective knowledge transfer from the projects to the field of practice, it is essential that the services are actively involved in the planning of dissemination activities and are incorporated as partners into those activities. Special funding for dissemination and implementation of results for which the funded projects may apply should also be set aside under the PRAKSISVEL initiative.

7. Coordination with other related programmes and instruments at the Research Council

The PRAKSISVEL initiative is closely aligned with the Research Council's priority initiative *Healthy and active for many years* and is a good supplement to the current programme portfolio. The PRAKSISVEL initiative is also in conformance with the Research Council's policy on innovation in the public sector and the policy for R&D at university colleges. A number of programmes share an interface with the PRAKSISVEL initiative, such as the Programme on Welfare, Working Life and Migration (VAM), the Programme on Health and Care Services (HELSEOMSORG), the Programme on Sickness Absence, Work and Health (SYKEFRAVAER), the Programme for Research and Innovation in the Educational Sector (FINNUT) and the scheme for Strategic Projects – University Colleges (SHP). It is assumed that applicants seeking funding under the PRAKSISVEL initiative are familiar with related programmes and projects.

8. Organisation

The Research Council will ensure that the initiative is organised in an appropriate manner.

9. Budget

Anticipated allocations from the four ministries amount to NOK 28 million annually as from 2014. A call for proposals for research funding of up to NOK 55 million is planned for 2014.



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