Editor Berit Willumsen

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Preface

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Residential Location and Travel in Hangzhou Metropolitan Area

By Petter Næss
NIBR Report 2007:1

The theme of this report is how spatial planning in urban areas can be used to influence the amount of travel and the proportions carried out by different modes of conveyance. The report is based on a pioneering study of residential location and travel in an affluent Chinese urban region, viz. the Hangzhou Metropolitan Area in the province of Zhejiang. Until now, there has been lack of valid and reliable knowledge about the influence of residential location on travel in East Asian cities. If Chinese cities are to follow the path that North American and many European cities has followed in their urban development and transport policies during the latest half of the 20th century, a very strong increase in urban motoring must be expected, with associated problems related to oil consumption, air pollution, health, traffic accidents, and reduced accessibility to facilities for people who do not possess a private car. It is therefore of a high policy relevance to identify possible strategies for urban development that may reduce car dependency and provide a high accessibility for the inhabitants to workplaces, service facilities and other urban functions without having to rely on a high level of individual motorized transport.

In important ways the Hangzhou Metropolitan Area study goes beyond the scope of most previous investigations into the relationships between urban land use and travel. The traditional quantitative travel survey approach has been combined with qualitative interviews in order to identify the more detailed mechanisms through which urban structure affects travel behavior. Rationales for activity participation, location of activities, modal choice and route choice make up important links in these mechanisms. The statistical analyses include a broad range of urban structural, socioeconomic and attitudinal variables. Differences between population groups in the way urban structure affects travel behavior have also been investigated.

The Hangzhou Metropolitan Area study shows that residential location affects travel behavior, also when taking into consideration socioeconomic and attitudinal differences among the inhabitants. Although the specific influences of urban structure vary between population groups, the location of the residence in the urban structure of the Hangzhou metropolitan area affects travel behavior within all our investigated subgroups.

Overall, our analyses show that the location of the dwelling relative to the center structure of Hangzhou Metropolitan Area has a considerable influence on the travel behavior of the respondents. On average for all our respondents, living close to downtown Hangzhou contributes to less travel, a lower share of car driving and more trips by bike or on foot. Conversely, living in the peripheral parts of the metropolitan area contributes to a higher amount of transport and a lower share of travel by non-motorized modes. In particular, the length and travel mode of journeys to work are influenced by the location of the dwelling relative to the city center of Hangzhou. In general, the strong concentration of service and leisure facilities in the inner and central parts of the metropolitan area also implies shorter average trip distances for non-work purposes the closer to downtown Hangzhou the residence is located. The location of the dwelling relative to the closest second-order and third-order center also influence travel behavior, but not to the same extent as the location of the residence relative to the city center of Hangzhou.

Our data indicate that a residential location close to the city center of Hangzhou contributes to:

- shorter overall traveling distances on weekdays as well as in the weekend
- considerably higher likelihood of using non-motorized modes during the weekdays as well as in the weekend, but somewhat shorter traveling distances by foot and bike than the average among users of these modes
- lower likelihood of traveling by bus both during the weekdays and in the weekend, and shorter traveling distances by bus than the average among users of this mode
- lower likelihood of using car or taxi during the weekdays and to some extent also in the weekend, and shorter traveling distances by car and taxi than the average among users of these modes
- lower likelihood of using electric bike, especially in the weekend but also during the weekdays
- considerably higher proportion of the total traveling distance carried out by non-motorized modes during the weekdays as well as in the weekend
- considerably shorter commuting distances

Residential location close to any of the two second-order centers (Xiaoshan and Yuhang) appears to contribute to:

- higher likelihood of using non-motorized modes during the weekdays as well as in the weekend
- lower likelihood of traveling by bus in the weekend and to some extent also during the weekdays
- slightly higher likelihood of using electric bike during the weekdays
- higher proportion of the total traveling distance during the weekend carried out by non-motorized modes
- somewhat shorter commuting distances

Residential location close to any of the six third-order centers appears to contribute to:

- slightly longer overall traveling distances on weekdays
- somewhat higher likelihood of using non-motorized modes during the weekdays as well as in the weekend
- shorter traveling distances by foot and bike than the average among users of these modes on weekdays, but somewhat longer in the weekend
- lower likelihood of traveling by bus during the weekend
- lower likelihood of traveling by car or taxi during the weekend, and slightly shorter traveling distances by car and taxi than the average among users of these modes
- slightly higher likelihood of traveling by electronic bike during the weekend
- somewhat higher proportion of the total traveling distance during the weekend carried out by non-motorized modes
- longer commuting distances

Most of these tendencies are in line with what could be expected from theoretical considerations and are also in line with the mechanisms and rationales identified in the qualitative interviews (see below). There are, however, some effects that may appear surprising, notably the tendencies to longer commuting distances and overall traveling distances on weekdays when living close to a third-order center. Better accessibility to job opportunities outside the local area when living close to the public transport connections usually available in a third-order center might be an explanation. In particular, such a tendency appears to exist among women. More research is still needed in order to uncover the reasons for the tendencies found towards a higher amount of travel on weekdays when living close to a third-order center.

Our material does not show any tendency to "compensatory travel" in the form of longer traveling distances in the weekend among respondents living at locations making it possible to manage on a low amount of travel on weekdays. In Europe, a hypothesis of compensatory travel has gained much attention, and in our investigation in Copenhagen Metropolitan Area, certain indications of such travel could be found among residents of dense urban districts. In Hangzhou Metropolitan Area, there is even in the weekend a fairly strong and certain tendency to longer traveling distances the further away the respondents live from downtown Hangzhou.

Our interviewees' *rationales* for location of activities, choice of transport modes and route choice make up important links in the mechanisms by which urban structures influence travel behavior. The rationales are partially interwoven. Usually, the choice of an individual is not based on one single rationale, but on a combination of (and a trade-off between) several rationales. Most of the rationales identified either contribute actively to strengthen the relationships between residential location and travel, or are neutral as regards these relationships. A few of the rationales form the base of "compensatory" mechanisms, which may contribute to weaken the relationships mentioned.

Our interviewees' choices of locations for daily activities are made as a compromise between two different concerns: a wish to limit travel distances and a wish for the best facility. For most travel purposes, our interviewees emphasize the possibility to choose among facilities rather than proximity. This means that the amount of travel is influenced to a higher extent by the location of the residence in relation to *concentrations* of facilities, rather than the distance to the *closest single facility* within a category. In particular, this is the case for workplaces and places of higher education, but also for cultural and entertainment facilities, specialized stores and, to some extent, also grocery stores. For leisure activities, the "atmosphere" and the esthetic qualities at the destination may also play a role, contributing to strengthen the attraction of Hangzhou's central parts, in particular the areas bordering the West Lake.

The longer traveling distances among outer-area than among inner-area residents are mainly a result of longer commuting distances. The given configuration of residences and workplaces results in a shortage of suitable jobs within a moderate commuting distance when living in the outer parts of the metropolitan area. Outer-area residents therefore tend to make longer commutes, partly because local job opportunities often do not exist, and partly because jobs outside the local area are considered more attractive. Although the distances to shops are usually also longer when living in the suburbs, the outer-area interviewees often compensate for this by buying daily necessities along the route home from work. In this way, the rationale of distance limitation and the rationale of choosing the best facility can be combined for shopping trips and certain other errands.

Our interviewees' rationales for choosing modes of transportation usually contribute to a more extensive use of cars in the suburbs and a higher use of non-motorized modes in the inner city. The rationales for route choice imply that the interviewees are not apt to make long detours from the shortest route to daily-life destinations, and thus provide general support to the activity-based approach to transport analyses.

Our interviews indicate that people's activity patterns are to some extent adapted to the availability of facilities in the proximity of the dwelling. The interviewees still rarely give up activities completely as a result of moving to a different urban structural situation. According to our survey data, "distance decay" in the form of reduced activity participation when living far away from relevant facilities is not very pronounced among our respondents. In general, the relationships between residential location and the frequencies of activity participation are relatively weak.

Traveling distances are influenced by residential location to a higher extent among men than among women. Men's traveling distances tend to increase considerably when living far away from the city center of Hangzhou, while women's amount of travel is also influenced by the location of the dwelling relative to the closest third-order center, where proximity to such a center tends to increase their traveling distances. This difference between men and women is to a high extent attributable to male suburbanites' choices of workplaces within a wider geographical area than among their female counterparts. Traveling distances also seem to be influenced to a lesser extent among childless households with two or more adults (a group including many pensioners) than among the remaining respondents. Moreover, we find

somewhat stronger influences of residential location on traveling distances among respondents with a low education level and income than among those with a high education or income.

There are certain differences in the likelihood of using car or taxi according to age, household type and education level, where the likelihood of being a car or taxi user does not appear to be influenced by residential location at all among the younger half of the respondents, single persons and respondents with education level above the median. Among respondents above the median age, respondents belonging to households with at least two adult members, and respondents with education level at the median or below, tendencies to lower likelihood of being a user of car or taxi are found among respondents living close to the city center of Hangzhou, and among the older half of the respondents also when living close to a third-order center.

There are only small differences between the investigated population groups in the influences of residential location on the shares of non-motorized travel.

The results of the Hangzhou Metropolitan Area are highly consistent with the findings of a similar study carried out in Copenhagen Metropolitan Area, Denmark. Both in Hangzhou Metropolitan Area and in Copenhagen Metropolitan Area, living in the central parts of the region contributes to shorter overall traveling distances, shorter commuting distances and a higher share of non-motorized travel. In particular, the location of the dwelling relative to the main center of the region appears to influence traveling distances and modes in very similar ways. The rationales on which the interviewees of the two studies base their travel behavior are also very similar across national contexts. There are also considerable similarities between the Hangzhou and Copenhagen study in the different ways that residential location influences travel among different population groups. In particular, this applies to gender differences.

However, residents of Hangzhou Metropolitan Area travel in general only a small fraction of the distance traveled by Copenhagen Metropolitan Area residents. Although outer-area residents in both metropolitan areas travel longer than their inner-city counterparts do, the difference between the Chinese and Danish respondents is considerably larger than the average differences between respondents living in different parts of each metropolitan area. These differences across national contexts reflect the far higher car ownership rates in Denmark than in China.

User Participation in Psychic Health Care: Ideals and realities

By Sidsel Sverdrup, Trine Monica Myrvold and Lars B. Kristofersen
NIBR Report 2007:2

The aims of the study

This report constitutes the final part of a research project called "User Participation: Ideals and Realities from a Bottom-up Perspective". Project start-up was at the turn of 2003 and termination in 2007. The work has been executed in two stages. In the first stage we analysed information collated during the first round of interviews with people with mental health problems and their families. The results were published in the research report "User participation and mental health" (Sverdrup, Kristofersen & Myrvold, 2005). In the second stage information has been collected and analyzed about the same conditions as in the first stage, but with main attention to weather there have been any changes during the period. Results from the two stages are compared and analyzed.

The project's objective is to promote a user perspective in the implementation of the National Mental Health Program (NMHP) by the various parts of the national mental healthcare service. The main question is this:

> Has the National mental health program resulted in user involvement in the design of healthcare in the mental health sector, and does this proceed in a manner which meets the needs and wishes of the users?

The project charts the opinions of users about the services, of their own participation in designing them, and how family members feel about their contact with the health service. Relatives are considered on the one hand as a source of information on the patient's situation, and on the other as people with stories of their own to tell. When mental illness strikes, it involves and affects many members of the subject's family. It has important implications therefore not only for the sufferer him or herself. In that light, relatives are users too, with their own needs and aspirations in relation to the healthcare service.

In both of the two reports we ask the following questions:

– How do users experience the health service?

–   Have users had an opportunity to take part in designing their own care plan?

–   What is their opinion of coordination among various parts of the health service, including responsibility groups?

–   To what degree is the requirement on individual care plans implemented?

–   How do relatives feel they are cared for by the health service?

The report sets out and analyses information obtained via interviews with adult and adolescent patients and their families.

The project explores the impact of the National mental health program from the standpoint of users of the mental healthcare system and their families. Therefore results from the two stages are compared. In both stages the situation as the users and their relatives perceive it, is being analyzed.

Data and methodology

What matters most in this project are the voices of clients and close members of their families. We have therefore adopted a qualitative approach, often referred to as a bottom-up approach. We conducted case studies in both periods in a small number of municipalities, based on semi-structured interviews with adult or adolescent psychiatric patients and relatives. We interviewed the same respondents both times. We also interviewed care service personnel. We did not ask for personal information on the clients from care staff; we were concerned rather to ascertain how far the NMHP had benefited on client participation in a more general sense.

The study's informants live in four local authority areas, two of which are located in the South-eastern region of Norway, two in Northern Norway. Two are metropolitan municipalities (North Town and East Town), the others are more rural. One of them (Rural North) is a small municipality, the other (Rural East) is larger, but not very urban all the same. The clients that were interviewed for the project (apart from most of the teenagers) have long histories of psychiatric disorders, requiring intervention from several services.

To ensure confidentiality, care staff in the municipalities and the Child and Adolescent Psychiatry service (BUP) helped us recruit informants. Male participants are under-represented in all age-groups. And only female adolescents allowed us to interview them. Recruitment of family, loved ones etc. was organised by our clients, that is, those aged 16 and over. In the initial stage of the project we interviewed 15 adult clients, 8 adolescents (aged 14–17), 8 family members of the adult clients, and 8 of the adolescent clients. All informants agreed to being contacted for a new interview in the second stage of the project. At this point we called them directly, rather than going through the healthcare service. All informants and all family members apart from one were willing to be interviewed again.

Client interviews focused mainly on client participation in intervention design, quality of care, service/intervention coordination and individual care plan. Family members were also asked about their roles in the mental health sector. The second stage interviews also focused on developments since the first round with regard to the same issues.

Both stages featured interviews with care personnel in each of the four case-study municipalities. Four interviews were conducted in the first phase, six in the second. Personnel interviews are analysed as an integrated part of the published report.

Key observations

Analyses contained in the report are based on qualitative information retrieved from nearly 50 interviews in both stages. While these analyses are not representative in a quantitative sense, the study provides information of value over and above the individual client. We have identified in these interviews a number of "typical" responses, i.e., responses in which a large proportion of the informants agree on challenges facing the mental health sector. This is one of the advantages of a staggered approach, with interviews separated by a considerable period of time, because it helps pinpoint changes – or the absence of change – between the two dates. We used qualitative data to demonstrate the variety of responses to, for instance, therapeutic interventions and perceptions of clients and families of quality of care. We have also attempted to explain some of the variations. Whether some of the care provided by the services can be called therapeutic – or whether in reality it is a social safety net put in place to prevent clients become completely isolated – is an open question. Reporting on the project's first phase we stressed it was too early to draw conclusions. Now that the second phase is over, we can do so on the basis of sound empirical data. We still need to remind readers of the relative limited nature of our data; our conclusions should not be generalised because the data are not statistically representative.

Some of the emerging tendencies noted in the first round are significantly stronger today. They serve in a sense to measure the "temperature" of some important aspects of current psychiatric practice and care, as perceived by the clients. What follows below is a short summary of the analyses.

Adolescents as clients (see Chapter 4)

Information on younger patients was obtained via interviews with eight girls, aged 14–16. At least half of these young patients were diagnosed with ADHD (Attention Deficit Hyperactivity Disorder) related conditions, and their responses are partly coloured by their experience of treatment for ADHD-type conditions. Most had been clients in the healthcare sector for at least 1–2 years (mainly BUP), when we interviewed them, but the number of care services involved varies. By the second interview round, two of the girls were no longer receiving treatment, and three more had terminated psychotherapy programmes, but were still on medication.

Relieved to get help at last – good to have someone to talk to

Several adolescents – especially those with ADHD-type conditions – had long histories of severe mental illness before getting help. Several had had a particularly difficult time at school, with frequent conflicts, without the school taking action to refer them to the relevant instances.

The youths came from different environments and also had different feelings about beginning treatment. To some, becoming a patient of the BUP service was daunting. All of our adolescent respondents expressed, however, a sense of satisfaction with their treatment (mainly in the BUP system). Medicated respondents said it was a

relief to get something that worked. They reported dramatic improvements at school and in school work.

There were few changes in levels of satisfaction reported by the girls in the second interview round. Those still in active treatment say they get on very well most of the time with their BUP therapist, and that it is good to have someone outside the immediate family to talk to about difficult topics.

Several girls formed opinions between interview rounds on the information provided by the healthcare system. They would like to see more information on their particular condition and what can be done to help them.

Two of the girls whose psychotherapy was terminated between interview rounds, had objections to the manner in which it was decided. They believed that BUP used the departure of the therapist as an opportune moment to terminate treatment. Although the girls acknowledged that they probably had no need for further therapy, they would have appreciated a different approach to the decision making aspect.

Little relevant help from schools and public health nurses

Most of the adolescents in the study had been in touch with other healthcare professionals or services before admittance to the BUP. While some had only seen a GP or public health nurse, others had seen school counsellors, the child guidance service and child welfare service. Some reported difficulties stemming from the failure of public health nurses and teachers to understand their problems. Instead of helping them forward in the care system, they slowed the process down and made it more difficult.

Varying capacity to deal with difficult situations

Some adolescents faced challenges and problems in connection with their course of treatment. Some found it difficult and demanding to adjust to new therapists (before or during BUP treatment). Some coped, but others said they were tired of having to tell the same story time and time again.

Little or no use of responsibility groups and individual care plans

Some of the study's young respondents had heard about responsibility groups (*ansvarsgruppe*), but didn't know whether one had been set up for them personally. One informant did have a responsibility group, but felt uneasy about taking part because everybody participating in the group talked about her. But she read the minutes of the meetings, and monitored the group closely.

Several adolescent clients knew little about individual care plans, and none believed one had been prepared for them. According to relatives, none of the adolescents had a plan. It had been suggested for one of them, but she had turned the offer down. Another adolescent had received a form of individual care plan in the intervening period in connection with the child guidance service.

Relatives of adolescent clients (see Chapter 5)

A long journey to get help

The families of adolescent clients were unhappy with the time it took for their child to get help. On this point, families are more outspoken than the young people themselves. Parents of children with ADHD-related conditions were significantly more dissatisfied with the waiting time than other relatives. Most of these parents had been trying for years to get their offspring into satisfactory treatment. Some informants felt that childcare workers, public health nurses and school teachers simply did not take them seriously, but added to their troubles by blaming the child's problems on upbringing and inadequate care at home etc. Several of the relatives had a clear message: steps must be taken to improve the ability of schools and teachers to identify symptoms of ADHD, and, in consultation with public health nurses or GPs if necessary, refer parents to the appropriate services. It has to be noted, however, that boys with ADHD are usually diagnosed at an early stage, whereas girls with symptoms of ADHD are usually identified much later by the healthcare sector.

Children's mental health problems put a strain on relatives as well

Several relatives said their own health and medical needs were affected by their daughters' problems. In one instance a parent received treatment from BUP for problems sustained in the long struggle to get help for his/her child.

Quality of service provided by the healthcare sector – security for the children

Several family members said they worried less about their children now that treatment had begun. This includes parents of ADHD girls and girls with other mental health conditions.

Some members of the ADHD parent group saw significant improvements from psychotherapy and medication. They believed BUP was channelling large resources into helping their children, and commended the service for listening and taking the problems seriously. It also helped to know their children can be re-admitted when the condition worsens.

Relatives feel by and large that their children have established a beneficial and trusting relationship with their therapists. Several of the youngsters had told their families that they liked their therapist, and some looked forward to the therapy sessions.

Scarce information for relatives

Many relatives felt they were left almost totally in the dark about what BUP was actually doing and what could be done to help their children. While relatives respect the therapist's duty of confidentiality, they miss all the same information on treatment and progress. Some are not afraid to ask the therapist for information, others are more apprehensive. Several informants appreciate the fact that therapists cannot tell relatives everything for simple therapeutic reasons, but they wanted to know whether being kept at a distance was actually part of the treatment strategy.

Two of the mothers of the girls whose treatment ended between interview rounds were also critical about the lack of information at that sensitive stage.

Need for closer cooperation and coordination

By and large, families appreciate what BUP does for their children, but they are less satisfied about other areas of the healthcare sector. Communications between BUP and local authorities is rudimentary, and BUP seems ill-informed about how the municipal healthcare sector works. Responsibility groups are reportedly good at arranging meetings with various parts of the healthcare system, but only a tiny minority of the adolescents in the study have a responsibility group.

Little information about individual care plans

None of these young clients, according to their relatives, had an individual care plan. One of the families, as reported by the mother, had been offered a plan for their daughter, but by then they felt it was too late. Others complained about inadequate information, and some had to find out about the individual care plan by themselves, but would consider it if an offer was made. One adolescent had received an individual care plan from the child guidance service.

Adult clients (see Chapter 6)

Information on adult clients derives from interviews with 15 clients and 8 relatives (7 in the second round). In addition to the 15 clients, one preferred not to be interviewed in person, but allowed us talk to a relative. In sum, we explored 16 adult cases.

Care delivery – wide variation in provisions and satisfaction

The first round of interviews revealed wide variation in the type of care enjoyed by the fifteen informants involved in the study. This variation seemed to have widened further in the ensuing years. While some are helped with accommodation, visits by community nurses, sessions with psychologists and psychiatrists, and activity pro-grammes/support contacts, others get nothing more than medication. In other words, the breadth of care anticipated by the NMHP is obviously not in place for all clients that participated in this study.

Many of the clients had to wait for a long time to get help, and felt a great sense of relief when they finally succeeded. Some clients are satisfied with the care provided, but others despair over the lack of qualified personnel. Two of our informants report improvements in their own situation since the last interview, but it is also clear that some feel increasingly frustrated and resigned.

As in the first interview round, many clients wanted to see a psychiatric nurse, psychologist or psychiatrist (more) frequently. Some want better or more suitable activities, and some would like the welfare service to help them manage their economy.

The variation in the interview data noted in the first round between informants in the four municipalities continued to widen thereafter. We cannot draw general conclusions about regional differences, because we lack sufficient data. We can only say something about the four case municipalities. Clients in the two south-eastern Norway municipalities appear to enjoy a wider range and better coordinated services than clients in the northern municipalities. South-eastern Norway informants generally expressive higher levels of satisfaction with care provided, while some

clients in the two northern municipalities are extremely frustrated with care delivery by their local authorities.

In the northern municipalities, informants are more likely to report high turnover among therapists. Therapy lacks continuity, and no particular person is responsible for helping them with enquiries and problems. Nobody, they feel, is prepared to take responsibility for them when they fall ill. Many clients are at pains to emphasise the importance of being able to call somebody they know in the care system in the event of an emergency. Those who have designated staff member, appreciate it very much indeed, because it makes them feel safer. For some, the care they receive varies with their need: when difficulties arise they know the care service will adjust accordingly. Several say that knowing help is at hand in a crisis makes their condition easier to bear. That said, however, this sense of security is something only a few of our informants enjoy.

Participation: clients want more say in their own treatment

We register few changes in the views and experiences of our informants concerning client participation between the first and second interviews. For a large majority of our informants, an opportunity to take part in the design of their own treatment is considered very important. They believe such involvement results in a more coherent approach, and that it is right and proper they should be allowed to take decisions about their own welfare. Only a minority, however, especially in the northern municipalities, have been asked if they had any opinion in the matter. For most clients in this study, there is a long way to go before participation is integrated to the level envisioned by the NMHP.

Several informants complain of not being consulted or heard. Others are consulted in connection with simple, practical matters, less when it comes to their illness. This is painful for some, though others understand that their wishes cannot – and possibly should not – govern interventions.

Some therapists do listen to their clients, in the sense of withdrawing therapeutic interventions the client doesn't want. In some cases, it seems, therapists take their patients wishes as an opportunity to make cuts in treatment rather than encouraging client participation and build motivation for therapy.

The role of the family: difficult – but vital!

The relatives of the clients in our study tell different stories about coping with a mentally ill person in the family. For many of the clients, relations play a vital role in the way treatment is designed and implemented. If a patient is unable to coordinate their own treatment, it is obviously useful to have helpful relatives. But many clients feel uncertain about family involvement. On the one hand it is good, and even necessary, for relatives to lend a helping hand, but on the other it is often quite difficult to put an extra burden on the family.

Although the NMHP sees relatives as a key resource, many clients, according to our interview data, feel relatives are not given sufficient credit by the care services for their contribution. Families are not drawn into the treatment process, not even when the client and their relatives are eager to be of help. Information for the family – about the disorder, treatment, side-effects, prognosis and the possibility of relapse –

would help both the patient and family to cope with the condition and situation. Such information could prepare them for relapses, making it easier for them to adjust to critical stages of the illness. Many of our respondents have seen their marriages crumble or relatives fall ill from having to cope with a mentally ill person in the family.

In the second interview round, we discovered an ongoing redefinition of the term "next of kin". Although it is still rare to see colleagues, friends, siblings and small children included as "next of kin", some therapists, it seems, are willing to let clients decide who they want to include as relevant next of kin.

In the second round of interviews we came up against an issue which was not adequately noted in the first round. It concerns information precisely for these "grey area next of kin". The term covers, for instance, former foster parents who in reality if not formally still feel responsible for their former foster child, or ex-wives and ex-husbands, who, legally at least, may not be immediate relatives, but through common children would appreciate being informed, for the sake of their children. Because such situations are often highly sensitive, the care sector would need to assess the situation with great care.

Information for clients on illness and treatment: clients want more information on available options

While there is variation in clients' experience of the care sector, what many of them share is the long wait to get help. For some of them, however, the initial sense of relief of finally succeeding gives way to disappointment when they see the care service working in practice. The greatest concern, though, relates to the lack of an assigned health worker. No one is in overall charge of administering their treatment. Patients feel left to their own devices to organize the various strands of their treatment. Many believe that having finally been enrolled on a course of treatment, the professionals would ensure they received the treatment they required. In reality, however, clients often find they have to organise their own treatment – such as making appointments, insisting on admittance, maintaining contact with social security and welfare authorities, and make sure that patient records are sent on from specialist to GP.

The *good* experiences, on the other hand, of the care system, are characterised by a sense of respect and willingness to listen, and staff seem genuinely interested in the patient, monitor progress, and take their time before adding to the patient's responsibility for him or herself.

All clients want treatment which *works*, but feel they are told little of the various options and what to expect of their current treatment. Some express a sense of resignation, and wonder whether anything can be done to help them at all. Therapy has little meaning for them.

Coordinating services: clients are their own coordinators

One of the key objectives of NMHP is to establish a coherent and coordinated set of services for the mentally ill. Judging by what our respondents told us, many are left to liaise with the services and coordinate care delivery. Some cope well when their condition is in remission, but not when it worsens. Others again find it onerous and

exhausting to coordinate so many services, especially when they lack a review group or family.

Several of the study's informants had been discharged from psychiatric hospital before the authorities had arranged accommodation, made welfare arrangements, organised medical help or anything else. These situations were difficult. Some believe the lack of facilities actually harmed the healing process.

Most clients with experience of review groups find them useful as coordinators and easy to work with. There was a slight increase in the use of review groups between interview rounds, with more clients involved in an active review group, in comparison with before.

Individual care plans: some progress, but it is slow

The authorities have redoubled efforts to implement the individual care plan in recent years. We expected finding changes in this area between the first and second interviews. In the first round, only one adult client in our study had an individual care plan. In the second round, the number had grown to three, and a lot more know what it is. Although much remains to be done before care plans can be said to meet government targets, there are signs that the care sector is making more of an effort, as far as our informants are concerned.

Having said that, some of our clients still have to do most of the work on preparing their own care plan, with little support from their therapists.

Clients with an individual care plan or in the process of preparing one say it puts an obligation on the services; it gives clients a therapeutic goal, helping them see the point and purpose of the treatment.

Family (see chapter 7)

The information families are given, and their experience of the mental health service, tend to confirm information provided by clients. Families included in this study are highly critical of the psychiatric service at many levels.

Very little information for (and from) relatives

Families feel they play an important part in the lives of patients. But their own lives are constrained by the illness and the (24 hour) responsibility it entails. They need more information, they tell us, about the disorder, its treatment and prognosis, to understand and help the sick person through the illness. The families we interviewed say that they did not receive such information earlier, and have not received it now either.

Relatives tell us how much they would like to help by sharing information and experiences with care authorities. By and large, however, this is simply not appreciated by the therapists. Relatives feel powerless, and, in large measure, in the dark. There are no noticeable changes in this area between interview rounds.

Needs of families are not taken into account

That mental illness makes life difficult for the ill person's family is something most relatives agree on. Several had fallen ill themselves, or suffered marital breakdowns in

consequence. Relatives have problems too. They need help to cope as a relative to a psychiatric patient. Nothing, however, is done to address their needs. If relatives fall ill, they enjoy a statutory right to help, but then as a patient not as a relative of a patient. The system is not constructed, it seems to accommodate families and their requirements, though the system, in many ways, depends on them. Powerlessness is difficult to bear, and many are depressed by the hopelessness of the situation. We find much deeper levels of exhaustion in the second round of interviews than we noted during the first. The pervasive sense of resignation is also greater.

Relatives find the psychiatry sector's inability to "see" them extremely troubling. Without their help and support, psychiatry, they say, couldn't cope. And the message from our informants is clear. To avoid burn out – and the prospect of becoming patients themselves – it is time psychiatry started taking families seriously. Several mention relatively minor instances, such as advice about dealing with a mentally ill person, how much pressure he or she can take, opportunities for respite care. Taking a weekend off would ease the situation for many.

Children as relatives

Children of a mentally ill person are in a special situation. They rely on adults to explain the situation. When partners separate, one of them is no longer counted as a relative. He or she exists in a sort of "grey zone". Former "next of kin" have minimal access to information, and this can affect the children's situation as well. We therefore urge action to define responsibility in the care service for explaining the situation to implicated children.

Care personell (see chapter 8)

Through our interviews with care sector workers we obtained a picture of how the NMHP is viewed in terms of implementing measures and incentives.

The NMHP is important

NMPH is widely seen as supplying basic guidelines, and most agree that an effort has been made to comply with them, though some local authorities have done more than others . It is clear, however, that without the increased funding and resources the service would not have grown. At the same time, the necessity of making priorities has been emphasised. A large proportion of available resources are spent on the most demanding cases, providing sheltered accommodation and human resources.

Individual care plans drain resources

Individual care plans are a challenge. In general, while little had been done in this area at the time of the first interview round, by the second, care plans were on the agenda, though levels of implementation vary from municipality to municipality. Care plan preparation, we were told by several of our care worker respondents, cost a great deal, so much in fact that providing a care plan to every client entitled to one is simply unfeasible without more funding.

Participation is important and right

Our interviews with care sector personnel revealed a shared understanding of what participation means in practice. It is about giving clients detailed information on the

options open to them. It is about the importance of input from implicated parties concerning ways forward. There is consensus that participation is of prime importance, and anything else is unthinkable. It is necessary to engage with clients from the outset.

The concept of client participation and its implications were questioned by several of our care personnel informants, and we need to stress that their views will often differ from those of the clients.

Conclusions

The conclusions drawn here derive from a comparison of data obtained in two sets of interviews carried out at different times. It is this comparative aspect that allows us to detect changes over time, the result among other things of investments made in conjunction with the National Mental Health Programme (NMHP).

How do clients rate quality of care?

The government requires personnel to treat clients respectfully and attentively. Clients should feel the care sector takes responsibility for organising services for each and everyone.

Most of the clients we interviewed for this study had waited a very long time to get help, and felt enormously relieved when they finally succeeded. Adults and adolescents reacted similarly here.

When it comes to care of adult clients, opinions vary widely. Some benefited from multi-component therapy, others were offered nothing more than a course in medication. Patients in the two northern case municipalities tended to have fewer treatment options than patients in the two south-eastern areas. This disparity seems to have widened in the intervening years. Informants based in the two south-eastern municipalities are more satisfied today with the care provided. A couple of them say that they get all the help they need; care options have grown significantly in the last year or two.

Adolescents we interviewed were generally content with their current therapist, but because their problems went frequently unnoticed by public health nurses or school staff, they were referred to the proper medical authorities at a very late point.

Some patients in both the adult and adolescent groups had had more than one therapist. In the northern municipalities, care personnel came and went at a very high rate indeed. The ability of patients to cope with changes among their principal carers varies, of course. Some find it very difficult, others see the benefit of changing one's therapist – at least every now and then. Some of these respondents report better care after changes in personnel.

Several clients feel that nobody takes responsibility for them in the care sector. High care standards include according to our clients respectful and attentive concern, readiness to monitor progress and not to press responsibilities too soon on the patient. Flexible care options build a sense of security, knowing that more help will be available in critical periods of the illness. On the other hand, only a few of our informants have that sense of security.

Are clients involved in the design of their treatment programme?

There is an emphasis in the documents accompanying the NMHP on giving clients an active role in their own treatment. Clients should have an opportunity to shape their own treatment regime, and interventions should be planned in consultation with clients and relations. Clients have also a right to be informed and see their case records. Client participation should ease adaptation and quality of care, the ability of clients to cope and lead independent, empowered lives.

Clients we have interviewed feel it is both right and important to have a say in decision making about their own treatment, basically because they hope it will result in more personalized treatment. This is something about which adult patients in particular have thought. But most say they are not told very much about the treatment, and are not asked for their opinion.

Some members of the adolescent informant group have terminated psychotherapy in the time between the first and second rounds of interviews. For two of these, therapy was terminated by BUP (Child and Adolescent Psychiatry service), possible because it was "convenient" to do so when the therapist vacated the job. While the girls did not disagree with the decision to wrap up their treatment, not only did they feel they had no choice in the matter, they also felt under some compulsion to pull out.

Many informants are particularly interested in information about their condition and the options open to them. They want to know whether the current treatment is part of a targeted plan, and if it is, how. At the time of the second interviews, some of our informants were even more disillusioned than before about obtaining treatment which actually worked. Seeing no point in the treatment obviously has a strong effect on their motivation for treatment.

Responsibility groups could facilitate participation, but only a few of the clients in the study have an active responsibility group. What became clear during the final interviews was a particular form of participation in the care sector. If, for instance, a patient is averse to a certain type of intervention, their reluctance is used to justify reducing the level of care, rather being commended as a useful example of client participation, which boosts motivation for therapy.

How do clients rate service coordination?

Another key objective set out in the NMHP is to integrate and coordinate services. It envisages an integrated network of services for all persons with a psychiatric condition. Municipal services, secondary healthcare providers and other public sector bodies are expected to work together.

Despite good intentions, poor coordination and collaboration continue to hamper efficiency in the mental healthcare sector. Many of the clients we interviewed feel compelled to be their own service coordinators, and liaise between the various services. Some patients manage this liaising role quite well, or have relatives who do it for them. But they want certainty, knowing that someone will be there to help them if and when their condition deteriorates.

Clients with the requisite resources (despite poor health) have successfully lobbied their service providers and received wider options and forms of care. Those whose

condition, on the other hand, merits a place in a form of institution have most of their needs catered for by the care services – in terms of treatment options, leisure and occupational activities.

We also find clear indications of poor coordination between levels of the psychiatric service. This applies to both the adult and adolescent services. Regarding the latter, BUP seems to be unaware of the structure of municipal health services. Other people in positions of authority (teachers, for example), do not know what to do to enlist the services of the specialist health service. For adults, poor coordination is particularly evident in the failure of local authorities to monitor patients after discharge, or to provide patient information facilitating assistance from other welfare authorities, local and national.

Those of our informants with experience of responsibility groups feel they make a difference to coordination and collaboration. Between interview rounds several clients were allocated a responsibility group.

In what manner is the individual care plan requirement met?

The NMHP in general and ensuing policy documents in particular place great emphasis on the use of individual care plans for the mentally ill. A statutory right to such a plan exists for all in need of coordinated services over an extended period of time. The plan is meant to ensure coordination, continuity and clear lines of responsibility. Clients shall be involved in the preparation of their individual care plan. The authorities have stepped up efforts to implement the facility since the first interview round.

Only two of our informants had received an active care plan when we interviewed them first. By 2006, one more client had one. None of the study's adolescent informants have an individual care plan, but one of the girls does have a plan in connection with her school. To judge by the evidence in this study, the care sector takes it seems little responsibility to prepare individual care plans for these informants, despite their meeting the long-term illness requirement. A few adult clients are working on preparing a plan for themselves. Clients hope the individual plan will induce services to make a commitment, and give clients clearer therapeutic objectives. The informants who are working on an individual plan tell us that they have to do most of the work themselves, and with little help from care personnel. When the initiative and most of the practical work are left to the patient, their efforts will likely slow down or cease completely from time to time. So although there seems to be a stronger focus today compared with a few years ago, it still seems that much needs to be done before the individual care plan achieves the purpose envisioned for it by the authorities in the mental health sector. At this point, we have, however, to mention that our results are not representative in a statistical manner.

Care personnel confirm in interviews with us that implementing the individual care plan is a slow process. Such plans require large resources not only to prepare but follow up. Ideally, everybody in need of long-term coordinated services should get a plan, but this is impossible without significantly increasing available resources.

How do next of kin feel cared for by the care sector?

The ideals which govern work in the mental healthcare sector – as set out in various documents – see families as an important resource. Services should work together with families and give them necessary help and support. Families can be seen as clients of the services. Making sure children of mentally ill persons receive the help they need is underlined as a particular responsibility.

In the experience of this study's informants, the role of relatives or family remains completely unclear. Although many clients see the importance of information for and involvement of their families, the families themselves say virtually nothing is done to achieve these goals.

Relatives of adult patients receive very little information, and find that information they have on the patient is neither called for nor appreciated by care personnel. There are no procedures in place to attend to the needs of relatives whose own mental health, as a result of illness in the family, is in jeopardy. Many – both from the group of relatives and patients – say better information and family support measures would help prevent marital breakdowns and illness in the immediate family.

There seems to be a lack of following the procedures for informing parents of young clients, leaving them uncertain as to the best way of helping and supporting their sick child.

The second round of interviews indicated some relaxation of the definition of "next of kin", insofar as colleagues, friends, siblings and small children are drawn on as family members. But this is still the exception rather than the rule.

The final interviews gave a clearer picture of a group of people one could term "gray area next of kin". It includes ex-wives and ex-husbands, with a mentally ill child, or former foster parents who, in reality if not formally, have a lot of responsibility for their former foster child. Such situations are highly sensitive, of course, and it can be very difficult for people close to the patient who have no official right to information.

Recommendations

Clients and relatives who spoke to us during the course of this project are as different as people in general. They differ in age, family circumstances, and personal resources. Apart from sharing a psychiatric condition, clients have different diagnoses and are in different stages of their illness. Flexibility and willingness to make adjustments to fit individual needs are important ingredients in the treatment of psychiatric patients and of family care. Although it is difficult to offer general recommendations on the basis of this qualitative study, our interviewees did indicate certain issues in the psychiatric sector which leave, we believe, room for improvement. Because many of the features noted in the first round have not changed much in the intervening years, our recommendations today echo in the main those set out in the first report from the project.

–   One of the report's main findings is the lack felt by many clients of somebody with overall responsibility for them in the healthcare and welfare services. It makes them feel insecure, especially during critical stages of the illness, when they are often incapable of caring for themselves. Clients who are certain of being cared for if their condition deteriorates are very satisfied. One possible

way of meeting clients' needs could be to use the existing system of primary carers (or coordinators), while simultaneously clarifying responsibilities of primary carers in relation to clients.

- A strengthened primary carer role would also help clarify where responsibility lay for coordinating therapeutic and social services. This includes not only service provision by local authorities, but the need to synchronize the efforts of several levels. Many clients today have no coordinator, and it is up to themselves to liaise between the different elements of the healthcare system. Clearly, many clients – and their families – are unable to perform this role.

- The individual care plan has attracted growing attention in recent years, but few informants in this study have one as a basis for their treatment. The care sector must take responsibility for individual care plans, including responsibility to provide *information*, *initiate* the planning process, *draft* plans and *monitor* compliance. While in some cases it makes sense and would benefit the patient to have take some part in drawing up their own care plan, help must be on hand. They need to know that somebody is in charge of them and their plan during the difficult phases of their condition. The services must find the best balance between involvement and responsibility sharing on the one hand, and leaving everything to the patient, on the other.

- Many clients want their treatment defined in terms of objectives and purpose. Because they miss an overall plan, they find it difficult to motivate themselves for treatment. Clients should be told about their treatment programme and its objectives, for instance in connection with the individual care plan.

- An opportunity to take part in the design of one's own healthcare is welcomed as an important feature by a large majority of clients. Clients display a reflected attitude to and awareness of their own limitations regarding participation. Our impression is that care personnel could do more to let clients take part in decision making concerning care programmes.

- There appear to be wide variations in the types of care provided and supervision in the mental healthcare sector. The gaps separating the four local authorities in our study have widened over the past few years. While we are unable to draw definitive conclusions, there are reasons to believe that the size and geographic location of a local authority area, along with personal resources (of the patients and families) affect service oversight and synchronisation. Insofar as the authorities are averse to inequality in healthcare provision, steps should be taken to ensure greater equality, for instance by offering local authorities an incentive to work together across local boundaries, or by ensuring better oversight of service delivery in smaller municipalities. When it comes to personal resource inequalities, they are widened further by leaving patients and family members to organise care provision. If responsibility for each individual patient was completely transparent, it would doubtless lead to greater equality of healthcare provision and oversight.

- GPs appear to react very differently to patients with psychiatric complaints. While some offer medication, and an occasional referral to a specialist, others appear better prepared and more knowledgeable of the structure of local healthcare system. A more integrated approach to the treatment of people with

mental health problems also requires doctors to know what the local healthcare service actually provides.

– *The role of next of kin must be clearly defined.* In those cases where relatives and patients would like the family to be more closely involved, information, for instance, on the condition, its stages and prognosis and therapeutic side-effects should be offered at an early date. It would strengthen the sick person's surroundings alleviate the sense of powerlessness. It would help for the care services to discuss and reflect over who is covered by the term "next of kin" in various situations.

– The lives of many families are indelibly marked by the mental disorder of one of their number. It is a burden which, for some relatives, represents a heightened risk of illness. We believe a more systematic approach to dealing with the needs of families would help prevent these problems.

– Information for relatives of adolescents in treatment in the BUP service is often piecemeal. It appears to depend on the therapist and the family's ability to demand information. We believe coherent procedures need to be in place which promote the flow of information from care personnel to the families of clients of the Child and Adolescent Psychiatry service.

– A number of our young informants – not least those with ADHD-related conditions – have long histories of mental problems, often ignored by their teachers (or day care staff). This condition is usually discovered at an early age in boys, but this is not usually the case with girls with ADHD. This is confirmed in our study, even though it has to be remarked that we have very few informants. Still, there seems to be a need to educate teachers of all age-groups about the symptoms of mental illness, how mental illness affects children and adolescents, and what they can do to get help to the child when the necessity arises.

A Multifaceted Community in an Arctic Climate

A study of place and business development in Vardø
Lene Schmidt, Jon Guttu and Frants Gundersen
NIBR Report 2007:3

This report presents findings of a study on place and private sector development in Vardø. The project was intended to provide input and ideas for further debate. The State Housing Bank's branch in Hammerfest instigated the study. The bank is involved in place development projects in Vardø generally, and particularly in efforts to preserve the post-war building stock. Vardø has experienced a fundamental restructuring of the private sector, high levels of unemployment and depopulation. Out-migration means vacated homes and premises, putting an extra burden on the authorities to maintain the physical environment. A basic principle of our work here is that place development must proceed along several tracks simultaneously; measures targeting the physical environment and private sector need at the same time to take account of social and cultural factors. As the sociologist Guri-Mette Vestby said, place affects business, and business affects place. But adaptation is driven by human beings.

Method and analytical approach

While carrying out this study we investigated factual records of possibilities and challenges, including place analyses and municipal plans. The study is based on an urban planning approach, and involves studies of plans and government documents. The private sector analysis exploits data registered with the Central Register of Establishments and Enterprises (CRE). We have studied socio-cultural issues related to place development, and differing attitudes among different actors towards the town, its possibilities and challenges. In this sense, a place is not objectively given, it is a something about which opinions can vary. Such opinions and narratives are subject to change, something to which an increased stress on marketing towns and cities is testimony. In this area we analysed the town's self-representations published on municipal home pages and in tourism material. We interviewed figures involved in place development, including representatives of civil society. Since the project was aimed at invigorating the ongoing place development debate, we arranged a seminar in June 2006 at which we presented the preliminary conclusions of the project. We also invited people from Sweden to share experiences in connection with place development in Sweden and wider afield.

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Different views of the local community

In purely methodological terms we approached Vardø from two directions, and obtained from them different accounts of the place. While such opinions are likely to be rather black and white, we hope nevertheless they serve to illustrate the different positions.

Vardø's self-definition on the Internet and in tourist brochures tells us something about how the authorities and designers would like the place to be seen. These descriptions highlight the community's unique historical location. Web sites and tourist brochures are frequently the first place potential visitors look for information. These self-representations are analogous to our desire to manage outside perceptions. We try to look our best, presenting what American sociologist Erving Goffman refers to as the front stage. Events on the back stage are things we keep to ourselves. The web pages tell us about the "oldest town in northern Norway", and its exotic setting. Tourism brochures highlight trade with Russia (the Pomor trade), the Arctic environment and fishing. Both media are alike in some respects, different in others.

Arctic warmth – a multifaceted community in an Arctic setting

Our informants painted a slightly different picture of the town, however. They spoke of a warm, open community, hospitable, safe and good-natured, ready to accept people on the margins. Despite high unemployment, a large number of people were making an effort on behalf of the town. Many saw as its distinctive feature the geographical location, which historically helped promote a sense of solidarity, but also transparency, which can both be positive and negative of course. It shows how the physical environment, including the climate and relative isolation, affect efforts to enhance the cultural and social environment.

As tourists or visitors, we travel to see and enjoy new things and places. For us as planners, it was Vardø's unique setting at the mount of the fjord which impressed us. But while the buildings and streets were colourful, they were obviously in need of repair. Tourist brochures extol the striking setting, but are less forthcoming about the building stock and physical environment. Colourful, but rather neglected homes and streets, evoke a hard life, which our interviewees corroborated for, but also a community battling to survive. We saw the possibilities described in the place analysis, and the need for "a caring hand" to look after a multifaceted community, its homes and people.

This exotic setting, at "the edge of the world", can be construed as a common denominator of Vardø's physical environment, self-representation along with people's accounts of the town. Our impression was of a warm, stimulating community in an Arctic climate. There's a cold north wind, but "it doesn't get us down", they said.

Accounts of Vardø as an open, hospitable community are absent from its self-representations on the net and brochures. They are only apparent in contact with the locals. If the aim is to promote business and reverse depopulation, Vardø needs to improve web-based information for potential residents and business people. It would probably be to Vardø's advantage to advertise precisely these features more aggressively, if nowhere else than at least on the council's own homepages. Marketing

should concentrate more on the lives people live, instead of delving into the past and showing pictures of old houses, argues UK sociologist Murray. These are important qualities for people in Vardø and would be for people contemplating a visit or settling down here.

What sort of livelihoods can Vardø offer?

An analysis of the commercial structure based on the CRE (Central Register of Establishments and Enterprises) reveals few entries under the heading "other private services". There is clearly a potential here for new jobs. The sector tends to comprise one-man businesses. Localisation tends therefore to follow from the residential preferences of the proprietors. Vardø is a children-friendly place, and offers attractive homes. Both points deserve stronger marketing than they receive at present.

Vardø also lacks jobs in creative businesses. This is another potential growth area. As creative businesses employ highly qualified, creative individuals, commerce in general and the community in particular would both benefit from an effort in this area.

Fish-related competence figures prominently in Vardø. New businesses in the broader fishery sector would have a better chance of success here than in many other places.

Our study reveals little movement of businesses in and out of Vardø. People and enterprises clearly prefer to remain where they are, even during difficult times; evidence of the good working, business and living climate.

How do people rate the possibilities?

Opinions about what Vardø needs to do to prosper and where decision-making power lies are divided. While "everybody" agrees the fishery should continue as the main industry, there are diverging views on the industry per se and the best way forward for it to fulfil its cornerstone functions. On the one side there is "the establishment", that is, the business community and organised labour for whom the fishery offers a guarantee of Vardø's survival. They want the government to pursue a pro-active fishery policy, and are convinced government funding etc. is essential for growth. The local community itself should decide fishing quotas.

Others believe the fishery is important, but see it also as a basis for niche market products and other commercial ventures. In their opinion, the filleting factory with its 150 jobs will never return. They see tourism as a potential source of growth. The group comprises typical entrepreneurs, women and well-qualified people. They also noted the importance of education, one problem being the historical lack interest in promoting education in Vardø. You earned more working in the fishing industry than by getting an education.

Which strategies can be identified, and who has power and authority?

Entrepreneurs and enthusiasts are a valuable resource, but despite several seminars and workshops in Vardø, some feel the important decisions are taken behind closed doors. Enthusiasts need breathing space and open channels, as well as a transparent regulatory environment. Some say a blend of enthusiasm and community spirit facilitates action and new ideas. Youth and entrepreneurs represent a forward-

thinking resource, but people have to make an effort themselves. Some believe responsibility lies with "the others", the people with the power and authority to shape the future. The commercial and labour establishment look to parliament and its representatives, the others to the local politicians. These latter see themselves more as facilitators, and look to the private sector and private sector capital.

We found numerous local enthusiasts, and, indeed, some who find it difficult to get by. Lessons learned elsewhere suggest that initiatives by enthusiasts and entrepreneurs, combined with a sense of community, do result in new ventures. It might help to recruit outside assistance; they would have the benefit of seeing Vardø with fresh eyes and fewer ingrained preconceptions.

We also found a lot of local patriotism and pride, despite the problems. Local patriotism represents, in our view, an invaluable resource for promoting place development and for marketing Vardø.

Marketing and looking ahead

The importance of marketing and image building to places – as to commodities and services in general – will almost certainly grow. "All" townships, whatever their size, want to look good and attract businesses, jobs and people. There seems to be a contest to be known as the "capital" of something. Båtsfjord has set its sights on becoming the "fishery capital", and Karasjok the "Sami capital". In some connections, Vardø calls itself the "Pomor capital" and the "oldest town in the North of Norway". In others, it describes itself as a "fishery community" and "fishery centre". There's only room for one "capital", and until further notice, that label belongs to Båtsfjord.

Marketing must be truthful, of course, but it is possible to draw attention to a place's more positive aspects. "Developing Vardø" ("Vardø i Vekst") is the name of a local authority body tasked with promoting growth and development. But it illustrates a dilemma. It is supposed to evoke ideas of progress and expansion, both of which are viewed in a positive light. But by highlighting issues like unemployment and out-migration in an attempt to persuade the government to increase funding, as happened in autumn 2004, Vardø may have shot itself in the foot. It is difficult to extol growth and development while broadcasting in the same breath problems caused by depopulation. At the same time, there are obvious environmental qualities which are not highlighted in the marketing effort, and which therefore the town is not fully exploiting.

In light of work done on the place analysis and by the Vardø renewal committee, among other things, the need to improve the town centre is increasingly recognized as an essential step to make the town look attractive to others and to generate in the wider public a sense of pride in their home town. We miss therefore a wider presentation of Vardø's physical qualities, as set out in the place analysis, for instance as pictures on the municipal web pages. This is essential because we are all easy victims of "local snow-blindness", insensitivity to qualities staring us in the face. Seeing Vardø's qualities is the first step towards taking care of them. Some of our respondents, on the other hand, did find it paradoxical to "dress up and paint an empty shell" as they put it. Buildings need things going on inside as well, and jobs need to be created. Only then will resources be made available for future maintenance needs.

Growth, balance or shrinking towns?

Place development happens in three essentially different forms: there are places that are growing, places that are in balance, and places that are shrinking / facing depopulation. Rapid growth and out-migration can each cause problems for the housing market, technical and social infrastructure etc. Out-migration and unemployment result in empty homes and fewer services from the public and private sector. Vardø is in the same boat as many towns and peri-urban areas in Norway, and abroad. The shrinking town is something politicians are discussing in several countries, including Sweden and, not least, former Eastern Germany, but not, as yet, in Norway. Indeed, the term 'shrinking town' has been shunned like a taboo. Conversely, it is about making the right diagnosis or finding the most appropriate outfit. In terms of sustainability, balanced and slowly growing towns may well be the preferable option. The Città Slow movement illustrates one place development strategy balanced in favour of qualitative rather than quantitative growth. Slow or qualitative growth can create a range of new possibilities. In relation to the physical environment, rather than a compact urban policy a low-density approach would open up the town. Empty buildings and vacant land can be used in new ways to create, for example, open public spaces, affordable homes for young adults which (jobless) youth could renovate themselves. They have time on their hands! In relation to the business sector, qualitative growth means precisely to nurture distinctive local attributes. In relation to the cultural and social environment, qualitative growth directs attention to conditions under which children grow up, a safe housing environment, etc.

"Sprucing up the town"

We noted significant changes in the physical environment and the establishment of numerous business ventures over the eighteen months we spent studying place development in Vardø. At a June 2006 seminar, the mayor proudly announced that the town, with its new look, was "all spruced up" and had already attracted new business ventures. We see the same effect internationally as well. Change happens everywhere, even if the change in question is not necessarily synonymous with rapid growth.

Local Authorities' Administration of Government Housing Allowance

From the case officers' point of view
By Steinar Østerby
NIBR Report 2007:4

This report concerns governmental housing allowance, as seen from the angle of case officers in local administrations. In question is content and organisation of the local work with the allowance, interaction between this allowance and other instruments of housing policy, and case officers' views on current regulations and the practice of the Norwegian State Housing Bank.

The report is based on interviews with case officers in 18 Norwegian local administrations, including two wards of Oslo. The interviews have covered practices concerning governmental housing allowances in the various administrations, as well as interaction between these allowances and instruments of housing policy available to the administrations. Such instruments can be public housing, loans, grants or housing allowances given by the local administrations on certain terms. Loans and grants may be financed by the Norwegian State Housing Bank. We have also asked the case officers for their views on the housing allowances system as such, and for their possible suggestions for improvement.

The study is exploratory. Rather than trying to compile a representative sample of local administrations, we have seen to that size, region and the frequency of recipients of housing allowances and social security respectively, vary throughout the sample.

Findings:

Work organisation: We have found that reception and control of applications for housing allowance is located either in social service units, in units responsible for public real estate, or in units responsible for general contact with the public. The latter is advantageous insofar as this location may contribute positively in the process of controlling and correcting applications.

Resources: In most administrations the total work with government housing allowances amounts to less than one man-year labour. This generally relates to a fairly small number of applications. The average is approximately one man-year labour per 1.000 applications.

Public housing: All the administrations in the study use public housing to some extent. Rents in public housing seem to an increasing extent to be based on building and maintenance cost or market price. Some administrations however are set on using somewhat subsidised prices.

Local housing allowance systems: Approximately 10 % of the local administrations have local housing allowance systems. There are two main forms: Those that offer an extended coverage to people already awarded government housing allowance, and those that offer allowance to certain tenants in certain public or private residences according to specific regulations. Generally local and government allowances are coordinated by the local administrations, and often government allowance is paid to the administration and in turn deducted from the tenants' rent together with the local allowance.

Loans and grants: "Startlån" is a loan offered by the Norwegian State Housing Bank to local administrations for re-lending to citizens who have difficulty financing a modest home in the open market. To some extent it can be combined with housing allowance, most often for disabled or pensioners. For families with children, the maximum income limits of the housing allowance are such that recipients in most cases cannot be expected to be able to pay mortgages. In other cases housing allowance may be awarded due to temporary benefits, implying that their economic standing is likely to change within a few years.

Relation between case officers and the Norwegian State Housing Bank: Local administrations are generally content with support and cooperation from the Norwegian State Housing Bank, but some criticism pertains to how changes in the housing allowance system are set into practice.

Electronic applications: Electronic applications via Internet, which have been available through 2006, are rarely used and present no reduction in the amount of local work with applications. This is in part because even electronic applications require documentation to be handed in or sent physically to the local administration.

Suggestions for improvement: Case officers generally see the need to simplify the housing allowance system, particularly to the effect that conditions concerning the residence with respect to size, technical status, loans etc., should not vary between different groups of applicants. A possible change towards monthly rather than four-monthly acceptance of new applications is welcomed. Some are however concerned that this may require increased capacity.

By and large case officers feel that the maximum income limits ought to be higher and that the amount awarded to each applicant could well be larger.

The Tsunami Aid Delivery System and Humanitarian Principles

A view from five districts in Sri Lanka
By Marit Haug
NIBR Report 2007:5

This report presents the findings from a study on how the international aid agencies and Sri Lankan organizations and governance institutions worked together in the rebuilding process after the tsunami in Sri Lanka. Did aid organizations live up to humanitarian principles that state that international aid organizations should support and facilitate initiatives and activities in the affected country, rather than drive the rebuilding efforts in a top-down manner? A considerable body of knowledge exists about how this interface should be managed, but practice lags behind theories and principles in this area (ALNAP 2004).

The principal purpose of the study was to report back to the Norwegian funding agency and to the stakeholders during the rebuilding process and this was done in the form of reports and presentations at seminars in the districts and in Colombo. This report summarizes the reports that were compiled and describes the challenges, issues and dilemmas confronting the stakeholders in the first two years of the rebuilding process.

The aid delivery system was examined from a district perspective, rather than a national perspective. This vantage point was chosen on the assumption that a lot of the operational work involved in the rebuilding process would take place at the district level. In each selected district the study focused on the interface between international non-governmental organizations and three sets of organizations and institutions: sub-national governance institutions[1], Sri Lankan non-governmental organizations and communities and households.

–   *Sub-national governance institutions.* Donor agencies had emphasized that reconstruction efforts should be based on the principle of subsidiarity and consequently each reconstruction activity should be designed and implemented at the lowest competent tier of government[2]. Despite strong mobilization by sub-national governance institutions in the aftermath of the tsunami, very few

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[1] Governance institutions encompass the government administration and elected political bodies.

[2] The World Bank, Asian Development Bank and the Japan bank for International Cooperation (2005): Sri Lanka 2005 Post Tsunami Needs Assessment. Preliminary damage and needs assessment. Undated.

extra resources were allocated to them for tsunami work and their role was principally to facilitate the work of aid agencies. In this context, how did international aid agencies work with sub-national governance institutions in relation to coordination, planning, decision-making and implementation of programmes?

– *Sri Lankan non-governmental organizations.* According to humanitarian principles, international organizations should build on the capacities of local organizations. Yet they have been criticized for undermining local organizations by imposing their own time frames, conceptual frameworks and aid packages.[3] Whereas international aid agencies funded and gave technical support to many Sri Lankan organisations, relations between them were at times tense. How did the two parties perceive each other, and how did they work together?

– *Communities and households.* International humanitarian agencies should support the efforts of communities and households, involve them in aid management and be accountable to them. Non-governmental organizations are considered to be well placed to work closely with communities and households and to adapt support to needs and vulnerabilities. At the same time relief situations are characterized by pressure to deliver quickly and to spend money fast. How did aid international aid organizations resolve this dilemma?

Based on the framework above, four categories of stakeholders in the reconstruction process were identified:

– communities and households

– sub-national governance institutions (the public administration and politicians)

– Sri Lankan non-governmental organizations

– international humanitarian aid agencies

The study followed the rebuilding process over a period of one and a half years, from July 2005 to December 2006 and this time frame allowed for data collection from each stakeholder group two or three times.

Five districts were selected on the basis of a combination of affectedness and geographical spread: Batticaloa and Ampara in the east, Hambantota and Galle in the south and Jaffna in the north.[4] While the tsunami had a devastating impact on all these districts, in the north and the east the tsunami came on top of the destruction caused by two decades of the armed conflict that had come to a halt with the Cease Fire Agreement signed in February 2002. Galle and Hambantota are predominantly Sinhalese. Jaffna and Batticaloa are predominantly Tamil, whereas the coastline of Ampara is inhabited by Muslims and Tamils.

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[3]For an early and classic critique of humanitarian aid see Harrell-Bond, B. (1986): Imposing aid: emergency assistance to refugees, Oxford University Press, Oxford

[4] Kalutara in the western province was dropped after the first phase of the study because few aid agencies worked in the district. As the conflict escalated, the research team was not able to complete data collection in Jaffna.

The study findings are based on:

–   in-depth interviews with over 200 politicians and public officials (July 2005, March-June 2006 and November 2006).

–   a survey of 85 Sri Lankan aid organizations (July 2005).

–   interviews[5] with more than 100 of the largest Sri Lankan and international non-governmental organizations (December 2005 – March 2006, December 2006).

–   a household survey of the affected population in six districts[6] (July 2005).

–   five community studies where participatory methods, in-depth interviews, mapping and a households survey were used for information collection (March 2005-October 2006). One community from each district was selected. The household survey included four communities because the community in Jaffna could not be reached for security reasons at the time of the survey (July 2006). A community in this context refers to a settlement of around 250-300 households, coinciding with the lowest administrative unit under the Grama Niladhari, the local administrative officer. In the cases of Ampara and Jaffna the selected villages are part of small towns. The survey covered 840 respondents.

The Norwegian Ministry of Foreign Affairs funded the study that was carried out by the Norwegian Institute for Urban and Regional Research with researchers from four regional universities in Sri Lanka – the University of Colombo, the University of Ruhuna, South Eastern University, the University of Jaffna – and consultants.[7]

What did aid agencies deliver?

When the tsunami struck on 26 December 2004, it directly affected a narrow coastal strip of Sri Lanka with the most severe damage being inflicted on the heavily populated semi-urban east coast. The impact of the tsunami killed an estimated 35,000 people, 95,000 houses were partially or fully damaged, and the livelihoods of 150,000[8] families were affected. Public infrastructure, including roads, hospitals and schools, was damaged. Yet the impact of the tsunami was localized in that it did not have any considerable impact on the economic performance of the Sri Lankan economy. The tsunami was first and foremost a human tragedy.

With the massive amount of relief aid being delivered immediately, the emergency needs for food, medicines and shelter were met quickly and rehabilitation assumed priority. After the relief phase – during which the affected people were housed in public buildings or with friends and family – attention shifted to shelter. According to figures from the Task Force for Rebuilding the Nation (TAFREN), more than 50,000 temporary shelters were built within six months, exceeding the government's

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[5] The ten most important agencies in each district (budgets and impact) were selected based on the survey results and also on consultations with the coordinating bodies in each district

[6] The first phase covered six districts.

[7] NIBR is responsible for the contents of the report. The views expressed in the report do not necessarily correspond with those of the Norwegian Ministry of Foreign Affairs.

[8] The Ministry of Finance and Planning and the Reconstruction and Development Agency (2006): Post-Tsunami Recovery and Reconstruction. December 2006.

stipulated requirement for transitional shelter (Shelliah 2005). Despite the excess of temporary shelters, almost 3,000 families remained in camps whereas the remaining families lived with their extended families, friends or in their damaged houses. The majority of the affected people were fishermen and people employed in fisheries-related sectors. The fisheries sector received the bulk of the immediate aid, and by the end of 2005 government statistics indicated an oversupply of boats.

The tsunami response was unique because of the abundance of funding committed by private and public donors. According to the Tsunami Evaluation Coalition (TEC) total funding was over US$ 7,100 for every affected person.[9] The tsunami precipitated a massive mobilization of Sri Lankan and international actors. Individuals, priests, non-governmental organizations, the military, local government officials (Grama Niladharis, Divisional Secretaries and District Secretaries), politicians (Provincial Council Members, Pradeshiya Sabha Members and Members of Parliament), tourists and international agencies contributed in a unique collective effort. During the first two weeks after the tsunami, people in the immediate environment were the most important aid providers. The affected population reported that they had received aid from relatives (45%), neighbours (37%), the temple (32%), the church (15%), individual philanthropists (15%) and the mosque (8%). [10]

Affected households received aid in cash and kind also from foreign philanthropists, largely from tourists (Galle) and from philanthropists from the Middle East (Ampara). Remittances from abroad were important in the communities in Ampara and Jaffna. Affected households in Ampara had received aid from relatives and family members who worked in the Middle East, while those affected in Jaffna had received assistance from relatives based in Europe. The support reflected the extensive degree of social and economic linkages between communities in Sri Lanka and countries in many regions of the world.

The massive national relief effort crossed ethnic and religious boundaries. Tamil and Muslim households in Batticaloa and Ampara on the east coast reported having received aid from Sinhalese in Kandy, Kurunegala, Kegalle and Colombo, and Buddhist temples provided aid to affected Muslims and Tamils in the conflict-affected district of Ampara. This concern and mobilization contrasts starkly with the politicized nature of earlier relief efforts to help the war-affected population since the start of the civil war in 1983.

Fifteen to forty national and international organizations and institutions had provided assistance in each of the five local communities included in this study.[11] Civil society – including religious institutions, national and local non-governmental organizations, government agencies, companies, the military and the Liberation Tigers of Tamil Eelam (LTTE), political parties and international organizations – delivered aid. Almost half of the actors who provided aid were professional aid agencies. Six to eighteen Sri Lankan and international aid organizations had assisted in the communities. However, support from each aid organization seems to have

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[9] Tsunami Evaluation Coalition: Synthesis report: Executive Summary. July 2006.

[10] Data from the household survey in July 2005.

[11] From December 26 2004 to October 2005.

been narrow in scope and coverage, resulting in inequitable distribution of aid. For instance, despite the high number of aid interventions in each community, households report that they had received support on average three to four times.

Who delivered aid?

The government's strength was its outreach. The coverage of the donor-funded cash payments of Rs. 5,000 that were distributed to all affected households three to four times was high. Housing grants distributed through the government also scored well on coverage. The government assisted with practical problems such as the replacement of documentation that had been lost in the tsunami while facilitating access to aid delivered by aid agencies, for instance permanent housing. Perhaps due to its outreach, the government comes across as the most important aid provider in the July 2005 survey, whereas the in-depth community studies give less credit to the government and more credit to non-governmental organizations. The affected population was ambivalent about the role of the government since some public officials were unresponsive to complaints from the public and others were corrupt.[12] The survey results from July 2006 demonstrate that the government had retained its position as the major aid provider in the two war-affected communities in east (above 50% of aid delivery cases[13]) while voluntary organizations dominated aid delivery in the two communities in the south (above 60% of aid delivery cases).

Sri Lankan non-governmental organizations were quick to respond and had reached almost half of the affected population four weeks after the tsunami. They continued to deliver aid consistently, and their role was particularly important in the south where they were the most important aid provider measured by the number of aid interventions received by households[14]. The affected population appreciated their way of working closely and consistently with communities but criticized corrupt practices and partiality in some cases.

Compared to the coverage obtained by Sri Lankan aid agencies, the outreach of *the international aid agencies* was slightly lower. Four out of ten respondents reported that they had received aid from international aid agencies by the fourth week after the tsunami, but six months after the tsunami the outreach of the international aid agencies was significantly lower than that of Sri Lankan aid agencies. The survey results one year later (July 2006) confirm this picture, with the exception of the most severely affected Ampara district where international organizations had provided aid in 26% of the cases. Not surprisingly, the impact of the work of the international agencies was particularly strong in locations where international agencies had focused their attention and had delivered aid through a multi-sector approach rather than

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[12] Data collected through participatory methods in five communities (October-November 2005).

[13] The percentages are based on the number of 'cases' of aid received by each household. Each household reported what kind of aid they had received in response to one of the survey questions (July 2005). The answer is a rough measure of aid provision that does not take into account the value of the aid received. This measurement is more useful for comparison between households and districts than for assessing exactly how much aid households received.

[14] They had delivered aid in 33% and 44% of the cases in the two communities in Galle and Hambantota. In Batticaloa they had only delivered aid in 11% of cases and in Ampara in 19% of cases.

through focusing on one sector. It is also important to note, however, that many international organizations funded Sri Lankan aid agencies.

Due to the abundance of funding and to equity considerations many aid organizations began to include new target groups such as poor and war-affected households that had not been affected by the tsunami. Some agencies said that as many as 30% of their beneficiaries were poor people who had not been affected by the tsunami. A significant number of the aid agencies planned to continue with development interventions in the tsunami-affected districts after completion of their tsunami-related activities. These interventions included long-term projects, for example income generation, capacity development and development of public infrastructure.

The role of international agencies

The Sri Lankan government welcomed international aid agencies and they were invited to play a major role in reconstruction. The Centre for National Operations (CNO) that was replaced later by the Task Force for Rebuilding the Nation (TAFREN) and eventually by the Reconstruction and Development Agency (RADA) was set up to *facilitate* the work of international aid agencies, to set standards and to monitor progress. International aid agencies signed MoUs with RADA, for example for house construction or for the delivery of boats. Later the authority to sign MoUs was transferred to the District Secretaries[15] at the sub-national level. The affected districts through the District Secretary subsequently reported to RADA.

Hundreds of international aid agencies contributed huge amounts of funds, both directly to households and communities and through Sri Lankan organizations and the government. They provided transport facilities and logistic support to move large amounts of aid within a short period of time. Some had well designed intervention methodologies in their field of expertise – for example some had expertise in the construction of temporary shelter, but many lacked experience in construction of permanent houses. Livelihood projects were often implemented through Sri Lankan organizations.

The principles for humanitarian aid delivery set the following standards for aid delivered by international aid agencies:[16]

− Affected people have a right to receive aid, and humanitarian organizations have a right to offer aid based on *needs and vulnerability*.

− Aid agencies should respect culture and custom and should build on the capacities of local communities, organizations and government structures.

− Beneficiaries should be involved in the management of aid.

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[15] The District Secretary is often referred to as the Government Agent (GA) and is the administrative head of the district administration.

[16] Code of Conduct for the International Red Cross and Red Crescent Movement and NGOs in Disaster Relief (1994). See also the Sphere project at www.sphereproject.org. The list is not exhaustive.

–   Aid organizations should be accountable for financial performance and
     effectiveness to the population whom they seek to assist.

Moreover, the voluntary sector is believed to have certain strengths with respect to
how aid is delivered to affected households and communities. Usually the 'value
added' of voluntary agencies is assumed to be:

–   closeness to communities

–   ability to reach marginalized and vulnerable households

–   capacity to forge partnerships with voluntary agencies in the recipient country

Was aid based on needs and vulnerabilities?

The presence of numerous aid agencies caused competition for projects and
beneficiaries. Moreover, aid agencies faced difficulties matching allocation of
resources and services with household needs and vulnerabilities. Aid was not
effectively targeted, much of the aid was of low quality, and aid was provided in a
standardized manner. A number of reasons beyond the control of aid agencies
combined with weaknesses in aid agency methodologies caused inequity.

Targeting affected households was a complex process in which all the stakeholders –
including the affected population, community organizations, Sri Lankan and
international aid organizations, the government and politicians – pursued their own
interests. Ineffective targeting resulted in gaps, overlaps, inequity in aid delivery and
reduced impact. Inaccurate beneficiary lists, ineffective community organizations,
political interference and weak coordination and information management made
targeting difficult.

Problems with beneficiary[17] lists and beneficiary selection
The selection of beneficiaries has been the most contentious issue in the process of
allocating aid to households. Aid was delivered on a 'first come first served' basis in
the relief phase – 'to those who stretched out their hands and cried'. There was a
rush to deliver, and beneficiary lists were not available or ignored. Later on lists of
beneficiaries were compiled by the Divisional Secretariats[18] but the process of
compiling beneficiary lists was highly contested and politicized. Public officials
tended to put the blame on manipulation by beneficiaries, beneficiaries blamed
public officials for accepting bribes and bending to pressure from politicians, and
politicians referred to demands from their constituencies.

To overcome the problem of inaccurate beneficiary lists most aid agencies consulted
community representatives and local officials to gather first-hand information about
their losses and needs. They subsequently cross checked the information with the
lists compiled by the Divisional Secretariats. This process of checking information
was time-consuming, particularly early on before agencies acquired knowledge about
the communities. The time and effort spent by aid agencies suggest that many of

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[17] There is an ongoing debate on the most appropriate term for referring to the affected population.
The term beneficiary is used here because it was widely use by the aid agencies. A rights-based
approach would refer to them as 'right holders'.
[18] The Divisional Secretariat is the administrative unit one level below the district administration.

them did not have adequate methodologies, tools or the necessary knowledge of the communities to collect information effectively and to target and tailor aid according to needs and vulnerabilities.

Inequitable distribution by community-based organizations
Inadequate monitoring of aid allowed malpractices and corruption to flourish and undermined accountability to local communities. Communities accused community-based organizations of partiality and of favouring friends and relatives of board members. Whereas community organizations distributed less valuable items equally between members, they often allocated valuable goods such as boats, fishing nets and bicycles to committee members and their informal networks. Others were left out, at least initially. These concerns suggest that community organizations were not inclusive or representative of the diverse needs and interests of the communities. At the same time aid agencies tended to base their work on the assumption that they *are* inclusive and representative. When asked why they continued to deliver through community organizations despite the problems Sri Lankan organizations argued that there were no alternatives to using them as a channel.

Politicization of aid: from unity to political patronage
Politicians from all parties agreed that immediate relief was provided in a non-politicized manner and that there was collaboration across party political lines and across ethnic divides. As time passed and the initial sense of unity evaporated, political patronage re-emerged in aid distribution as politicians diverted resources to supporters, for instance by including them on beneficiary lists. Politicians became fiercely competitive for control over aid resources distributed through the government machinery. Politicians admit to the politicization of aid, but blame it on political pressure from their constituents.

What is commonly referred to as 'political interference' reappeared as aid distribution became politicized. In Galle, for example, the three largest political parties – the opposition United National Party (UNP), the Sri Lanka Freedom Party (SLFP) (the party of the President at the time of the tsunami and the largest government coalition partner) and the Janatha Vimukthi Peramuna (JVP) – blame each other for having brought party politics into the delivery of aid. Political interference led to a waste of time and resources as well as to delays in project implementation as initiatives were changed or blocked to suit party political interests. For example, in cases where the Provincial Council was under the control of the government and the Municipal Council was under UNP control, the opposition UNP members say the government prevented them from implementing rebuilding projects. In UNP-run municipalities, supporters of opposition parties were allegedly discriminated against in aid allocation.

Coordination: too little too late
Coordination took place through formal *district coordination meetings*, both multi-sector and sector-specific. The multi-sector district meetings were chaired by the District Secretary or the Additional District Secretary. [19] Weekly meetings were held at the beginning, but as time passed and needs changed meetings became less frequent. After some time, the United Nations Office for the Coordination of Humanitarian

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[19] The District Secretary is also often referred to as the Government Agent, GA, and is the administrative head of the district administration.

Affairs (OCHA) started to provide technical support for the District Secretary through the convening and follow-up of meetings. Many of the public officials who were interviewed praised the role of the District Coordination Committees convened by the District Secretary[20]. The committees were a useful arena for bringing together public officials and aid agency representatives for discussions of common issues. However, these committees did not have any decision-making powers and functioned as meeting places for information sharing and networking.

Especially early on in the process the *Divisional Secretaries* were the main contact points between the agencies and the government. Aid organizations liaised with the Divisional Secretaries for needs assessments and for selecting locations. Later on agencies relied on the Divisional Secretaries for beneficiary lists. Divisional Secretaries also introduced agencies to relevant public officials and provided information pertaining to government regulations and requirements as well as facilitating the approval of plans, authorisation and permits. Having a good working relationship with the Divisional Secretaries became a matter of priority for many agencies, and many supported the Divisional Secretaries informally – for example by providing much-needed office equipment. In addition to the district level coordination meetings, divisional level meetings took place. Divisional level meetings were mostly multi-sectoral, but for a huge and complex task such as temporary house construction in Ampara district sector meetings were held at the divisional level.

A *lead agency model* was developed at the district and divisional levels to facilitate coordination. The lead agency provided technical support for coordination meetings, and meetings were often chaired by the lead agency. At the district level lead agencies were in charge of sectors, and most lead agencies were international. At the divisional level the lead agency usually had multi-sector responsibilities. The lead agency model combined the resources of the Sri Lankan government administration such as intimate knowledge of communities and strong informal networks with the modern technology of the humanitarian organizations such as the use of email to call meetings and distribute minutes.

Measured by gaps and overlaps, it is evident that coordination had been a problem in all districts. Poor participation in coordination meetings, lack of aid agency and government experience, the dominance of English as the language of coordination, and differences in culture and approaches to coordination have made coordination a frustrating exercise. Despite a fairly comprehensive institutional structure agency views on coordination were mixed. Chaos reigned in the initial relief phase and the imperative was to deliver as much relief as possible - as quickly as possible. Some agencies argued that better coordination in the relief phase was unrealistic and that coordination was reasonably good in the rehabilitation phase. Others argued that coordination was weak during the crucial early months and that poor coordination persisted, particularly in the livelihood sector. However, coordination improved when the number of active agencies was reduced, when informal coordination became commonplace, when tools and practices were tested and when humanitarian agencies and the government gained experience.

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[20] The District Secretary is accountable to the government in Colombo and is the administrative officer in charge of the district administration.

Information management

The lack of household level data on losses, needs and allocation of aid was a barrier to aid effectiveness throughout the rebuilding process. Information management is a complex area that requires the inputs of professionals with a combination of information management skills, computer skills, and knowledge of the aid delivery system. Aid agencies and the government initiated several projects to overcome the lack of information, but requirements for accurate information, the sustainability of information collection efforts, and adaptation to the needs of different users were never fully satisfied. Initiatives have often not fulfilled the expectations and requirements of aid workers in the field, and the lack of accurate information became a stumbling block to speed, fairness and equity in aid distribution and to community consultation.

Many aid agencies failed to collaborate with the village level administrative officer, the 'Grama Niladari', who could have helped in identifying beneficiaries and in coordinating at the village level. From the very beginning the Grama Niladhari had been active in information collection at the village level, but they became marginalized and did not receive any additional resources or training. The role of the Grama Niladhari became restricted to serving as an information provider for the Divisional Secretariats.

Aid standardization

Initially aid agencies delivered aid in standard packages, without considering specific household needs. The affected population was concerned that dry rations were provided in fixed quantities, with for example large quantities of flour being distributed to households that preferred rice. Also livelihood support was at the outset based on standard interventions rather than on support adapted to household needs. Push cycles, fish boxes, weighing scales for fish traders, toolkits for masons and carpenters, sewing machines, seeds and animals, utensils (paddy boiling pots, food preparation machines etc.) and flour grinding machines/blenders were often provided without regard for the household's pre-tsunami occupations and their opportunities for making use of the support. The same households had in many instances received the same standard intervention several times. Sometimes households would ask for the standard items although they did not need them, i.e. sewing machines, because this is what they expected the agency to provide. Credit facilities often did not address issues such as loss of collateral and inability to pay high interest rates. As a result many small businesses and home-based economic activities had not been restarted. However, as the rebuilding process shifted to rehabilitation and development, several non-governmental organizations began to diversify their livelihood interventions in response to differences in household needs and specific household vulnerabilities.

Standardization turned out to be a problem in the shelter and housing sector as well. Temporary houses were standardized and not for example adapted to the need to accommodate extended families. With respect to permanent houses many said they wanted to make adjustments to make them more culturally and practically suitable to the needs of individual families. In particular many of the resettlement schemes were based on standard designs, yet important requirements could have been met if small adjustments had been allowed for. For instance, some wanted flat concrete roofs that

would allow for a new floor later on rather than sloped roofing that would make building another floor more complicated and costly.

Quality of aid
Communities complained about the quality of aid, and the problem persisted throughout the rebuilding process. In the relief phase many households found that the flour included with the dry rations was of sub-standard quality. Boats had been distributed without nets and engines, or without the appropriate nets. In other cases their sea worthiness was poor. Toolkits for masons and carpenters were often of low quality or the sets were incomplete. Even though many temporary houses were of excellent quality, poor quality was a concern in some areas. Due to poor quality and severe delays in the start-up of the construction of permanent houses in several districts, many temporary houses needed upgrading. Some aid agencies concede that they were not aware of internationally-accepted standards (such as the Sphere standards) and that their priority was to build as many temporary shelters as possible as quickly as possible. They also blamed delays in the provision of government guidelines. Guidelines were not made public until the construction of temporary houses was well under way in all districts and completed in some.

Poor quality was caused by a number of factors such as i) the imperative to deliver quickly to meet urgent needs and to spend a large amount of funds within a short period of time, ii) lack of knowledge about international quality standards combined with delays in standard setting by the government, iii) contractors who were corrupt and who did not deliver according to the specified requirements, and iv) lack of involvement by the future users of the aid – for example boat owners or house owners. Some agencies had paid special attention to quality and had for example spent well above the average budget on temporary housing, producing temporary houses supplied with water, sanitation facilities and electricity.

Participation by affected communities

Practically all aid agencies strongly believed that participation was desired. According to the guidelines for humanitarian organizations, the rationale for participation is to ensure that aid is based on needs in order to avoid dependencies and to reduce future vulnerabilities to disaster. Immediately after the tsunami, participation was defined primarily as *information sharing* and *information collection*. Firstly, aid organizations began to provide information about events and programmes through the display of posters and handouts as well as at public meetings. Secondly, most agencies collected information from communities in the form of surveys or more ad hoc cross-checking of beneficiary lists. Perhaps due to the ad hoc nature of many of these efforts, complaints persisted. Often the affected population had not been adequately informed about the distribution of relief items, and as a result many were not aware of the time and venue of aid distribution. Delays in the delivery of inputs to restart livelihoods or in the progress of housing projects were not conveyed to communities in an adequate and systematic manner. Many organizations did not adopt transparent and objective criteria for the selection of beneficiaries. Whereas most agencies agree that consultation was superficial in the relief phase, almost all the agencies reported that they consulted extensively with the communities after the first frenzied phase. Consultations included formal participatory assessments, repeated visits by agency

staff for discussions with formal or informal community representatives, and discussions with the local government officials.

Beneficiary participation in *project implementation* was common. However, participation tended to be limited to contributions in the form of labour, for example clearing of building sites for house construction. A number of agencies involved the affected population in the choice of house designs as well. Agencies believed that active participation by beneficiaries would reduce dependencies as households were mobilized to actively contribute to recovery efforts. Other aid agencies referred to efficiency arguments and believed the active involvement of affected households would keep costs down. Yet others believed that participation would ensure that aid was matched with needs, for example in cases where households were presented with a choice of house designs for their new house. Moreover, aid agencies encouraged participation to ensure transparency and accountability to the affected communities.

Participation in project implementation ensures the involvement of the affected population in the aid delivery process but does not include them in decision-making on allocation of resources and services. The involvement of the affected population in decision-making was minimal. For example, should aid be delivered in the form of cash or kind? Did people prefer to stay in their pre-tsunami homes or to be resettled? How much support did they really need to rebuild small businesses? Moreover, there were no effective sub-national political bodies that could function as arenas for discussing broader issues and for setting priorities for the tsunami rebuilding process in the districts. However, it should be noted that as the rebuilding process got under way a number of initiatives were taken by donors to strengthen the capacity of the Municipal Councils to deliver services.

Sri Lankan stakeholders, particularly politicians, expressed concerns over the aid agencies' weak *accountability* to affected communities. Aid agencies attempted to address this concern through mechanisms such as the publication of beneficiary lists, sharing information with the Divisional Secretaries, and closer consultation on resource allocations with communities, but the problem persisted. On their part, the affected population often complained to public officials, and a large number of appeals were made to the local level government institutions – in particular to the Divisional Secretariats. Communities also demanded accountability by raising concerns directly with community-based organizations, non-governmental organizations and international aid agencies. For example when community based organizations were found guilty of corrupt practices, villagers confronted them directly in some cases, whereas in other cases they were too scared to do so.

Accountability was weak for a number of reasons:

– The tsunami relief and rehabilitation operation was driven by the need to deliver goods and services as quickly as possible. Other concerns, such as establishing mechanisms for accountability and transparency were secondary.

– The affected communities were not organised but people rather competed with each other to access as much aid as possible. Much of the aid was delivered directly to beneficiaries or through community organizations that generally had weak capacity, and functioned primarily as instruments for receiving aid. They had neither an interest in, nor the capacity to make demands on aid agencies.

- Sub-national political bodies did not function as effective arenas for planning and decision-making concerning the tsunami rebuilding process. Traditionally the local level political bodies in Sri Lanka have a limited role and few resources. After a few weeks the role of local level politicians became reduced to bringing the grievances of the affected people to the attention of the government and aid agencies. These interventions were often construed as political interference by aid agencies and government officials.

- The coordinating bodies set up by the aid agencies and the government functioned as information sharing bodies and not decision-making bodies.

Support to sub-national governance institutions

Sri Lanka is endowed with an institutional structure that reaches out to each village. The government administrative service covers the country comprehensively; similarly voluntary organizations exist in every village. Although government institutions and civil society organizations in the north eastern part of the country were used to humanitarian crisis after two decades of war, the south had little experience in disaster management. Almost all the Sri Lankan officials and aid workers recollect how they worked day and night for the first three months after the tsunami, mobilizing extra resources and putting aside all other non-essential work. According to the international principles for aid delivery, the challenge for the international aid agencies was how to support those efforts already under way.

Donors started a number of programmes to address the lack of resources that hampered the effectiveness of government institutions at the sub-national level. As a result of these programmes government institutions had been provided with transport facilities, office equipment and technical staff for instance through the CADREP programme[21], and government officials in the south said the available resources were sufficient (early 2006), whereas in particular the shortage of technical officers continued to be a concern in the east.

Apart from the involvement of the District Secretaries and the Divisional Secretaries in conducting coordinating meetings, significant involvement of other public officials in the recovery process was restricted. Key public officials such as the director of housing, the director of planning, the Samurdhi[22] officers, and the social services were often not adequately briefed on the tsunami rebuilding issues. Whereas effective coordination between aid organizations and sub-national government institutions was the objective of the relief and rehabilitation phase, the development phase required multi-stakeholder planning through a process that needed to go beyond information sharing and consultation. The production of the Integrated Livelihood Development Plans was an attempt to improve planning through a process that involved important stakeholders in the livelihood sector.[23] Yet some aid agencies worried that the limited involvement of governance institutions in planning and decision-making processes in the districts is likely to reduce the long-term benefits of

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[21] The CADREP (Capacity Development for Recovery Programme) programme that was implemented by UNDP contributed to this outcome.

[22] Samurdhi is a social security programme

[23] Different institutions produced the plans in close collaboration with ILO and RADA.

the tsunami aid since government institutions have not been prepared to take over public facilities (for example health and water sanitation sectors), staff does not have the technical capacity, and budgets are not in place to pay for running costs.

Support to Sri Lankan non-governmental organizations

According to the survey of Sri Lankan non-governmental organizations, four of five had worked with their 'tsunami communities' before the tsunami. The strength of the Sri Lankan organizations has been their capacity to work closely with communities and to mobilize community-based networks for volunteering, and many also raised funds in Sri Lanka that enabled them to remain active throughout the tsunami rebuilding process. The affected population valued aid agencies who had set up offices in close proximity to their villages and who had employed staff from their own communities. These two factors facilitated access to aid agencies. Although the involvement of Sri Lankan non-governmental organizations in the capital-intensive housing sector was limited, they made a significant contribution to the construction of temporary shelters. A majority of them had also been involved in the livelihood sector, often in partnerships or with funding from international aid agencies.

After the initial rush had subsided, many partnerships were formed between Sri Lankan non-governmental organizations and international aid agencies. After six months, approximately 50% of the international aid agencies reported having a local partner. As many as 75% of Sri Lankan organizations had more than one donor of which 32% received funding only, while 41% said they had established broader collaboration in the form of partnerships (July 2005). The majority of the Sri Lankan organizations had contracts of more than two years with their donor or partner.

Sri Lankan organizations assessed their partnership with international donors positively. Donors were helpful to them in numerous ways and provided infrastructure facilities and training for capacity building as well as information and advice. International aid agencies equipped Sri Lankan counterparts with novel techniques and tools for better institutional and financial management. The capacity-building programmes consisted of training in management, accounting and reporting, but some agencies also provided training on substantive issues such as child rights, conflict sensitivity, marketing, mobilization of aid recipients, savings and credit management, leadership skills etc. Some organizations said they wanted more training on methodologies introduced by international partners.

Despite the positive assessments by Sri Lankan organizations little informal interaction took place between international agencies and local organizations because of language and cultural barriers. The lack of informal coordination between international and Sri Lankan organizations, increasingly common among international aid agencies, constricted the international aid agencies' knowledge of the local organizational landscape. Different working methods (for example a confrontational style versus a non-confrontational style, preference for informal versus formal interaction), languages, and conceptual frameworks created problems in mutual understanding. Because international donor agencies controlled funding, cultural differences were exacerbated by power relations. As a result, donor agencies dominated the aid discourse. Nevertheless Sri Lankan organizations received a boost, and most of those that received funding were strengthened rather than undermined by international actors.

With the phasing out of their international partners Sri Lankan non-governmental organizations face the challenge of how to sustain their programmes. In order to address this challenge many have started or expanded savings and credit programmes based on revolving funds. However, these new initiatives have clashed with international aid agency programmes that disbursed grants and credit without a savings component, and Sri Lankan organizations blame international agencies for undermining their programmes. Others have set up cooperatives that bring together occupational groups, while some have approached the private sector and have been able to raise funds from companies.

Support to community based organizations

After the initial rush, many aid agencies began to shift from a household-based to a more institutionalized approach whereby livelihood support was provided through community-based organizations. Membership in community organizations increased aid satisfaction, although to a limited degree. Community organizations were useful as:

– forums for consultation

– instruments for resource mobilization

– conduits for grant and loan programmes

– managers of community projects

– control and monitoring agents

While a minority of aid organizations opted to work with existing community-based organizations in the villages combined with investing in furthering their capacities, the majority of the aid agencies had decided to form their own community organizations, causing such organizations to mushroom in the tsunami-affected areas. The affected population worried that this phenomenon would undermine the existing organizations that had been functioning well in their villages for a number of years. Micro-credit organizations were particularly vulnerable to competition from community organizations that provided grants.

Sri Lankan organizations criticized donor agencies for acting with rush and urgency, for imposing unrealistic targets and timeframes, and for not investing sufficiently in capacity-building programmes. They argued that effective partnerships with community-based organizations required long-term investments, but that donors were often not prepared to commit funding for the long term. Funding agencies expected community-based organizations to apply objective criteria to beneficiary selection, to engage in the systematic planning and management of aid, and to adopt participatory and transparent methods of monitoring. However, despite the relatively long history of community-based organizations in Sri Lanka, spanning more than three decades, and their capacity to mobilize the affected population in a voluntary manner, their capacity to work as formal organizations with well-defined intervention methodologies, formal procedures for electing leaders, systematic accounting and regular meetings is often very low. Moreover, small organizations, often deeply embedded in local communities, had experienced that language barriers and lack of organizational capacity prevented them from approaching international donors.

Impact of aid: lessons learned

In many ways the reconstruction process in the south was a success. Much of the house construction was completed early and a lot of support was provided in the livelihood sector. In the east and the north rebuilding was disrupted by increasing tensions and conflict. Nevertheless one and a half years after the tsunami a majority of the households observed that their lives were characterized by feelings of hopelessness, uncertainty, unhappiness, discomfort, fear and anxiety. Very few households in the four communities said that their lives had returned to normal. The prevalence of these feelings and perceptions across different economic strata, indicate that aid had not been effective in addressing the well-being of the affected people. Yet it is interesting to note that the community that reported the highest levels of well-being had also achieved the fastest rate of completion of the construction of permanent houses.

One and a half years after the tsunami household incomes were lower than before the tsunami (July 2006). A total of 60% of households reported a reduction in monthly income, and the majority of the respondents felt their socio-economic status had fallen. Households had fewer income sources than before, there had been a shift towards casual labour, and many households had not been able to resume their previous income-generating activities. However, the reconstruction also offered opportunities for employment. These factors indicate that many remained vulnerable one and a half years after the tsunami – despite good overall recovery.[24]

There were no significant differences in satisfaction levels between different income groups, between the sexes, or between the young and old. However, households without male adults of working age (female-headed households) were less satisfied, but the difference was small. These findings suggest that aid agencies had been relatively successful in targeting female-headed households. Individuals with academic degrees were least satisfied. One possible explanation is that this group had better access to information about the large amounts of funding available and had higher expectations of benefits. Households with unemployed members were more satisfied than others. Perhaps those who owned few assets before the tsunami and who managed to get access to valuable resources, for example a new house were better off after the tsunami than before.

Early on communities complained that aid distribution was unfair, in particular for more valuable items such as boats, bicycles, sewing machines and permanent houses[25]. Residents believed that aid delivery was systematically biased against households that did not have the capacity to negotiate access to aid with aid agencies. The community perception was that the genuinely affected households and the real victims had not received their fair share. Households that were poor before the tsunami and households that suffered after-effects from the tsunami, either physically or emotionally, lost out in the aid allocation process. For example, families who had been affected by loss of family members were often not able to attend when aid was distributed or to take the time to meet with agencies, whereas extended families were

[24] Good progress in income recovery was also noted in the ILO surveys, see for example: ILO (2005): Third Needs Assessment Survey for Income Recovery (NASIR 3). A survey sponsored by the ILO. October 2005.

[25] Data from October 2005.

in a position to use multiple strategies for accessing aid. These perceptions are supported by the survey data. Households with disabled members had been less successful than others in recovering pre-tsunami income levels and small families (one to three members) were less satisfied with aid than larger families. Inequity in distribution created tension and conflict in communities as families fought over access to aid, although these tensions were reduced over time. Later on aid agencies began to target the poorest more systematically and data from July 2006 show small differences between income groups in terms of the support that households had received.

Lessons from house construction: cash transfers and the 'buffer zone[26]*'*
The single most important factor that explains aid satisfaction is residential circumstances. Households that had built a new house on the plot of land where their old house had been before the tsunami, reported the highest level of aid satisfaction (80%). Most of these households had rebuilt their own houses with donor funding channelled through the government. Households that had been resettled in new houses reported much lower levels of aid satisfaction (46%). This finding reaffirms the high human costs involved in resettlement. Only between 30% and 40% of households that lived in camps, in temporary shelters, with friends and relatives, and in renovated houses reported that they were satisfied.

There were three models for house construction:

–   *Owner driven model:* The affected household was provided with cash grants in instalments (Rs. 250,000 to rebuild a fully damaged house and Rs. 100,000 to rebuild a partially damaged house). Donor funding for this programme was channelled through the government. This was the most widely used model, and this type of funding was made available for households that wanted to rebuild their houses in the pre-tsunami location.

–   *Donor-driven model*[27]*:* Aid agencies and other charitable organizations built houses for the affected population. Generally contractors were employed for construction, and the beneficiaries had a choice of three to four house designs. Sometimes beneficiaries also provided some input in the form of labour.

–   *Community-based model:* In this model, design, finances and house construction were handled by community organizations. This model was rarely used in Sri Lanka, but when used it enabled aid agencies to build low-cost houses.

Two years on there had been a shift from the donor-driven to the owner driven approach and from the use of contractors to payments of funds for construction directly to owners. The community-based approach had also gained popularity. Other agencies had begun to select contractors with a proven track record or smaller and cheaper contractors. In part the shift was due to a realization of weaknesses inherent in the use of contractors:

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[26] The 'buffer zone' was the term used for the policy that restricted people from moving back to areas close to the sea. The width of the zone varied from 100 meters in the south to 200 meters in the east.
[27] This model was also referred to as the relocation model.

- the low quality of work often delivered by contractors
- corruption
- the high costs involved in using contractors
- limited possibilities for adapting houses built by contractors to the present and future needs of the families
- the management of the relationship to contractors was perceived by aid agencies as difficult and time-consuming
- the use of contractors reduces participation by the affected households
- the legal aspects of the work was time-consuming

Data on aid satisfaction show that beneficiaries were more satisfied with cash grants than with a house donated by aid agencies.[28] In part the difference in aid satisfaction between those who received cash grants and those who received new houses from aid agencies is due to dissatisfaction over resettlement. Cash-grant households rebuilt their houses on their pre-tsunami land, whereas the households that received a new house in many cases had to move to resettlement schemes. The success of the cash-based approach depended on timely and effective monitoring and on availability of funds to build a complete house. However, due to the disruption of house construction resulting from the war, it has not been possible to fully assess the merit of the cash-based versus the contractor-based approach.

One and a half years after the tsunami, 66% of households whose houses had been completely destroyed had received new houses or cash grants for reconstruction.[29] Many of the remaining households had been promised new houses but had not received them yet while 28% of households that were not entitled to this support had received support.[30] These findings suggest that the targeting of affected households had been a problem.

The introduction of the *100-200 meter zone* slowed reconstruction efforts in numerous ways. The introduction of the zone initially meant that over 50,000 families were compelled to shift from their original locations to new land[31]. The construction of new houses on new land was a complex technical, bureaucratic and social process. Lack of suitable land for resettlement, problems in identifying beneficiaries, and changes in government policies were common problems that caused delays.

The 'buffer zone' population's situation was further aggravated when they moved to new houses outside the zone. Disruption of social networks, negative impacts on livelihoods, and delays in the provision of community and public infrastructure were common problems in the resettlement schemes. Moreover arrangements had not been made for the transfer of ownership of the land. Consequently the value of those new houses as collateral for loans was much less than the corresponding value of

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[28] The data is from the two communities in the south where both types of housing aid had been received.

[29] Figures from the four communities.

[30] The households had *not* been deliberately included on the grounds that they were poor.

[31] Following the reduction of the zone, the authorities revised the figure to 36,000.

their former houses located within the 'buffer zone', except for households that had lived in temporary shelters and on encroached land. Restrictions also applied to the sale of the houses. The 'buffer zone' population showed their frustration through low levels of aid satisfaction.

Lessons from the livelihood sector: targeting and tailoring[32]

Effective targeting of the households turned out to be difficult because aid agencies did not have access to reliable household data on losses, needs, and delivery of aid. Furthermore, effective livelihood interventions were hard to design because support had to be tailored to needs and vulnerabilities at the household level, often with community organizations as the mediator between aid agencies and households. Poor targeting of aid was recognized early on as a major weakness in the delivery of aid in the livelihood sector, and problems were initially documented in the fisheries sector. Despite acknowledgement of the problem, poor targeting has persisted. In July 2006 34% of households reported that their economic activities had been affected, but only 41% of those economically affected households had received livelihood assistance in the form of cash or kind. A total of 45% of households that had *not* been economically affected had received this form of support. This means that coverage was almost the same among affected and non-affected households. One explanation for the mismatch could be that housing damage had been used as criteria for livelihood support rather than the impact of the tsunami on livelihoods.

Community-based organizations were an important tool for aid delivery in the livelihood sector. One out of two were members of community-based organizations, with more members among the relatively better-to-do. A troubling finding is that almost two-thirds of the population who classified themselves as 'very poor' were not members of community organizations. Survey findings show that households that received livelihood assistance had higher pre-tsunami incomes than those who did not receive aid, with the exception of households in one of the communities.[33] On average members of community-based organizations earned more than non-members before as well as after the tsunami. Because the poorest and most vulnerable tend to be mobile, scattered and unorganized, aid agencies need to invest time, effort and resources to reach them.

Support provided by non-governmental organizations tended to be in the range of Rs. 10,000 to 40,000. For businessmen who had been running medium-sized businesses, the amounts they were offered were not sufficient for them to restart their livelihoods. Moreover, aid agencies did not adequately address household level barriers to the resumption of activities. The physical injuries or psychological problems many suffered from after the tsunami continued to hinder a number of families from engaging in their previous economic activities.

Extensive local displacement also impacted negatively on local economies. Displacement was exacerbated by the government's policy of resettlement that was

[32] For a more detailed discussion on livelihood recovery see: Haug, M. and C. Weerackody (2006): Delivery of tsunami aid for livelihood development at the community level, in Paul Steele ed.: *Livelihoods in post-tsunami Sri Lanka: building back better?* Institute for Policy Studies Working Paper Series No 10, Colombo

[33] The mean income of those that received livelihood assistance in Batticaloa was lower than those that did not receive assistance (survey July 2006)

given tacit approval by aid agencies through their construction of resettlement villages. The policy of resettling the affected population from the coast to 'tsunami villages' affected livelihoods in a number of ways: many found it more difficult to find work and to travel to work, whereas others lost their markets and pre-tsunami economic links were disrupted.

The use of cash versus kind

Most of the cash grants for *house construction* or renovation of an old house had been spent on the agreed purpose. Practically all families in the east reported that they had used the assistance for either renovating or rebuilding their houses. In the south a considerable number of households had spent the money on other purposes, mainly because households had received more support in the south – often from both the government and aid organizations. Some had even received a new house in addition to cash support. The owner driven housing programme has been called a success with the main problem being that Rs. 250,000 was not enough for the construction and the original funding scheme had to be supplemented by other sources.[34]

Cash grants were the most highly valued form of *livelihood* support in three of the four communities.[35] Of the respondents, 40% had spent the livelihood cash grant on economic activities while 26% had spent the grants on other purposes – for instance to obtain medical treatment and to settle past debts[36]. Whereas 58% of the households in the high income group (above Rs. 10,000 per month) had spent cash grants on economic activities, only 32% in the lowest income group (less than Rs. 5,000 per month) had spent cash grants on generating income. This finding suggests that cash grants are only spent on economic activities after more immediate needs have been met.

Tsunami aid, ethnicity and war

In a way the story of the tsunami recovery is two stories. One is the story of the south, and the other is the story of the north and the east. Six months after the tsunami aid satisfaction varied considerably across districts. The highest level of satisfaction was reported from the Tamil community in Jaffna (80% were satisfied) and the lowest from Ampara (18%). The opinion of those in Batticaloa in the east was equally divided. With the escalation of the conflict in the north and the east this picture changed[37]. In July 2006 aid satisfaction was low in the village in Ampara (32%), albeit an improvement compared to the earlier. Aid satisfaction in the village in Batticaloa was reduced to 10% due to the impact of the war on the progress in the housing sector. The survey results showed that in the two villages in the south the majority was satisfied with the aid they had received.

Many Tamil and Muslim politicians accused the government of being partial in the distribution of resources, favouring its own Sinhalese constituency in the south of

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[34] The Ministry of Finance and Planning and the Reconstruction and Development Agency (2006): Post-Tsunami Recovery and Reconstruction. December 2006.

[35] The community in Jaffna could not be reached at the time and hence the survey included two communities in the east and two in the south.

[36] The rest had either spent the cash for both purposes or they had not spent the cash yet.

[37] The data sets are not directly comparable because the first survey was based on a representative sample from the districts whereas the second survey covered all affected households in four villages.

the country at the expense of Tamils and Muslims in the most heavily affected east of the country. These perceptions indicate that the government failed to ensure an inclusive rebuilding process, effectively reinforcing ethnic divisions.

Do the differences in aid satisfaction reflect inequity in aid distribution across districts and communities? All ethnic groups received roughly the same amount of support during the first six months. During this period households report a surprisingly consistent pattern of interventions across ethnic and religious groups. However, with the start of house construction, differences in aid satisfaction grew between beneficiaries of housing cash grants in the east and in the south. Over 60% of the recipients of housing cash grants in the south reported that they were satisfied with aid, in Batticaloa 25% were satisfied and in Ampara 37% (July 2006). The differences in aid satisfaction between recipients of cash grants for house construction reflected the slow progress of completion of houses in the east compared to the south.[38] Another factor was that cash grants from aid agencies and charitable organizations were more common in the two communities in the south than in the east.

Several factors may explain the difference in aid satisfaction between the south and the east. The war turned the situation around for Tamils in Batticaloa – from optimism to despair. In Ampara a combination of topographic, geographical, political, administrative, and institutional factors explain why rebuilding has been slow. All these factors reinforced each other to produce a crisis in the reconstruction process in Ampara, manifest in the low level of aid satisfaction and in a feeling of neglect and discrimination expressed by politicians and civil society leaders. The institutional structure for aid delivery also differed. Sri Lankan organizations delivered most of the aid in the south whereas the government delivered most of the aid in the east. Membership in community organizations was much higher in the south (90% in Hambantota and 79% in Galle) than in the east (31% in Batticaloa and 28% in Ampara), a reflection of differences in the prevalence of community-based institutions. Civil society organizations in the east had been weakened due to the war, and aid delivery to communities was subsequently made more difficult.

Recommendations

The recommendations below are concerned with how aid agencies can strengthen their efforts to support households, organizations and governance institutions after disasters and how donors can facilitate the work of humanitarian organizations.

Realistic timeframes
Realistic timeframes should be established at the outset of operations to enable agencies to adopt appropriate methodologies that allow them to operate according to the principles for the delivery of humanitarian aid. Time frames should be assessed in each case, for example on the basis of the type of intervention that is needed (life-saving versus reconstruction) and the relevant category of emergency (conflict versus natural disaster, recurring natural disasters versus one-off disasters).

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[38] Acccording to government figures the completion rates for owner driven houses were: Galle (69%), Hambantota (79%), Ampara (17%) and Batticaloa (28%). Progress in the donor driven scheme was also slower in the east.

Aid agency methodologies

Aid effectiveness and positive impact depend on *how* aid is delivered. Agency applications and programmes should be assessed not only by objectives and outputs, but also by the agency's approach, methodologies and tools. Effective methodologies and tools for targeting, consultation, participation, quality control, transparency, accountability, and monitoring are crucial for successful aid delivery.

Explore the use of cash

Aid agencies should further explore models for the use of cash. Cash support transfers control from aid agencies to the affected population and empowers them to become their own aid managers. Households are often better positioned than aid agencies to make informed spending decisions and to ensure that goods and services meet quality standards. Vulnerable groups may need extra support in addition to cash.

Monitoring

Aid agencies should improve the monitoring of humanitarian aid to minimize corruption, to improve targeting, to ensure quality and to increase the usefulness of aid. Monitoring should be integrated with organizational learning systems. National governments should also monitor aid agencies to ensure that aid agencies meet performance criteria and that aid agencies are accountable and transparent.

Geographical focus

In order to improve their knowledge of communities, organizations and institutions aid agencies should prioritize quality relations with a small number of households or communities over superficial relationships with a large number of households or communities. Knowledge is required to implement the humanitarian principles. As an additional benefit a more selective approach would ease coordination problems.

Coordination and information management

Effective coordination depends on access to timely, accurate and relevant information. The interface between coordination and information needs further study. Donors, governments and international aid agencies should allocate resources for the development of tools and human resources in this area. Models for collaboration between government and aid agencies should be developed based on best-practice cases.

Joint planning and decision-making with sub-national governance institutions

International agencies should work closely with sub-national governance institutions in order to reduce gaps and duplication, to improve planning, and to help build local competence to sustain interventions in the long term and to ensure that preventive capacities are built as an integrated part of the rebuilding efforts. Flexible funds to meet resource requirements at the sub-national governance level should be made available by donors. Planning and decision-making is not a simple exercise but it is an extremely complex process. This report has tried to highlight these complexities by describing the diversity of actors, their different perceptions, processes that affect decision-making and resource allocation, and effects of aid on different actors etc. These complexities need to be reviewed, mapped out and incorporated into planning and decision-making processes.

Collaboration between international, national and local aid organizations
Effective collaboration between international aid agencies, national and local
organizations should build on an explicit recognition of the strengths and weaknesses
of the each organization. Coordination frameworks should be structured to ensure an
equal playing field, for example by allowing for the use of local languages. The
prevention of new disasters and the sustainability of interventions depend on the
creation of effective links to existing local economic and political processes.

The Norwegian Cultural Heritage Fund

An evaluation
By Ragnhild Skogheim, Sigrid Skålnes and Marit Ekne Ruud
NIBR Report 2007:6

We present in this report the results of an evaluation of the Norwegian Cultural Heritage Fund (*Norsk kulturminnefond*). The evaluation sought to ascertain the degree to which the Fund thus far has met the expectations and intentions of the founders. The themes of this evaluation therefore include the background to the Fund's establishment, its development, external relations and challenges. We estimate performance by looking at project allocations and outcomes, attitudes to the Fund and its impact.

Data derive from document studies, including national documents and the Fund's own documents; from interviews with key informants at the Fund and its environment; statistics on all applications and awards by the Fund; and finally a survey of applicants. We have also carried out a detailed study of the Fund in two counties, and more broadly in selected counties in Northern Norway, Western Norway and the Oslo Fjord region.

Main findings

Since opening in 2002, the Norwegian Cultural Heritage Fund has created a well-functioning organization with what seem to be viable procedures for dealing with applications, providing information and working with the governing board. The Fund's management arrangements are transparent, decision making is open and verifiable. The Fund's homepages provide important information on what the Fund does and application procedures. Relations between the management and governing board are good; a group of specialists assesses applications, an important quality assurance mechanism in the project selection process. According to owners of historical monuments and/or cultural heritage sites and others, assistance provided by the Fund is useful, and they benefited particularly from contact with the Fund during the application process. The Fund enjoys good relations with relevant NGOs, county councils and others.

It is too early to say whether the Fund has achieved its objectives – it is after all only four years old. But if we judge by its accomplishments to date and the direction it has staked out, we can say that the Fund is already taking action which in the longer run will facilitate the realisation of these objectives. So far, the Fund has supported 245 projects. Many are relatively minor projects, or ideas for which funding was otherwise unavailable. The Fund has also reached many, thanks not least to the

county cultural heritage authorities. Potential target groups are increasingly aware of the Fund, which is a good situation in with the imminent and significant enlargement of the Fund's allocation budget from 2007.

Target groups and target accuracy

The Fund has a keen eye for hitting the target insofar as it reaches individuals, organisations, foundations and others who own cultural monuments and heritage sites. We have no reason to say on the basis of our data whether the Fund has supported impractical or unfeasible projects, but certain project categories are underrepresented, i.e. projects related to *documentation*, *information/public relations*, *parks and landscapes* and *pathways and tracks*. An obvious explanation would be a low percentage of applications in these categories. But if the Cultural Heritage Fund would like to improve performance in these areas, it should perhaps consider outreach work to inform relevant target groups about the types of project for which funding is available. It would mean more work for the management, and also require closer collaboration with the county councils.

It should be as easy for "Mrs Everyman" to get in touch with the Fund and apply for funding as for more professional stakeholders. The secretariat works hard to provide relevant advice and assistance – the web pages explain each section of the application form, and there are a couple of completed forms for applicants to study. During the course of this evaluation, the application form underwent simplification. Applicants still need however to submit a specified form to be in the running for funds. Whether this new version is better than the old ones is something the Fund should assess at some future date.

Regional bias

The Cultural Heritage Fund's catchment area is regional, and project funds are allocated to projects by county. Project approvals demonstrate a strong statistical bias towards certain regions and counties, however, with Møre og Romsdal coming out as the most successful county, and Vestfold the least successful. Projects from regions and counties in Northern Norway, parts of Western Norway and Oppland are significantly more likely to win approval. A natural explanation would be that the Fund is less well known in some parts of the country.

The findings also show the importance of a close relationship between county councils and the secretariat, as indeed the county-wise project approvals attest. County councils offer information about when inquiries deal with conservation and cultural heritage issues. When the Cultural Heritage Fund was established, no special responsibilities or duties were delegated to the county councils, but the Fund requisitions archaeological assessments from county authorities in connection with application processing. So in a sense, the county councils do play an important role, in addition to making the Fund more widely known. County councils' engagement here depends on available resources, and in several counties it is clearly difficult to give priority to applicants and projects over the longer term, despite good intentions.

What do applicants say about the Cultural Heritage Fund?

Judging from our survey, the owners of the cultural monuments and sites are the active parties. That is, they initiate contact with the Fund, often on information

obtained locally, where local culture authorities and, not least, county cultural heritage authorities, are important stakeholders. The Fund is praised for the quality of its information and, in particular, its web pages. That said, likely applicants may not know much about the Fund or its purpose. Indeed, at least half our sample knew nothing about the Fund when they started planning their project. Although some of these plans were under way before the Fund came into existence, the Fund is not necessarily widely known among owners of cultural monuments and heritage sites.

We asked people why they had chosen to lodge an application with the Cultural Heritage Fund. For most respondents it was because without public funding, their project would have been impossible, and the Fund seemed the most likely place. Again, county councils are clearly playing an important role as mediators between applicants and the Fund.

Unsuccessful applicants are significantly more likely to criticise the application form. This may indicate difficulties with the form itself: some are "experienced form fillers" and find it easier to complete the form than the less experienced applicant. But whether a project is turned down by the board because the applicant had failed to complete the form as required, or because the project seemed impracticable is difficult to say.

The sums applied for vary widely, from a few thousand to half a million kroner (about 2–300€ to about 60,000€). There appears to be a demand for grants of various sizes. Comments appended to unsuccessful applications by the Fund are sometimes difficult to decipher; and one third party told us that the Fund's grounds for rejecting his particular project were simply incomprehensible. There are doubtless several explanations, but there is clearly a need to explain in understandable terms why an application is rejected. More resources would be needed, of course, but applicants would be better informed. Despite what to some is clearly a difficult procedure and incomprehensible letters of rejection, unsuccessful applicants do not give up at the first hurdle.

Challenges ahead

There are several problems the Fund will need to tackle as it moves forward. Oversight and control of funded projects must be improved, especially in the light of the Fund's impending portfolio expansion. County councils, and other autonomous stakeholders, could conceivably help the Fund in this area.

The Fund should also consider commissioning work from the county councils, given the Fund's own limited management resources. And little has been done to establish joint ventures with non-public stakeholders.

The board should discuss the Fund's responsibilities and jurisdiction

The Fund feels constrained by its articles of association, which require among other things the Fund to spend one third of its earnings over time on listed cultural monuments. The board should consult with the Ministry of the Environment to clarify the Fund's jurisdictional boundaries and responsibilities on the one hand and those of other cultural heritage bodies on the other.

The Fund's articles of association place the entire cultural heritage sector under the Fund's jurisdiction, "including churches of cultural and historical value". If one wants to see the Fund increase allocations to church-related projects, one should consider allocating more money to the Fund itself, earmarked especially for churches of cultural and historical value.

Subsidy Model Within the Framework of the Housing Grant

An evaluation of the revised model
By Rolf Barlindhaug and Per Medby
NIBR Report 2007:7

The subsidy model within the framework of the housing grant

The combination of, on the one hand, the housing grant (boligtilskudd), which facilitates the procurement of municipal rental housing, and, on the other, the housing allowance (bostøtte) given to tenants of municipal rental accommodation, is called the subsidy model within the framework of the housing grant (subsidiemodellen for boligtilskuddet – see the Government White Paper on Housing Policy: St. meld. nr. 23 (2003-04)). The review of the White Paper led to proposals to amend the subsidy model to give precedence to the housing allowance (consumer support) over and above subsidies (housing grants, investment support). It was done by increasing the housing allowance for tenants in municipal rental accommodation from 70 to 80 per cent of the difference between approved and reasonable housing expenses. Following these adjustments, the size of the grant (investment support) for the construction or purchase of rental housing for the disadvantaged was set at 20 per cent of the building costs or purchase price.

These adjustments of the subsidy model were meant to achieve four objectives:

- Facilitate a better supply and demand balance
- Cut costs of procuring rental accommodation
- Prevent rental housing turning into a poverty trap
- Increase flexibility by aligning subsidies to tenants rather than properties

Evaluation of the revised subsidy model

The Ministry of Local Government and Regional Development asked the Norwegian State Housing Bank to commission an evaluation of the revised model. In consultation with the State Housing Bank, NIBR has given precedence to a theoretical discussion of the current subsidy model and later amendments to it. We ask the following questions:

- Is the purchase/construction of municipal rental housing likely to be affected by changes in the subsidy system?

Working Paper 2008:101

- What will be the likely effect of lowered grants on the balance between the municipalities self-owned housing and housing that the municipalities are renting?
- Would it be possible to compensate a smaller grant ratio by increasing the housing allowance, thus increasing the supply of municipal rental accommodation?
- Do local authorities, independent of the state housing policy, feel responsible for providing housing for the disadvantaged?
- And how does local autonomy in housing policy mesh with central government micro management?

The revision of the subsidy model favours instruments targeting the consumer, rather than investment support. The State Housing Bank wanted NIBR to establish the revision's impact on supply and demand of rental housing. One of the key dimensions of the analyses concerns therefore the rent-setting formulas used by the various local authorities.

Approach and operationalisations

We propose and refine two perspectives or models of the municipality as a housing policy actor: a market perspective and a needs-based perspective. We discuss both in light of their various components and relations between them. We focus on the connection between the scheme's objectives and how its instruments are designed.

The evaluation includes an additional empirical study carried out in twelve local authority areas. The lessons of these municipalities give the theoretical discussions greater relevance. We visited and interviewed municipalities where the housing grant has been used extensively to procure rental accommodation, both before and after the revision. We probe in particular views on the changes. One thing should be borne in mind, however: these local authorities are not representative of local authorities in general in Norway. Half practise a municipal housing allowance scheme, and most of these are in high-density areas. The rent-setting formulas for municipal rental housing in these municipalities are probably more closely aligned to the market than in smaller, more rural communities. The twelve municipalities in our sample manage, on the other hand, 35 per cent of all municipally managed rental housing in Norway.

Our operationalisations lead to an emphasis on the following questions:

- Has the supply of municipally managed housing grown faster than would have been the case without the revision?
- Has the revision accelerated procurement of housing in the existing housing market, instead of building new housing, which costs more?
- Has the revisions impact on the composition of the municipal stock of rental accommodation facilitated greater supply side flexibility (whereby local authorities can quickly adjust supply to changing demand structures)?
- Has the revision constrained or liberated options open to tenants of municipal rental housing as a result of amended rent-setting formulas and greater

emphasis on consumer-based support?

The report discusses in a dedicated chapter housing policy objectives and the part played in this connection municipal rental housing. The municipal rental market in Norway is small, comprising about 4.5 per cent of total housing stock. It is meant to provide temporary accommodation for the most deprived groups and permanent housing for people unlikely to succeed in the private rental market or as home owners.

Analyses of the use of grants and allowances in municipal rental housing

The State Housing Bank gave NIBR access to data on housing grant use in the years preceding and following the system's revision. We have also had access to data on council house tenants that receive a housing allowance. Data on all local authority areas have been useful mainly as a backdrop to findings emerging from the interviews of local authorities in the twelve case municipalities.

Since the 2005 revision, fewer properties have been bought and built with investment support than in the preceding two-year period. Looking at the distribution of grants to house building and purchases, the construction percentage was 62 in 2003–06. The ratio seems to fluctuate year on year, possibly effected by variations in municipalities' requirements. After the 2005 revision, accommodation for refugees and the homeless fell rapidly and housing procured for the disabled and disadvantaged grew. The local authority as an applicant, in contrast to foundations or private actors, is more common since the revision, whether we use dwellings or projects as the unit of measurement.

Almost 80 per cent of housing allowance recipients in municipally managed rental housing are elderly and/or disabled. There is little variation by type of municipality, but the proportion of elderly and disabled rises with decreasing municipal size.

Rents in municipal rental accommodation, with housing allowance recipients, grows with the size of the municipality. The difference between the smallest and largest municipalities in 2006 was about NOK 1,000 per month; average rent was just in excess of NOK 4,600. Nationwide, the rent paid by 30 per cent of allowance recipients was higher than the approved housing cost ceiling (taket for godkjent boutgift). After received state housing allowance, average rent falls to slightly above NOK 2,500. At the same time, the gap in net rent between largest and smallest municipalities had narrowed to about NOK 300. The state housing allowance is clearly helping to narrow the gap between high and low rent households. Received housing allowance resulting from the ten per cent coverage increase gave an average rise in monthly allowance rates of NOK 209 in 2006. Nationwide, the increase amounts to NOK 118m for the year 2006.

Investment grant and housing allowance for rental housing in other countries

Selected features of the housing market, especially the rental market, and housing subsidy schemes in Sweden, Denmark, the UK and the Netherlands are dealt with in a separate chapter.

The size of the non-commercial rental sector varies widely from country to country. There are also significant differences in design, i.e. whether the sector targets the

public at large or concentrates on particular low-income segments. Any evaluation of these subsidy models needs to take these differences into account. Norway has the lowest percentage by far of non-commercial rental housing of the countries we have studied. Norway, in common with the UK, is also the only country with a non-commercial sector targeting specific segments.

As the sector fulfils different purposes in different countries governments everywhere have been abandoning investment support in favour of consumer-centred support. That said, it is seldom we find the policy pursued to its limits. Support is still given to promote the building of non-commercial rental housing, but less than before. Norway is almost unique in supporting the purchase of housing in the existing housing stock, though it occurs marginally in the UK.

The impression we gained is that other countries regulate more readily than Norway rent-setting in the non-commercial sector; all of the countries have revised their rent-setting formulas in recent years, severing them from historical levels or costs. Market factors are taken into account more often as well: this is especially apparent in some Swedish municipalities. Our review of other countries' schemes gives few pointers of practical use to the Norwegian subsidy model. None of these countries' models combine investment and consumer support in the non-commercial rental sector.

Interviews with twelve local authorities on post-revision developments

We investigated in the interviews allocation and management of municipal rental housing, the need for rental housing, and the type of housing needed. We also explored the gradual restructuring of the municipal housing stock as new dwellings are acquired and parts of the existing stock sold off. We describe in brief the formulas for rent setting, allocation and type of contract. We show how local authorities integrate the state and – where applicable – municipal housing allowance schemes are integrated with local social housing policy.

While municipalities adopt various approaches to rental sector management, most appear to separate allocating/acquisition from management. In some municipalities allocator and manager work closely together, in others less so. When the allocating body is separate from the social/welfare service, the manager collaborates with the allocating body. Allocation is done either for all municipal housing units at once or by setting up allocating bodies to service various client categories.

Accommodation for the economically and socially disadvantaged comes with a three-year fixed-term contract, with opportunities for renewal and after a fresh means test. The idea is to use accommodation as a stopgap measure on the way to full integration in the private rental market or homeownership.

Most local authorities admit to needing more municipal rental housing, a need made apparent by work on social housing action plans. These plans inform longer-term housing policy at the local level. Refugees tend to need sizeable accommodation – particularly after family reunions. Individuals with a dual drug/psychiatric diagnosis and "inactive" young adults in relation to the education system and labour market are two client categories that reportedly are on the rise.

Restructuring of the municipal rental stock

One frequently noted concern among local authorities relates to the restructuring of the municipal stock of rental properties. These concerns are closely linked to government policy and local councils' housing policy. Rental housing stock in most municipalities has grown over decades: standards and locality tend therefore to echo municipal needs of the past.

The process of restructuring will take many years to complete, and the local councils involved in this study had prepared implementation programmes based on their social housing action plans. Some properties are to be sold off and new bought or built. It is difficult to achieve a rapid restructuring of parts of the stock because tenants sit with fixed-term contracts. Many tenants in municipal rental housing are elderly and/or on benefit.

Many councils sell property both to thin out concentrations in certain areas and because they are impractical and require high maintenance. Issues include size and falling short of modern requirements for disabled tenants. Some councils also sell property in housing associations to residents to help them along in their housing career. However, when the revised Act on Housing Associations came into force in 2005, local authorities were no longer exempt from the right of purchase on option, and selling property has become more difficult.

Local councils try to spread rental properties to maintain good neighbourhoods. Many have found that high concentrations of rental housing in particular areas has an undesirable effect and have therefore begun to sell off properties in these areas and housing associations, and buy or build in areas where council housing is less predominant. How councils achieve this depends on the development and land-use structure in the areas in question. In some cases the council buys newly built houses, in others, it purchases properties in the existing housing stock. Existing housing stock is often in need of substantial repair and upgrading, and together with cost of buying the properties can often be as expensive as a buying a completely new building.

Many councils are opposed to buying (or converting) existing properties for the most disadvantaged clientele because of the effect on the neighbourhood, others because they would be competing with their own target groups for start loans.

Renting properties – which often need extensive and costly rehabilitation between tenures – in the private sector (without subsidies) has proved problematic for some councils, which in addition were also highly dismissive of private sector letters for failing to monitor tenants.

New types of client and new needs

The municipalities we interviewed seem to be following government policy loyally, giving preference to the disadvantaged, to persons with drug and/or mental health problems and to refugees. They review their rental property stock in light of current needs – that is, to obtain accommodation for these clients and ensuring that the rest of the stock is functional in relation to the target clientele.

Neighbourhoods are concerned about having these new target groups in their midst, and protest loudly. Housing must also satisfy the requirements both of the group itself and of service providers in terms of architectural design, locality etc. For most councils, these constraints boil down to acquiring new (newly built) housing in socially robust areas.

Several councils find that parts of the housing stock originally intended for the elderly fall short of current standards. Sheltered housing would also improve care delivery, based on care needs, according the care sector itself. Depending on the building standard and locality of the property, these dwellings are customized for other client groups.

Rent-setting formulas

Several councils use a rent-setting formula based on a reference market rent; rent-setting is not, in other words, pegged to subsidies used to obtain housing in the first place. In many cases a market principle was in force before the subsidy model underwent revision. The term "reference market rent" means "prevailing rent for the letting out of similar accommodation on similar terms of contract". Determining the actual rent will entail a measure of discretion where other, more or less tacit factors, are taken into account. It turns out that the going market rate is set slightly below rates in the private rental sector, and rates in many local authority areas do not exceed the State Housing Bank's ceiling for approved housing expenses in the housing allowances scheme. Some councils adopt a cautionary approach to rent setting because more than half of their tenants don't qualify for a housing allowance. Major rent adjustments generally occur between tenures. Councils take care not to adjust non-fixed-period contracts without upgrading the dwelling.

Increased use of market rates has also accelerated turnover in the municipal housing stock. At the same time, more revenue from rents eases the job of upgrading and maintaining the properties. Market rates mean that rent is pegged to the property, not the tenant. It fosters wider awareness of individual contributions to rent payments, both via state and local council housing allowances and benefits. In many cases, the tenant must apply for council accommodation, state housing allowance, municipal housing allowance and, for some, benefits as well. In some municipalities, a net payment scheme has therefore been introduced to prevent dependency on multiple support schemes.

Several councils seem to confuse the terms cost covering and expense covering rent. Cost covering rent in individual housing projects, where account is taken of the fact that the owner is not assumed to be accumulating property-based wealth, can result in long periods of negative cash flow, which can be problematic. Cost covering rent in housing projects results in rents co-varying with the subsidy ratio. Otherwise identical flats can therefore come out with non-identical rents, which will seem unreasonable to the tenants.

Some of the councils base rent setting on a self-financing criterion: revenue from the property stock is supposed to cover spending. Much of the housing stock comprises old dwellings, and increased rents for these properties have in some municipalities provided revenue in excess of what it costs to managing them. The profit is not

necessarily channelled back into the municipal rental sector in the shape of investments or maintenance.

Who are they building for?

According to our data, councils are building for persons who already receive certain services – or for people who could access services insofar as budget funds are available. One hesitate building new dwellings for psychiatric clients if the clients can't use them because services can't be provided. Service budgets therefore constrain councils which want to exploit capacity to build or buy new dwellings. What they can do, however, is to build new accommodation for service recipients. This would include new sheltered housing or modern homes for the mentally disabled for instance, or for clients without extensive service needs. Refugees are one such group, though they, by contrast, often require large, and therefore expensive, dwellings.

Did the revision achieve its objectives?

One important question concerns the impact on supply and demand of the revised subsidy model. Councils tend, in our estimation, not to see investment and consumer support as two sides of the same coin. Investments and operating budgets are frequently overseen by separate agencies or sectors in the municipality. A feature found in most municipalities – at least those we interviewed – whether they are managers or allocators, is how little knowledge they have of the council's economy. A smaller investment subsidy is perceived to be a direct cut in the council's ability to make a profit from the acquisition of new properties for letting. This is especially the case in municipalities already using market rents. Lower subsidies mean higher loans for councils who want to own the properties themselves; they put the brakes on housing developments and on purchasing. Many councils interpret lower subsidy ratios as a signal to put on ice plans to expand the rental property stock. After the revision there has been a reduction in building and purchase of municipal rental accommodation from a yearly level of 800 dwellings to å level around 500 dwellings.

Over half of the tenants in municipal rental properties do not receive a state housing allowance and are not affected by the revision of the subsidy model. An unknown number of housing allowance recipients gain personally from the revision. Rents have not been adjusted as much in its wake, and higher housing allowances have benefited buying power for other goods and services. The distributive effects of the revision can therefore seem unfair inasmuch as it is the buying power of recipients of the state housing allowance, who manage without a municipal housing allowance or social assistance, who benefit. For the more disadvantaged, for recipients of a municipal housing allowance and of benefits, the situation is unchanged because a higher state housing allowance results for this group in a corresponding reduction in municipal provisions.

Money saved by the state on reduced investment subsidies and increased housing allowance does not therefore benefit local councils in the shape of savings on municipal housing allowance and welfare for accommodation purposes. The effect of this change devolves partly onto tenants directly, partly, possible advantages to the council are not very predictable, and together with the investment grant will probably be insufficient to form the basis of new investment decisions.

Many councils view with some trepidation a policy balance in favour of the consumer rather than investment. Consumer-based schemes are, in their view, less predictable, both for the council and the tenant, because regulations can be changed without warning, and relatively small revenue fluctuations can remove households entirely from the the scheme. It was said, for instance, that when introduction support is counted as income in housing allowance calculations, and the household consists of at least two persons, their income will exceed the housing allowance eligibility limit under the current rules.

We are unable to say that the revision of the subsidy model is in line with the stated objectives of the revision. Nor is it possible to verify whether the reasons for revising the model – to avoid double subsidising of municipal rental accommodation and facilitate a scheme centred more on the consumer – are justified.

One should bear in mind, there may be other good reasons to maintain investment support for municipal rental housing, first because management costs and the cost of rehabilitating properties between tenures are so high, given the clientele in question, and second because owner occupied homes are treated more favourably by the tax system than rental accommodation.

Refining the subsidy model

We have no clear recommendations about how the model might be refined in future. If it is retained in skeletal form, and further refinements are viewed both in terms of achieving an optimal balance between investment grants and housing allowances and in terms of differentiating the investment grant to facilitate goal achievement, the following arguments can be made.

A subsidy ratio of 30 per cent would encourage investment in municipal rental housing, according to our interviewees in the local authorities. It would not be advisable to reverse the coverage percentage of 80 for municipal rental housing in the state housing support system given the likely reactions of the tenants.

It would also be inadvisable to differentiate grant allocation due to a resulting disharmony between state and local housing policies. It could provide incentives to councils which maintain a disparity between supply and need. An increase the subsidy ratio for very costly projects can be a good solution. For example, a council may need to use one accommodation unit as a service base, which would increase costs per unit for the tenants.

Other likely refinements of the subsidy model, or rather development of a non-commercial rental scheme for the disadvantaged, are briefly discussed in the final chapter. Recommending any of these solutions would, however, require more detailed investigation.

Homelessness in Small and Medium Sized Municipalities

Strategies to prevent and combat homelessness
By Arne Holm and Siri Nørve
NIBR Report 2007:8

Purpose

The study analyses strategy selection in small and medium sized municipalities to prevent and combat homelessness.

The report addresses seven sub-questions.

Temporary accommodation. Local authorities have a duty to provide temporary accommodation for persons unable to manage this on their own. What types of accommodation do local authorities make use of, and what criteria are they required to fulfil, if any?

Access to accommodation. Do local authorities have access to housing? Given that they do, what type of housing is it? Do local authorities have other housing policy instruments of practical benefit for the homeless?

Assistance for at-risk households. This relates to the forms of assistance local authorities have for at-risk households. How is such assistance organised, and do local authorities use individual care plans actively?

Collaboration – between municipal bodies and in relations to different private actors. Who is involved in efforts to prevent and combat homelessness in small and medium sized municipalities? In what ways does collaboration take place, and what does it accomplish?

Involvement in service design and quality assurance of services. What systems and procedures are in place to ensure that opinions of clients are taken into consideration?

Municipal plans. What sort of planning takes place in this issue area? Do local authorities make plans and set out strategies to address the problem, and if so, how is this achieved?

Eviction prevention and avoidance. Do local authorities offer assistance to prevent and forestall evictions, and what sort of strategies do they choose?

The report discusses these points as sub-strategies aimed at preventing and combating homelessness. We assume, nevertheless, that homelessness rates in a

municipality will determine how much work is done in that particular issue area. We look first at the incidence of homelessness in small and medium sized municipalities.

The data on which the analyses are based derive from a case study of thirteen small and medium sized municipalities (pop. <40,000), and a survey of selected municipalities of similar size.

Incidence and problem situations

According to our data, municipal size and urbanisation correlate positively with incidence of homelessness. Not that small municipalities avoid the problem completely. Small municipalities are just more likely to perceive homelessness as the exception to the rule, and deal with each individual case on its merits.

Our case studies indicate moreover that the homeless in small and medium sized municipalities are far from a homogeneous group. Although this study concerns drug and/or mental health-related problems, there are several other categories, not least young – mostly male – adults. The problem situation appears then to co-vary with municipal size. This applies in particular to drug-related problems, which co-vary with both size and level of urbanisation. The incidence of mental health problems among the homeless does not seem to be affected by municipal size, however.

Access to accommodation

Access to accommodation is possibly the most important strategy tool in local authorities' efforts to prevent and combat homelessness. That said, municipalities differ widely on the type of housing they can offer the homeless. Experience with homelessness increases with municipal size, producing a wider variety of housing alternatives.

Public sector housing is a feature of most small and medium sized municipalities, though it is often reserved for other uses than to house the disadvantaged. Local authorities also lack suitable municipal accommodation for the young, and consequently fewer options to address what is clearly an increasingly urgent issue, i.e., young people with housing problems in the smaller municipalities.

A large majority of small and medium sized municipalities help people find accommodation in the market, sometimes by facilitating contact with a landlord. The exception here is the small municipalities, which reportedly are less likely to put people in touch with landlords than medium sized municipalities.

Home-based assistance

One of the sub-strategies available to local authorities to prevent and combat homelessness is to provide care and assistance where people live. The most frequently cited forms of assistance are domiciliary care, drug/mental health care, social services, support and milieu workers and caretaker. The larger the municipality the more likely they will be looking to provide care to tackle housing problems relating to drug use and/or mental health problems.

Cooperation with other actors

One possible sub-strategy involves working with the voluntary sector, with other municipalities and/or encourage inter-agency collaboration in the municipality. In

general, local authorities pursue an inter-agency approach to secure accommodation and care for the homeless. There is less inter-municipal collaboration; when it does occur, it often about renting rooms in hostels among others. Working in league with charities at home or in other municipalities is more widespread.

Municipal homelessness plans

Extensive planning addressing homelessness takes place at several levels in small and medium sized municipalities. In the larger municipalities deprived and vulnerable groups feature in plans addressing drug, mental health and other problems. It is less the case in small municipalities; only a third prepare plans for prioritised segments of the population.

Medium sized municipalities are more likely to have a social housing action plan than small; very few local authorities with populations in excess of 5,000 say that social housing is not included in planning.

This tells us that we are more likely to find plans related to homelessness – targeting special groups or social housing in general – in municipalities of a certain size, here with populations of at least 5,000. And it is precisely in these municipalities that homelessness is a continuing problem, not an irregular occurrence. It also tells us that municipalities will tend to plan housing market strategies only when disadvantaged groups reach a certain size. Planning is not put in motion for isolated instances.

Evictions

Preventing loss of housing can be done at two different points in the process: by assisting households before an eviction order is made or by assisting households after an eviction order has been served.

We have studied what local authorities do mainly in relation to the latter situation. For instance, social services can offer assistance – the preponderant strategy in medium sized municipalities. Debt counselling is also common in the medium sized municipalities. There are few strategies in place however which take the wider view. Provisions are adjusted to fit the needs of each individual case. Transparency in small municipalities means that social services can move in at an early stage with measures to prevent home loss.

Conclusion

Although the smallest municipalities in particular report low or even zero rates, they are not totally unaware of issues related to temporary homelessness. It is more that the challenges facing them are slightly different, and to do with other segments of the population than those traditionally associated with homelessness.

Against this background, the study shows that whether strategies aimed at preventing and combating homelessness in small and medium sized municipalities are put in place depends on the situation. Key correlates appear to be size and level of urbanisation. Although sub-strategies share many features in common, local experience and the local problem situation will affect choice of strategy.

Formatert: Punktmerking og nummerering

Arena Light Metal

An evaluation
By Tom Johnstad
NIBR Report 2007:9

This report is an evaluation of "Arena Lettmetall" or Arena Light Metal (ALM), which was a development project in the light metal industry at Raufoss and in the Gjøvik region. The project was financed by the Arena program, which is an instrument for innovation through network, administered by Innovation Norway (Innovasjon Norge). The aim of the program is to increase the value creation in regional industrial networks and clusters through the strengthening of the cooperation between industry, R&D/universities and public institutions.

The transformation in the light metal industry and the pilot project

The Raufoss industry went through a total transformation from 1996 to 2004, from an integrated corporation to 35 specialised companies. This change lead to a fragmentation of the industrial milieu, and became a treat to the ability to handle ideas outside the core activities of the companies, and to keep and develop the core competence in the milieu related to material and process technology. This was an important background for the initiation of a pilot project, lead by Gjøvik Innovation Centre. This pilot project was run from September 2002 to July 2003. It focused on two activities, the establishment of an incubator named RISC (Raufoss Innovation and Science Centre) and the development of Nordic Aluminium Academy (NAA). RISC was opened in June 2003 and NAA was still on the concept level at this stage.

The main project

Arena Light Metal as a main project started in January 2004 and lasted for 3 years. It is this project that is the subject of the evaluation. It focuses on the development and results of the project, based on information from documents, internal reports, questionnaires and interviews. The evaluator has been a part of the project as an action researcher and this creates some methodological challenges.

The aim of the project was to contribute to the strengthening of the innovation power and value creation in the light metal cluster in the region, in cooperation with the R&D/technology unit RTIM (Raufoss Technology and Industrial Management), Gjøvik Innovation Centre (Kunnskapspark) and the SME network TotAl (Toten Aluminium). Part projects were established to strengthen or supplement the value chains and innovation system in the cluster. They include:

- The TotAl group, which should further support and develop the activities of the business network that was established in 1998. The project did not succeed in this the first two years because the main focus was heavily on other projects. After a strategic process in 2005 this part project became the main focus in 2006, and has succeeded in structuring and strengthening the network and bridged it closer to RTIM, RISC and the industrial park. The project is continued by TotAl.

- The RISC Incubator, was formally established in the pilot project and should in this phase strengthen the entrepreneurship instruments and the establishment of 15 new companies. They have relatively well succeeded in relation to this aim and have developed an important infrastructure, even though they might have been established a little early in the transformation process. There is no strong tradition of entrepreneurship at Raufoss. The project is continued by Gjøvik Innovation Centre in cooperation with RTIM and NCE-Raufoss.

- Nordic Aluminium Academy (NAA), was initiated in the pilot project, and the aim was to create an academy in cooperation with the aluminium industry in Nordic countries and BI (Business School) in Oslo. The project had a strong vision, but was weakly anchored in the industry. The project was stopped in 2004 and transformed into the new project Scandinavian Cooperation.

- R&D, focused on the development of the cooperation between the R&D-milieus in the region and companies in the light metal cluster, but first off all to create a stable ownership of and gradually upgrading RTIM. The crises in the Raufoss corporation lead to a spinout of RTIM which in its three first years (2002-2004) was struggling to survive. In the beginning of 2005 the SINTEF R&D foundation became the majority owner, and RTIM was picked out as a national centre of expertise pilot and in 2006 became a full Norwegian Centre of Expertise (NCE). The unit had now grown into becoming an important development driver in the cluster, and NCE-Raufoss continues the development of this part project.

- Commercialisation, wanted to increase the focus on design, marketing and internationalisation. This was done through the development of the milieu at Kapp Industrial Park and the Design House. The TotAl Group and the SMEs gradually became more integrated in the activities her. The Design House is now a commercial unit and a closer cooperation is established with the NCE and TotAl.

- Funding had the aim to establish an investment fund of MNOK 150-200. This has been hard to achieve, but the concept of an industry- and technology fund is settled and is nearly filled with MNOK 100. NCE-Raufoss has taken the project further.

- Public Relations (PR), aimed at profiling the cluster and to develop the relation building activities. A comprehensive activity was coordinated and it has been able to make the milieu better known. This was important in the forefront of the expertise centre initiative. Many were active in this process and the county an important supporter. The activity is no taken further by several actors.

- <u>Intrapreneurship</u>, should focus on the development of a model that could fit the milieu. The strategy for an innovation company is partly developed. NCE-Raufoss takes the project further.
- <u>Scandinavian Cooperation</u>, was developed after NAA was stopped. The aim was to foster the cooperation between Nordic aluminium clusters. This contact and dialog have partly been accomplished. TotAl takes this task further.

Results and phases in development

Three part projects, TotAl, R&D and PR, have been regarded as very successful through the questionnaires. Three, RISC, commercialisation and intrapreneurship, have been regarded as partly successful. While three projects, NAA, funding and Scandinavian cooperation, have been regarded as less successful. NAA was a failure, but some of the weaker rated projects show better results in praxis though they are not properly communicated. All together these are very good results, and the project paved the way for NCE, and the two projects overlapped each other very well.

I 2004 the project focused on RTIM and NAA. In 2005 the focus was on the Kapp milieu and design and commercialisation while in 2006 the focus at last was put on TotAl. The over all impression is that the project has been successful in reaching its goals. It is also the impression that there is a good relation between the needs of the cluster and the aims of the project, and that the part projects well support the main aim of the project. The project has been well organised and does also support the aims of the Arena program.

Crises, success factors and learning

The crisis in the Raufoss industry in 2002 was an important background for the development of ALM. It succeeded in helping out RTIM and in getting a NCE to Raufoss, but it also in the last year succeeded in focusing on TotAl and the strengthening of the relation between TotAl-RTIM-NCE. The success factors are many, and we can underline

<u>Success factors I</u> – basic preconditions

- Strong business focus and relations
- Good timing
- Professional leadership
- A compact inner core of actors
- The public as a tight and good supporter
- Trust between actors and milieus

<u>Success factors II</u> – cooperative effects

- Tight coupling and focus on the same direction action
- Cooperation and concerted action
- Reinforcement of action over time

– Opening up of closed actors and regional mobilisation

Success factors III – the division between two groups of actions

– Supportive action for ongoing projects
– Complimentary action to fill hols in the innovation system

Multi-Cultural Child Welfare

A review of the research literature
By Jørn Holm-Hansen, Thomas Haaland og Trine Myrvold
NIBR Report 2007:10

This report addresses the following core question: How can child welfare services reach out in more efficient ways to children and families with a non-Western background? The report is a systematic review of relevant literature in Nordic languages, English, French and German. It covers the period from 1995 up to late 2006. The review was commissioned by the Norwegian Ministry of Children and Equality and the Norwegian Directorate for Children, Youth and Family Affairs. The literature review is a contribution to the on-going process of strengthening the multi-cultural competence in the child welfare system in order to secure non-Western immigrants services that are equal to those delivered to the rest of the population in Norway.

The review presents studies of a variety of interventions programmes that are being used by the child welfare authorities. The review takes a closer look at the work with children and youth with drug and alcohol problems, including doping. Children who have experienced violence, among others family violence, genital mutilation and forced marriage are highlighted. Measures and programmes applied in relevant fields other that child welfare, especially mental health care, are presented.

Methodology is treated carefully in the presentation of studies included in the review.

The review discusses the preconditions for successful transfer of methods and programmes from one country or policy area to another country or policy area. One of the chapters goes through existing literature on interpretation and the role of interpreters.

Concepts

By way of introduction, the review discusses central concepts and terms within multi-cultural work, like culture, ethnicity, cultural competence and cultural sensitivity. Child welfare officers will probably be more efficient if they pay careful attention to concepts and terms. There might for instance be reason to wait using "culture" as an explanation for child abuse and neglect among non-Western immigrants before more physical and material causal relationships have been tried out.

When cultural aspects actually play a role, the child welfare officer must clarify for himself/herself whether he/she perceives culture as something which primarily has

been transferred from earlier generations (like "Pakistani culture") or, alternatively, culture as something which is being shaped here and now (like "the culture of immigrant families from Somalia living in this city district in 2007"). Should he/she emphasise what the immigrant *brings with him/her* in the shape of habits, conceptions and behavioural patterns? The alternative would be to emphasise the habits, conceptions and behavioural patterns *being developed* by the immigrant here and now in his/her capacity as an immigrant from societies based on collectivistic/traditional values. Different types of competence are needed dependent on which of the two perspectives that is being applied by the child welfare worker. The report concludes that the child welfare authorities basically needs the same type of competence in working with non-Western immigrant as they do with other children and families, which is competence in *understanding the situation*. The specific cultural competence needed for work with non-Western immigrants is limited, specific and practical, like being sensitive to religious taboos, bashfulness and ranking within the families.

Interpretation

For child welfare work, it is important that everyone involved understand what is being said in conversations and interviews and what is written in documents and other materials. Moreover, what is being communicated non-verbally is important. The challenges of multi-cultural child welfare are experienced very clearly by interpreters and those making use of interpreters. One of the chapters in the review goes through the literature on interpretation within multi-cultural child welfare and other sectors, like the health services, social work, the work with refugees and asylum seekers, as well as police and the legal system.

The searches carried out as a basis for the review shows that there are no scientific works in the Nordic countries or internationally addressing the issue of interpretation within child welfare. Most of what was actually found, is based on practical work, and some of the contributions are very useful introductions to reflections around problems related to the use of interpreters in child welfare work. General issues in the interpretation literature are a) the importance of the interpreter's professional competence, b) the importance of clear guidelines for definitions of situations and roles, c) the impact of lacking or insufficient interpretation, and d) the importance of closeness as opposed to distance between interpreter and user of the interpreter.

An analytical distinction is made between interpretation as a mere linguistic translation and interpretation as cultural translation. The interpreters must translate in order to avoid misunderstandings, and if misunderstandings occur, he/she must call attention to it. At the same time, the ideal is an interpreter, who sticks as much as possible to the role as a neutral intermediary, who does not pass on information beyond what was actually said. The research, as well as the literature based on practical experiences addresses the difficulties encountered if the interpreter tries to observe both ideals at the same time.

Several among the problems experienced by interpreters are relevant for link workers too. The quality of interpreters and link workers is decisive for the success in developing the communication, trust and understanding that form the basis for immigrant families and children to reach the child welfare officers and vice versa.

What is included in the review?

The review is based on published studies of measures, methods and programmes in use within multi-cultural child welfare. In order to qualify as a "method" or "programme" the activity must be well organised and systematic, and it must be possible to repeat it in more or less the same manner time after time. The review also includes "measures", which may be more limited in time, or situational than methods and programmes.

The review included studies not only of non-Western immigrants, but also Afro American inhabitants of the USA and indigenous populations. Child welfare work with these non-immigrant groups are relevant because they throw light on adaptation of methods and programmes regarding minority status, marginalisation and culture.

Three criteria have to be met for a study of a method, programme or measure to be included in the review. First, the activity under study must be an *intervention* in the life of the child or its family. Secondly, the study must present results on the effects and impacts of the activity. Thirdly, the study must meet basic scientific demands.

The searches have been wide both regarding entries and types of studies. Nonetheless, very few studies satisfy the three criteria. Very few studies look at effects and impacts. Very few studies abide by methodological requirements. Therefore, the review includes studies that do no meet the demands in the strict sense, but that nevertheless provide insights that are likely to be of use in the development of child welfare for ethnic minorities.

The lack of studies that meet the requirements makes it difficult to draw safe conclusions on what concrete methods and programmes, which work more or less well as compared to the average when applied with non-Western immigrants.

What interventions work?

The overview of interventions is organised according to type and within each type of intervention the Nordic and international bodies of literature are presented. The review operates with three categories of interventions:

–   Interventions when the child lives in the original home
–   Placement out of the original home
–   Measures to enhance the competence within multi-cultural child welfare

Interventions when the child lives in the original home include visiting homes, link workers, network activities, Family Group Conferences, interventions focusing on parents and the school (like head Start, Incredible Years and Familias Unidas), family preservation measures, multi-systemic therapy, wrap around, Parent Management Training Oregon Model, ICDP and primary prophylactic measures (like women groups).

This category of interventions is a heterogeneous mix of large, internationally approved programmes that have been thoroughly evaluated and tested. Others are smaller and applied to a limited extent. These latter are included because they may be of particular interest for multi-cultural child welfare. What all these interventions

have in common, however, is the fact that they have not been studied with the aim of finding out how they function with ethnic minorities.

Family Group Conferences (FGC) have been more and more used in Norway over the last ten years. Having its roots in a collectively oriented family culture, the FGC method generally has been expected to be particularly suited for non-Western immigrants. However, this hypothesis has not been subject to scientific investigations.

Being especially intensive, multi systemic therapy (MST) targets youth with serious behavioural problems. The method seems to function in various cultural contexts, but there are very few studies on its effects on ethnic minority children. Studies indicate that there may be a positive effect from matching the ethnic background of client and child welfare officer, but very little has been done to explain why.

Within health and social work with non-Western immigrants the function of "broker" or "bridge-builder" is of particular relevance. Various types of link workers, home based advisers or natural assistants fulfil this function. Experiences from child welfare indicate that the broker function contributes to good results, but also here there is a lack of studies to show effects and impacts.

Out-of-home placement. Placement outside the child's original home consists of foster homes, orphan homes for children and youth, and organised shared homes for young people. When placed out of home children ought to experience continuity, according to most of the authors writing on out-of-home placement. This applies also for immigrant children with a non-Western background. So far, however, no studies of foster children over time have been published on the effects of shared (or similar) ethnic background of biological and foster parents.

Ethnic matching is problematic for various reasons. Some groups of immigrants are few in numbers, and very few are willing or acceptable as foster parents. In some cases, the biological parents will be ashamed which makes them unwilling to let foster families from their own ethnic environment take care of the children. Kinship care, placement of the children in the homes of relatives or acquaintances, is generally more acceptable.

There are very few methodologically sound studies on the effects of placement in institutions on ethnic minority children and youth. Some authors claim that placement in institutions is particularly problematic for immigrant youth, but there are no systematic studies to substantiate the claim.

Measures to build competence in multi-cultural child welfare. Multi-cultural competence is a recurrent theme in the literature on child welfare among non-Western immigrants. Here, too, the subject of ethnic matching is central to the debate. Other measures are adaptations of forms to be filled in, adaptation of methods and programmes to make them more group and family oriented (collective) and less individualistic. Also, the development of models for good encounters between child welfare officers and clients is addressed.

Some studies conclude that ethnic matching of therapist and client make the client more satisfied, but so far, there are investigations of long-term effects. The insight gained from being an immigrant gives a cultural familiarity, which may be of use in

the daily work as a child welfare officer. On the other hand, cultural familiarity does not automatically result in the skills needed to treat cultural difference analytically.

Adaptation of tools with the aim of improving communication is well worth doing, according to several studies. For instance, it is recommendable to choose words and expressions carefully, paying attention to the fact that one and the same word often have different connotation in different groups of people. Likewise, it might be functional to adjust programmes and methods to make them more acceptable and understandable among clients with more collective family traditions. One study, on asthma treatment, suggests that adjustment to collective traditions may have a positive effect on outcomes. Unfortunately, the study did not examine whether the adjustment would have had a similar effect on the majority population.

Also, the development of models for good meetings between child welfare officers and clients is addressed. The concrete meetings are very important, according to several studies. Several interesting studies have been made of the health services, showing that trust is of great importance. The successful therapist has an open attitude to cultural differences and to mutual learning. The so-called "Solution Oriented Conversation" is based on several specific techniques to achieve good meetings, and the techniques seem to have a positive effect.

Immigrant youth – criminality and drug abuse

Immigrant youth with behavioural problems has been subject to several studies. Two meta-studies from 2003 and 2005 give reason to conclude that ordinary, mainstream interventions as well as standardised and manualised cognitive treatment programmes are as useful for criminals with a minority background as they are for criminals from the majority population. This applies to the programme's effects on the young individual's situation at school or work, on behaviour, and on the relations to peers. Likewise, there were no essential differences between immigrant youth and majority youth regarding risk of relapse into crime.

In other words, traditional non-adapted intervention programmes had the same, positive effect on minority youth as they had on majority youth. Also, when controlled for the effects of various background characteristics, like degree of criminal experience, or differences between the interventions and their implementation, this conclusion persists.

Partly, the result can be explained by the fact that the interventions scrutinised all belong to cognitive behavioural therapy (CBT). These interventions, like multi systemic therapy (MST), functional family therapy (FFT), parent management training (PMT) and aggression replacement training (ART) are all *interactive*. Long time experience will endow the professional therapist with skills that make communication possible across cultural differences. The types of intervention are suitable for the direct meeting between therapist and client.

Children and youth exposed to violence, forced marriage and genital mutilation

Genital mutilation and forced marriage are new types of violence in Norway. There are various interventions and measures to prevent children from being exposed to violence and to help victims of violence.

There is an abundant literature on forced marriage and genital mutilation, but mainly in the light of medical problems. Nordic and international literature searches resulted in one result, the Norwegian project "Care and Knowledge against Genital Mutilation". Although not having a focus on identifying effect, the study concludes that the project seems to function according to its intentions. However, the child welfare sector is not very much involved, which may be explained by the fact that no one has ever contacted the sector with a formal notification of anxiety that a concrete case of genital mutilation is going to happen or has already taken place. Another reason, which is mentioned by the Norwegian project report, is the fact that working with genital mutilation requires a degree of specialisation that is not easily acquired by child welfare officers, who are usually submerged in their case load.

Likewise, there are no studies on effects of measures against forced marriage. The literature search resulted in some cases of process evaluation, but the evaluation reports described interventions too vaguely and with no reference to stepwise procedures to make it possible to discern a *method*.

Knowledge centres

The review concludes that there are very few studies on how various types of measures, methods and programmes actually work, and what effects they have. Nonetheless, the review shows that quite a lot is being written on multi-cultural work in general, both within child welfare and fields of works were a certain transferability of tools and approaches may be conceivable. However, no research centres stand out as concentrated driving forces for research on multi-cultural child welfare. The authors of the quality studies referred to in the review are working in institutions with a general field of study, and most often multi-cultural child welfare is but one of the authors' research fields.

Preconditions for transferability

The review includes a discussion of the preconditions for successful transfer of experiences from one country to another (e.g. Germany to Norway) and from one policy sector to another (e.g. multi-cultural psychiatry to multi-cultural child welfare). Before transfer of a programme, it is advisable to carry out a thorough comparison of the institutional, economic and the intellectual context where the programme comes from, and the context where it is going to be introduced. The success of a programme, method or measure is contingent upon surrounding factors as well as its inner logic. The chapter on transferability presents some simple methods to compare the "lending" and the "borrowing" contexts.

How to use the findings from the review in future multi-cultural child welfare work

Some of the findings from the review may be used to point at components of importance in order to improve multi-cultural child welfare. The following seven findings deserve special attention:

1. There is no research-based evidence to recommend or advice against special measures, methods or programmes for use with non-Western immigrants. Therefore, the same interventions can be used among immigrants as with the majority population. The main challenge in multi-cultural child welfare consists in

making sure existing methods and programmes are made accessible and acceptable for people with an ethnic minority background.

2. The direct meeting between therapist and client is decisive for success in making use of methods and programmes. Therefore, the following measures should be taken: a) child welfare officers should be offered more practical training in handling the direct meetings with non-Western immigrants, b) the training should, among others, draw on this review's sections on cultural adaptation of interventions; on culturally sensitive mental health care; and the section on communication in the health sector in general.

3. Interpretation is a pivotal factor for good child welfare among non-Western immigrants. The role of the interpreter, however, is a difficult one. The interpreter finds himself/herself between the requirements of being a neutral translator and a "broker". Therefore, measures should be taken to: a) raise the quality of interpretation within child welfare and b) develop a training programme on interpretation and use of interpretation in child welfare based on, among others, this review's chapter on the subject.

4. Various types of link work seem to have the potential to strengthen the quality of the direct meetings between child welfare officers and the clients. The roles of interpreters and link workers have some functional similarities. Recommendations: a) the potential of link work within multi-cultural child welfare should be estimated, b) a clarification of the roles of link workers and interpreters should be made, c) an assessment ought to be made on the following question: should the need for competence in linguistic or cultural translation form part of the role of social workers in general, or alternatively be concentrated to specialised functions?

5. A decisive component in good child welfare, also among non-Western immigrants, consists in child welfare officers having a *good understanding of the client's situation*. This competence is based on understanding the concrete socio-economic conditions that the immigrants are living under here and now combined with a readiness to realise that many immigrants talks about and analyse child and youth problems in a way that differ from the common, Norwegian way. The review recommends treating multi-cultural child welfare as an intrinsic part of the ordinary child welfare, and avoid making it something very different or separate. The development of a more culturally sensitive child welfare should take as a point of departure the child welfare officers' competence in gaining and making use of situational understanding in each, single case. Being able to analyse the immigrant clients' circumstances of life is more important than being able to analyse aspects of their "original culture".

6. A multi-ethnic composition of the child welfare staff will bring new experiences into the service and contribute to higher legitimacy. On the other hand, there is no research-based evidence to claim that ethnic matching of child welfare officer and client will secure the necessary analytical grasp nor the cultural sensitivity. In fact, ethnic matching implies an implicit acceptance of the claim that communication across cultures is not "the norm". Multi-ethnic recruitment should form part of the development of a more culturally sensitive child welfare sector, but ethnic matching should not be a part of that strategy.

7. There is research competence on multi-cultural child welfare in the Nordic countries and internationally, but it is dispersed among individual researchers in different research institutions. Usually multi-cultural child welfare is but one of several issues addressed by the actual researcher. Therefore, an initiative should be taken to establish a research network for multi-cultural child welfare.

Through the Eye of the Needle

The theme of this thesis is about the relations between ethnic minorities and the housing market. More precisely, housing strategies of three ethnic minority groups (Pakistanis, Tamils and Somalis) living in Oslo are identified, compared and analysed. Why different types of strategies and housing results occurred in and across groups are analysed through four perspectives; policy, conditions in the housing market, ethnic belonging and structure in the ethnic group as well as individual household conditions.

Housing results of the three immigrant groups as a whole and of the informants are evaluated as an expression for the minorities' practical access to housing in Oslo, in relation to the informants' aspirations and in relation to political objectives on housing distribution. The statistics are compared with the situation of the majority living in Oslo, showing that the majority are better off regarding housing than the minorities, and that there are substantial differences between the minority groups (Population and housing census 2001, Statistics Norway). The minorities live more often in cramped dwellings, they live more often in blocks, and they are more often tenants than the majority. When they own their flat they are more often living in cooperatives than the majority, and they live either in the city centre east, or in the suburbs north and east of the town. All in all the suburbs offers good housing conditions and outdoor areas, so living here can be a result of choice as well as a result of difficulties in entering other neighbourhoods. The study of housing careers and the statistics over time shows mobility patterns among the minorities towards more home-ownership, which is the common and political desirable tenure in Norway. The Tamils had achieved the same level of home-ownership as the majority, while it seems like the Pakistanis had reached their percentage of home-ownership at some lower level. However, the minorities did not own the same as the majority regarding size, type of house, type of ownership and localization. The Somalis had the same increase in home-ownership in per cent as the Tamils; even though a majority of 70 per cent lived in rentals in 2001. Overall there was a high percentage of home-ownership in relation to level of income, meaning that the minorities were striving to adjust to the structures in the housing market and to take care of their own housing situation.

Ideal types of housing strategies

My main interest was to find out about *how* households in the three minority groups managed their housing situation and *why* they did as they did. Overview of housing results was a method to evaluate whether the strategies were effective, given the minorities situation. A set of ideal types of strategies was worked out on the basis of a combination of different theoretical perspectives and empirical knowledge of the housing situation of the three groups. The ideal types were built on theory of access and action based theories related to future, past and present. The ideal types were labelled *adjustment* strategies, *proactive* strategies, *reproducing* strategies and *reactive* strategies. With these ideal types the empirical findings could be compared and contrasted. It made it possible to find patterns of similarities and differences in and between the ethnic groups.

Agent in structure perspective

My understanding of the meeting between the ethnic minorities and the housing market is the agent in structure perspective. A theory of access perspective helped to analyse actual structures of importance for developing individual housing strategies. Theory of rationality helped to identify and highlight factors influencing on the households capability to manage their housing situation, but gave less contribution in relation to how external conditions influenced on experienced choice. Terms of action among minorities, as among others, will in any case depend on *subjective interpretations* of possibilities and limitations arising out of own resources, housing policy and other relevant political areas, of structures in the housing market and of norms, expectations and resources accessible through the ethnic community. The subjective interpretations will vary and be different from the more objective reality, in the same way as households will have other housing objectives than the housing policy. I have interpreted rationality as an instrumental approach which takes it more or less for granted that people act inside societies they are familiar with. To better grasp the situation of immigrants of different kinds, I have included an alternative approach, formulated by Antonovsky, focusing on comprehensibility, manageability and meaningfulness. As a supplement, this approach was useful to understand terms of action for people crossing borders, shifting contexts and living conditions.

Theory of access, different kinds of individual action theories and patterns of strategies in and between groups had to be related to specific contexts to make sense, as mentioned in the first paragraph. The time dimension played together with all these conditions. Relevant policies changed over time, the structures and mechanisms in the housing market changed and the structure and the resource profile of the ethnic group changed. Aspirations and resources of the individual household also changed with time of staying and with historical time, as the relations between all these four factors. In sum these changes were interwoven in a no planned way, making it fruitful to apply a "becoming" approach. This approach doesn't take ethnicity for granted, or how patterns of housing preferences, strategies and results will develop in and between groups.

Patterns of variation in housing strategies in and among ethnic groups

The analysis showed that the three groups developed different kinds of adjustment strategies and that this set of strategies; together with reproducing strategies were

common for all newcomers, independent of housing policy and structures in the housing market at the time of arrival. Thereafter proactive strategies became prevalent among Pakistanis and Tamils, but were less frequent among Somalis. All the groups employed reproducing strategies, alone or in combinations with other strategies. However, the content of these strategies differed, because what they reproduced was different. *Pragmatic*, reproducing strategies became common among Pakistanis and Tamils, while reproducing strategies based on *habit* were only found among households of Pakistani and Somali background. Reproducing strategies based on *social norms* existed in all the three groups, even though more rarely among the Tamils. And, reactive strategies were most pronounced among the Somalis. None of the households were totally without strategies, but some of the Somalis had resigned because what they had tried had not succeeded. The resignation made them reduce their strategies to adjust to municipal housing assistance.

The patterns between groups differed over time and between households with different resources and different preferences. The patterns of strategies reflected a combination of the households' phase of integration connected to the development of the housing market. For example, among Pakistanis with good economy and possibilities for choice, there was one group who experienced this situation as a safe point of departure for choosing more traditional lifestyles, living in extended families in spacious detached houses. Others chose lifestyles more like the majority, living in nuclear families in terrace houses. And there were combinations with spacious houses with room for many generations, while at the same time the house could be split in different separate flats for renting. In this way the parents were prepared for children choosing their own life style. Somalis preferred roomy flats, while Tamils had a favour for single houses in green areas or for living close to ethnic services, if they had the economy to choose.

Successful strategies were often combined of elements from proactive and reproducing strategies. Combinations of planning, goal oriented action and practices derived from own culture often gave successful results. The reason might be that this set of strategies are an expression for agents capable to handle and adjust to new circumstances, at the same time as they did not reject their own history, but turned it around to an asset to reach or uphold goals. Further, those who had clear objectives obtained more, regardless of tenure and market segment. Clear objectives contributed to creativeness and efforts in finding out how to succeed, whether the household had resources and positive choices or experienced limited possibilities. Last, all groups benefited from in-group solidarity and traditions for help and assistance. This was a way to prevent homelessness, to get extra finance and to get a place to stay when other possibilities seemed closed.

Less successful strategies were characterised by lack of information and risks connected to external conditions, lack of control and lack of success when copying the majority's strategies in the rental market. An additional handicap was connected to ethnicity. Limitations related to ethnicity were exemplified in the Pakistani community. The preference for two homes, one in Norway and one in Pakistan slowed down the process of a satisfactory housing establishment in Norway, for those with a limited economy. The same circumstances occurred for those in all three groups who supported their families living outside Norway. The benefit of this

strategy was that it upheld social networks and bonds over time and across borders, giving the migrants possibilities to return, if possible and desirable in the future.

The importance of the context perspectives

To get more insight into why strategies and housing results differed in and between groups, the findings were analysed in relation to the before mentioned context perspectives of analysis. By using four different angles, my ambition was to try to highlight how these perspectives worked individually and together. In this way, the impact of ethnicity was balanced against other alternative explanations. In my interpretation, the differences in the patterns were related to the relations between the households as agents in the housing market and these four perspectives. Neither of them could alone explain patterns of housing strategies in and between groups.

Even though this work is not about testing of hypothesis, I started out with some expectations of how the four perspectives could influence housing strategies. The intention was to guide the exploration and analysis of the empirical work.

If *housing policy* was decisive for housing strategies, strategies should change with policy. This was not entirely the case. As mentioned, adjustment and reproducing strategies were common for all newcomers, independent of time of arrival. However, in the first period, called the "Regulation period", adjustment strategies were widespread, while more proactive strategies were more common in the latest period, called the "Market period". This was concurrent with policy intentions, as the housing market went through a change in the direction of more ownership and more distribution of housing through the market. In the first period the Pakistanis (the only present) had problems to meet the access criterions related to seniority and waiting lists. In the last period when the ordinary market was formally open to everybody, households with limited purchasing power had problems to meet the price level. Because time of staying meant acquiring of experiences and resources, Pakistanis had more variations in preferences and strategies in the 1990's than the Somalis.

Another expectation was that mechanisms in the housing *market* would open for differential treatment and thereby development of individual adjustment strategies. Differential treatment and discretion was common in the private market in both periods, especially in the rental sector. Independent of background the households had to adjust to where they saw openings and possibilities. Important though, increased economic and socio-cultural competence among the households reduced the negative market mechanisms. For disadvantaged people it was the opposite. Having a visible minority background seemed to make it even more difficult to find an ordinary home in the private renting market. Negative experiences in the private renting market had on the other hand encouraged solidarity and assistance in and between ethnic communities. A surplus of accommodation could be rented out in group and across groups. Especially the Somalis benefited from a surplus of housing in the Pakistani group.

A third expectation was that *ethnicity* would influence preferences, strategies and housing results. As mentioned before, this was especially the case regarding the content of reproducing strategies. Apart from that, Tamils trusted other Tamils, and homes were often changed inside the community. Pragmatism was widespread

among Pakistanis and Tamils, meaning for example that the practise with dowry and economic saving systems were continued in Norway, if convenient. On the other hand, the Somalis knew how to use reactive strategies, as a strategy to act goal oriented, when the time limits were short. Size, structure and resources in the ethnic group were important for in group assistance. Resources were factors like information and knowledge of how the housing market worked, money, surplus housing and values like solidarity. Solidarity was a necessary condition to make individual resources become an asset on group level.

As a contrast to the ethnic perspective, I expected variations inside the single ethnic group by including *individual conditions*. This meant that I did not assume that having a special ethnic background would determine patterns of action. Ethnicity was one individual condition among others. Even though there were more similarities inside than across ethnic groups, there were also differences. Sometimes the housing and lifestyle preferences were conflicting with social trends in the ethnic community. Other times the differences were connected to preferences for locality, for type of neighbourhood and house, or for degree of autonomy related to housing.

The analysis showed that individual conditions were vital for having strategies and for type of and engagement in housing strategies. An individual belief that one had possibilities to make changes in one's own housing situation was decisive, regardless of norms in the ethnic community, housing policy and market conditions. The motivation was based on values and conditions in everyday life that was experienced as meaningful to strive for, together with socio-economic and socio-cultural resources. Then, ethnic belonging could of course influence what was perceived as meaningful. And, ethnic belonging could both strengthen and weaken a household's resources in relation to housing. Ethnic belonging had different consequences dependent on ethnicity, social class and individual inclination to follow norms and traditions related to the ethnic community. It seems like individual conditions had most importance in the Tamil community, because group characteristics underpinned belief in individual possibilities. At the same time the group was adaptable to external conditions in the Norwegian society. Pakistanis and Somalis with similar values developed similar adjustment strategies. Tamils benefited from a combination of education, work and housing in their overall adjustment strategies to the Norwegian society. Important though is that both Pakistanis and Somalis in disadvantaged situations, succeeded with substantial positive changes in their housing situation, because I would say, they believed in and looked for possibilities to change their situation to something better.

One explanation for the high degree of home-ownership among Tamils was the difficult access to the ordinary renting market, combined with the high level of rents in this market. The level of rents pushed the group into the owners market. The Somalis on the other hand, had to find solutions first and foremost inside the rental market because they could not afford to buy in the same extent as the Tamils.

The empirical findings; Implications for integration

Knowledge of housing strategies among ethnic minorities is of importance for understanding practical integration and implications of integration strategies for the minorities themselves, and for society.

Information from the three studied groups revealed that the minorities considered having a satisfying home as important for their welfare in Norway. This was in line with political objectives. The increasing percentage of home-owners has been interpreted as an expression for the minorities' *striving to become structurally integrated* in the housing market in Oslo. Not because they always favoured ownership per se, but because ownership was the way to have influence and control over one's housing situation, when living in Oslo. In this way the structure in the housing market influenced the preferences. Becoming homeowners and integrated in the basic structures in the housing market had vital implications. First; by becoming home-owners, the minorities became integrated in the common processes for wealth accumulation in Norway. In Oslo, under the existing economic conditions, wealth-accumulation through home-ownership is more effective than through income and is of greater importance for housing careers. Such wealth-accumulation equalized the possibilities for children of minority background to inherit their parents in the same way as children of majority background. Second; as home-owners the minorities could decide for themselves if and when they wanted to move, as long as they managed the day-to-day housing expenses. For the minorities it was of importance to have a possibility to make a positive housing career, without experiencing social mobility. Unlike the majority, there were no automatic positive connection between education, work, housing and social class. Third; home-ownership gave a feeling of safety, even if the economy was tight. Home-owners felt safer and therefore freer to choose e.g. traditional lifestyles, among other things because they knew they could not be evicted. Home-ownership did not immunise against harassment, but ownership gave more protection against unreasonable complaints. Fourth: home-ownership gave an experience of capacity and capability in the Norwegian society which could give appreciation and influence on self-esteem. It influenced empowerment, while renting over long time could lead to dispowerment, socially and economically, because of the structures in the renting market. The experienced capability motivated for being active in other fields, like employment, education and sometimes neighbourhood. Often it could give a feeling of being included and accepted in the country of immigration.

As shown, arguments for the minorities' integration in the basic structures of the housing market can be related to their own situation. It gives better housing welfare, more opportunities and it might encourage engagement in other arenas. Plus, as home-owners the minorities had access to the broader housing market, much on the same terms as the majority. Being home-owners equalized minorities and majority, as discrimination was more incidental in this segment of the housing market. Better housing welfare and equal terms are vital for the future and support of the multiethnic welfare state, which depend on all citizens being active. On the other hand, if the minority population is not absorbed into the education, work and housing market on equal conditions and as independent agents, there is a risk for utterly stigmatising and political changes in the direction of unequal welfare terms for different groups of people, as has happened to some extent in Denmark. Unacceptable differences in housing and levels of living between ethnic groups could stigmatise the minorities, because the differences could be said to be due to characteristics of the minorities themselves. Besides, the majority, the media and politicians might evaluate that the minorities get more than they deserve of the welfare services. Such evaluations could lead to the conclusion that people of

different origins have different worth and therefore deserve different treatment, something which could legitimate unequal distribution of welfare following ethnic or coloured lines. This is not in line with central Norwegian political objectives, nor with Human Rights. An alternative could be to work for political solutions supporting the minorities own efforts to cope with the main expectations in the Norwegian society, which is that every household should be self-reliant. This would be congruent with the empirical findings.

Too Dense?

Densification, planning and housing standards in new urban housing projects
By Lene Schmidt
NIBR Report 2007:12

Background and Purpose

High density projects are frequently complex and since numerous stakeholders are involved and affected in some way, they are also likely to stir up controversy. This research project looks at high density projects, the planning processes behind them and the results in terms of open spaces, sunlight and ambient light and other factors associated with high density housing. They could be described as "classical" assets and tend *not* to be what one expects with high density housing. In other words, they are growing increasingly rare. Higher density puts open spaces and other qualities at risk.

Densification, the efficient use of limited space, became a political goal about ten to fifteen years ago, as noted in numerous government documents. A short definition of densification is "to get more buildings onto less land" or increase development efficiency in terms of land use within a prescribed development area. Planning today is much more attuned to the market than when it was under government control. Zoning plans are increasingly filed by the private sector. Quality standards set out in government rules and regulations were originally designed for green field developments; they are too unwieldy for zonal developments and have consequently lost much of their saliency. There is little scientific research into planning processes and the impact of densification, though the necessity of studying the implications of a high density policy for, among other things, residential quality, has been noted.

Research questions

We defined two research questions.

8. What exactly happens when high density developments file for planning permission?
9. How does densification affect residential assets and attributes?

Planners must apply the same rules and regulations when considering applications from high density projects as in all other planning applications. But the process itself is often complex, involving many stakeholders, and the consequences of densification for the existing building stock, for neighbours and the neighbourhood can be significant. New powers and regulations have frustrated stakeholders because

they no longer know how the public authorities are likely to apply the regulations to concrete project proposals .

Method

We studied two cases, one in Oslo and one in Stavanger, chosen first because they permitted the writing "thick descriptions" of a phenomenon involving multiple stakeholders, and second because we wanted to study both process and outcome. To aid comparison cases were selected from municipalities where Stavangers housing planning has been called "proactive" whereas Oslo describes there planning regime as reactive facilitating plans from private developers.

We conducted document reviews, on-site inspections and twenty-six qualitative interviews with planners, property owners, property developers, builders and their consultants, council officials and politicians, representatives of residents in the new developments and of affected neighbours and neighbourhood associations.

Analytical perspective

The project's theoretical platform is based on what is known as "governance" literature. While "governance" has attracted several interpretations, most agree that it refers to a less hierarchically managed planning procedure and a more enterprising approach to market liberalism and networking given the realisation that private and public sectors have to work together for homes to be built in the first place. Stoker identifies three mechanisms for coordination and resource allocation: the market, hierarchical management and networks. Public planning has been described as "the playground of blue-eyed idealists", where burning ideals and aspirations are put in play to benefit society. We made the assumption that a proactive council which aims to produce holistic and integrated development plans would be more likely to uphold residential quality standards and neighbourhood qualities than a reactive council.

It would also be appropriate in a networking and market management form of planning to explore how stakeholder and government responsibilities and powers are distributed in the planning process. We drew here on Lukes and the distinction between "power to" and "power over". Power to can be seen in a positive light, while power over, i.e., getting people to do something they otherwise would not have done, is the more problematic quantity.

Increasing density around busy intersections: Carl Berner, Oslo and the transformation area Badedammen, Stavanger

Both cases comply with standards set out by the Ministry of Local Government and Regional Development in its environmental action plan to improve land use efficiency through densification. Both are centrally located areas characterised by low capacity utilisation. Carl Berner is a public transport intersection, and several new housing developments in the area have increased densification, though in the absence of a unified area development plan. Standards of the selected youth housing project were below those prescribed in the planning regulations for the development. In Stavanger, the Badedammen area was a mixed residential/industrial low-status area. It is described today as a transformation area and is part of the Urban Sea Front. Stavanger had prepared an integrated sub-municipal plan for the centre – which set among other things a limit on building height – and there was a zoning plan for the

Badedammen area. Both zoning plans gave rise to discussions concerning site utilisation, maximum ceiling clearance and likely impact on the landscape, sunlight and ambient lighting.

All of our interviewees in the two cases were initially positive to the development of the area. Both developments are considered to have been successful, increasing land utilisation efficiency in line with political objectives. Unpopular areas have been improved. The projects were successful economically as well for the developers, builders, residents and businesses involved in the sale and letting of the properties. Critics are concerned mainly about building height and density level. In retrospect, most involved in the Oslo project criticise density level and residential quality. Experts found the density level to be excessive, while the developer and consultant were more concerned with design and quality of materials used. Neighbours disliked the height because it blocked their view, and the residents themselves objected to lack of privacy. Criticism of the Badedammen project has been less vociferous, but objections relate to lack of access to the sea and windowless street facades.

Market, hierarchy or network?

None of the selected cases were examples of government-led hierarchical planning. The planning processes can be described as variants of market-based urban development. Stavanger city council did not adopt the same proactive role in the Badedammen project as in green field developments, and the general requirements elaborated by politicians and set forth in the sub-municipal plan were disregarded. Oslo council faced calls after the fact for an integrated plan for the area, a typical example of reactive planning to boost the legitimacy of decisions taken elsewhere. In Stavanger network partnerships played a more prominent role in the planning process than in Oslo. Residential and neighbourhood assets such as the Badedammen Park and Kjelvene Park are funded by the council, with the support of government and proportionate investments from private builders in compliance with provisions in the development agreement on the correct sequence of decision making. Existing green areas were not preserved in Oslo, nor were new community assets created.

Power to – power over

The developers possess powers in the form of capital and expertise to bring their developments to fruition. Politicians have legal powers to approve general plans and regulations, and to approve or reject projects. Oslo city council had undermined its own powers by failing to prepare an integrated plan and framework for the development. Specified requirements regarding residential quality in the zoning plan were partly ignored. Politicians in Stavanger also undermined their position by disregarding general plans in the preparation of the sub-municipal plan. The powers of the developers, on the other hand, only grew. Despite opposition from the city bureaucracy, from neighbours and from the county governor, they built more floor space than provided for under the sub-municipal plan. Saglie et al (2007) have shown that Stavanger city council disregarded general plans in eight of nine high density projects. Insofar as politically approved plans are consistently disregarded in this way, it can only serve to detract from the power of the council and politicians.

Would a holistic plan have improved the outcome?

The Badedammen development was later described as fragmented, market driven and less coherent than desired. Stavanger city council, on the other hand, by entering into development agreements which specified the order in which decision making should proceed was more successful than Oslo in securing neighbourhood facilities. Holistic plans help secure community assets, but general plans do not guarantee better results.

Density – different positions

Central stakeholders seem to lobby for a high land utilisation factor from different positions, and alliances of this type can be very persuasive. Politicians are obliged to pursue general high density policies to increase land use efficiency, and take steps to accelerate the building of new homes. Developers have an obvious incentive to support high utilisation factors because they increase floor space and, as a result, profits. Council officers have different, occasionally rather vague views on the matter. Oslo wanted an intersection densification, which to the developer meant applying a high utilisation factor. The council had not set a ceiling on utilisation, and council staff were positive to high rise buildings. That high rise blocks could act as a beacon for the area may be seen as an argument based on formal aesthetics. The sub-municipal plan for the centre of Stavanger banned high rise buildings with more than seven storeys, but the architect competition and the zoning plan envisioned a high utilisation factor, with blocks eighteen storeys high. Council staff urged compatibility with the classical building structure, but the zoning plan seemed to portend high utilisation, and the politicians were unable to resist the resulting pressure of expectation.

High density – threats and possibilities

The political justification for high density policies is the sustainable development of towns and cities. Consensus has eluded both architects and other experts in the field, however. Some architects promote high density because it allegedly contributes to vibrant city life and urbanity, and criticise architects whose main concern is to preserve classical architectural and residential values. Criticism in our two cases has tended to target high density and its impact on public spaces, sunlight and ambient lighting in relation to the building stock. Interviewees were pleased the areas had been developed, but criticised the projects' failure to incorporate typical city conveniences such as coffee bars, shops and services, despite calls to do so at the outset. High density is not necessarily synonymous with urban city life.

Residents of the new buildings are apparently as annoyed by lack of privacy as with the lack of public spaces and limited sunlight and ambient light. There is a palpable need here to explore the implications of high density strategies in more detail through a survey of residents in the new developments.

It would be natural to expect architectural advisers to the developers to feel responsible for residential quality. But they found it difficult to persuade developers to raise standards. Architectural layout and material quality appeared to be the consultants' main concern, not classical residential qualities. Interviewees did not question consultants' (lack of) qualifications in this particular area. Not one of the interviewees referred to the Planning and Building Act and statutory requirements

when assessing quality criteria. Nor to publicly available guidelines. In this situation, their practical value seems open to question.

Homes as commodities – economic success, but what about residential quality?

Both projects appear to have been an economic success for the developers, builders, residents and others who invested in the homes to re-sell or sublet. In that sense it bears witness to a well-lubricated housing market. A new regulatory regime and a liberalised housing market have turned homes into commodities or securities, things to invest in as much as to live in.

But commoditising homes is likely to harm residential quality. We saw how property developers' position in the building site market made it harder to achieve coherent area development. Some developers have characterised other developers as "cowboys", people out to make a quick buck.

For the buyers of the homes, economic positioning can change their perceptions of the dwelling and the neighbourhood. People have different investment strategies and opportunities. Wealthy residents can quickly relocate if they don't like the dwelling or neighbourhood. Poorer residents will necessarily tend to stay put. There is an extremely high turnover rate at the youth project, and many homes in the Badedammen project are sublet. There is a need to study the impact of the new economic and statutory environment on residential quality in new housing projects.

Differential standards separating the highest/outward-facing units and the lowest/inward-facing units are wider today than would have seemed proper during the "functional equality" epoch. It is a problem that the Norwegian State Housing Bank, which historically has backed good housing in good neighbourhoods, funds the least endowed flats.

The Housing White Paper sees demand governing the housing market. How far home buyers should or may influence the quality of the commodity – classic residential qualities – remains an open question. Information on open air public spaces is scant, and non-existent on the amount of sunlight and ambient light residents may expect in the project. For consumer choice to become a reality, each unit should come with an environmental declaration with information on these elements too.

Should residential quality standards be enforced with greater zeal in a liberalised housing market? Should one permit lower standards in youth housing projects? The developers would welcome quality standards as long as they are universal and predictable. In Oslo, quality standards contained in the planning regulations were set aside to facilitate reasonably priced youth housing. The developer concedes, however, that price is set by the market, and low building costs do not necessarily translate into low unit prices. Since then, the clause in the regulations on youth accommodation has been dropped, and the flats are sold on the open market. Relaxed quality standards may thus have been exploited by the developer to build more units of a lower standard than would otherwise have been the case.

Accessibility and Collaboration:
More Flexible Health and Social Services?

**National Mental Health Program, Child and Adolescent Psychiatry
and Child Welfare
By Lars B. Kristofersen:
NIBR Report 2007:13**

Project Aims

The report is the final outcome of a project on relations between child and
adolescent psychiatry clinics (BUPs) and child welfare services (CWs), mainly in the
years 2002–2005. The project came about in conjunction with an evaluation of the
National Mental Health Program (NMHP).[39]

The project, which emphasised end user development, accessibility and
collaboration, was completed in two phases. During the first stage we analysed data
derived from countrywide statistics on patients/clients of both services prior to 2002.
In 2002 we interviewed senior service managers and staff of twelve agencies/clinics
serving six different municipalities, one in every region of the country. The results of
our analyses of statistics and interviews were published in a NIBR Working Paper,
*National Mental Health Program and its impact on child and adolescent psychiatry and child
welfare – A mid-term report for the years 1999–2002* (Kristofersen 2004).[40]

In the second phase of the project, 2004–2005, we revisited the twelve clinics/offices
to interview as far as possible the same managers and staff members. Among the
issues we sought clarity on, accessibility and inter-service collaboration were high on
the list. Concurrent with the analysis and comparison of these data with earlier
findings, we analysed country data on end user development in the child and
adolescent psychiatry and child welfare sectors for the years 2002–2005.

The purpose of the project was to study and determine the impact of the National
Mental Health Program (NMHP) on collaboration, service accessibility and
client/patient outcome of assessment and treatment/assistance by BUP clinics and
child welfare agencies.

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[39] *Opptrappingsplanen for psykisk helse*: also translated as National Capacity-building Plan for Mental
Health, Escalation Plan for Mental Health, Mental Health Development Plan and Mental Health
Action Plan.

[40] *Opptrappingsplanens betydning for barne- og ungdomspsykiatri og barnevern. En underveisrapportering for perioden
1999-2002* {Kristofersen, 2004 #1470}

The main objective necessitated several subsidiary studies of:

– Organisational changes, including new collaborative arrangements

– Statistics on patient/client numbers (BUP and CW); admission and referral procedures (BUP and CW); and client career summaries (CW)

– Developments related to a number of selected interventions: outpatient treatment (BUP); use of day care institutions, support persons and foster homes (CW); admissions (BUP and child care institutions)

– Referral patterns by health services (frontline and psychiatry) to child welfare authorities for children and adolescents by social background

Data and method

The project analysed data from several sources:

10. Countrywide data assembled over several years on individual BUP patients and CW clients (HIA data, Norwegian Patient Register and Statistics Norway)

11. Qualitative data derived from interviews with senior managers and staff at BUP clinics and CW agencies in six municipalities, at two points in time (2002 and 2004), twenty-four research interviews in all, conducted jointly by NIBR and SINTEF Health Research

12. Administrative data on human resource development nationwide in the two services (Statistics Norway)

As far as end user development and referrals to and between the two services are concerned, we analysed nationwide person-level multi-year statistics for BUP and CW. While we were mainly interested in the final years of each period, we also studied separate years prior to 2002 (BUP and CW) and ran selected analyses on the intervening years 2002–2005 (CW statistics). The first period ended in 2002, the latter in 2005 (that is, the last year for which nationwide statistics were available on both services). In connection with the child welfare statistics, we consulted longitudinal studies stretching back to 1990. In summary, not only do we have data from the first year of the NMHP (1998), we have data from several years before the program came into effect. Child welfare data are particularly good.

Key observations

The data sets and analyses are complementary. Analyses of person-level data on child and adolescent psychiatry and child welfare services cover the whole country, and are as complete as it was possible to achieve as to the range of clients/patients at requisitioning and retrieval. Data were retrieved by SINTEF Health Research, HIA Data and Norwegian Patient Register (for the BUP data) and Statistics Norway (for the CW data).

Knowledge of service accessibility and cooperation is derived from analyses of qualitative interviews with senior managers and staff of the respective services of six selected municipalities. We chose the municipalities at an early stage of the project, and interviewed BUP and CW managers and staff on two separate occasions. SINTEF Health Research has more information on these municipalities' health and

social services (interview and questionnaire data). Information provided by interviewees is not representative for the country as a whole, but insofar as we interviewed managers and staff in a broad assortment of municipalities in terms of size and location (all regions are represented) twice, with about two years separating the first and second interviews, our interview data are sufficiently robust, in our opinion, as a window on national trends. Potential misinterpretations in the first interview round were addressed in the second, which, as far as practically possible (a small number had left) we did with the same managers/staff members.

Because we had analysed national data on clients/patients, we have some basis on which to extrapolate what we learned from local/regional health and social services into a wider national context.

We present below some of the analyses' key findings.

Child and adolescent psychiatry patients

There has been a relatively rapid rise in the number of patients admitted to BUP clinics from when the NMHP came into effect in the mental health sector in 1998, and to 2005.[41]

A total of 27,000 children/adolescents aged 0–17 were treated at outpatient clinics, day units and 24-hour units in 2001. In 2002, 28,590 minors (i.e., children and adolescents under 18) were treated. Most of these were treated at outpatient clinics. That same year, 2.7 per cent of all minors was treated, but the NMHP's target of 5 per cent treated annually by this specialist health service remains to be met. A slightly higher percentage of boys were treated at clinics than girls (over 57 versus nearly 43 per cent respectively). Compared with the age of clients for whom action was instituted by the child welfare authorities in the same year, there was a preponderance of teenagers 13–18 among BUP patients. BUP used very few resources indeed on infants (0–5) in 2002. Only 0.6 per cent of this age-group was admitted for treatment during the year. We do not know the precise needs of this age-group, nor did the national program (NMHP) come with specific targets for the youngest age-group.

By 2005, there had been a further increase in the number of minors treated at BUP clinics and 24-hour units: in 2005, over 40,500 minors were treated, or 3.7 per cent of all minors in the country. By the end of 2005, then, the 5 per cent target was still out of reach. Some of those treated in 2005 were 18 or older; this is not unusual. We find a similar pattern in earlier years.

While the number of treated 13–17 year olds in 2002 accounted for 4.8 per cent of the youth population, 6.6 per cent (over 20,140 individuals) in this age-group were treated by the child and adolescent psychiatric services in the period 2002–5. Similarly we see an increase in the number of treated infants 0–5, from 0.6 to 0.7 per cent (over 2,600 children), though this increase is minimal compared with the other groups of children and youths. There still appears to be a shortfall in consultations/treatment of the youngest age-group. Although a treatment target is not spelled out in the capacity-building initiative, there is too little capacity to address children suffering abuse, severe neglect or whose parents have psychiatric or serious

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[41] Child and adolescent psychiatry is one wing of the specialist health service in Norway known as "mental health children and youth"). There are several such specialist health services.

substance-abuse conditions. So the target for this group – 5 per cent treated children aged 6–12 – has not been reached either.

In the below-8 age-group, a relatively higher number of children was in contact with the CW authorities than BUP in 2005. From age 8, BUP availability grows rapidly, while that of the CW services remains unchanged. This may indicate sharply differentiated symptomology between CW and BUP cases and in the children at different ages. Child welfare agencies are more likely to take action, for instance, if the problem is related to deficient parental care, while BUP tends to address problems experienced by children individually. But part of the difference between the two services could also be explained by the different ways in which problems are "detected". Many children with mental health issues are probably not "detected" until their coping skills at school fall below a certain threshold.

The percentage of girls treated is virtually unchanged since 2002. In 2005, girls made up 42 per cent of BUP patients, against 43 per cent three years before. More than two out of three patients aged 6–12 are boys. On reaching adolescence, sexual differences balance out again.

GPs and frontline doctors are more likely to be the referring party in 2005 than was the case in 2002. This could suggest a clearer formalisation of admissions to BUP, and, consequently, tighter regulations on who can refer children for treatment. The number of references of children and adolescents by welfare/child welfare authorities fell from about 12 per cent in 2002 to about 9 per cent in 2005. Due to the uncertain data and changes to referral procedures, we cannot say that collaboration between CW and BUP worsened between 2002 and 2005.

The percentage of children and youths registered as patients at a BUP clinic and as a child welfare client is unchanged from 2002 to 2005. The figure is 17 per cent. It means that more children are being helped by both services, but that the proportion of BUP patients who are also child welfare clients is the same in 2005 as 2002.

Against the background of the analyses in this chapter, two important issues related to recruitment of children to BUP invite further comment. Treatment capacity grew between 2002 and 2005, but service availability for the youngest remains very low. We discuss these points in greater detail below in the section on conclusions and recommendations (chapter 11 in the report).

Child welfare clients

One of the main concerns of the national program (NMHP) is to promote "services which can meet the needs of the patient/client, and function in an integrated, coherent fashion". Since the number of dual BUP and child welfare clients is so large, it is important to analyse use of the child welfare services as well.

As analyses of BUP data show, about 17 per cent of minors in psychiatric treatment are also clients of the child welfare services. Managers of the six BUP clinics put the figure in the 10–50 per cent range.

According to British studies from 2003, there are four to five times the percentage of children in touch with the local child welfare services compared to other children suffering from psychiatric disorders.

The number of children and adolescents helped by the child welfare service grew during the period under analysis. The 1998–2005 rise is not identical with the rise in the number of BUP patients as the steepest rise prior to 2002 (from 1998) was in the child welfare sector.

In 1998, steps to provide assistance or care (including action targeting behavioural issues) were instituted by the child welfare authorities for more than 30,100 children and adolescents. This statistic includes a number of 18–22 year olds in juvenile aftercare programmes. The ratio for 0–17 year olds in child welfare programmes was 21.4 per 1,000 at the end of the year.

The same intervention categories were initiated for more than 34,400 minors in 2002. This group also includes some 18–22 year olds. The 0–17 age-group ratio had risen by then to 22.7 per 1,000 at year end.

Three years later, by 2005, more than 39,200 minors were in some form of care programme, an increase of more than 14 per cent on the 2002 figure. There was a particularly rapid rise from 2004 to 2005 in the number of young adults (18–22) in aftercare programmes. 25.2 per 1,000 population aged 0–17 were involved in a child welfare programme at the end of 2005.

Minors were predominantly enrolled in support programmes (voluntary measures) in 2005. Numerically, this accounted for more than 32,000 minors.

The rise in the number of minors in welfare programmes over these three years falls significantly behind the rise in numbers of teenagers consulting the child and adolescent psychiatry service. But the rise in child welfare clients should be assessed in light of the increase seen during the 1990s. In 1990, before "capacity-building" led to job creation in the child welfare sector, this service too dealt with fewer than 20,000 clients annually.

Voluntary programmes predominate as the preferred intervention of the child welfare authorities. This remained unchanged during the NMHP-period 1998–2005. More minors were placed in foster care (homes and institutions) as a voluntary measure (Section 4.4, sentence 5, Child Welfare Act) in 2005 than either 2002 or 1998. One is less likely to meet a perception within the child and adolescent psychiatry service of child welfare programmes as a combination of assistance and control, or that referrals are likely to result in compulsory measures. More than half of the minors in residential care in 2005 were there voluntarily.

The prevalence of most interventions grew from 2002 to 2005. Interventions involving placement in day care institutions, allocation of support persons and various forms of foster care grew. There was a reduction in institutional residential care from 2002 to 2003, but numbers rose again 2004/05. The majority of residential institution placements in 2004 (more than 1,400 out of 2,300) was of the voluntary kind. Most placements in ordinary foster homes were voluntary as well. Children in supported foster homes are more likely to be subject to care orders (issued by a county social welfare board, frequently with a basis in Section 4.12 of the Child Welfare Act).

The use of child and adolescent psychiatry clinics by child welfare authorities as a child welfare order was more likely in 2002 than the succeeding years (Statistics

Norway, individual-level data). In 2002, nearly 1,100 minors were subject to this type of child welfare order. In 2003 only about 450 minors were registered with this kind of measure. The figure remained low throughout 2004, but rose again in 2005 to almost 790 minors. We have consulted with a variety of expertise in the sector without finding a good explanation. According to some, having clients in both services without a special child care order being given is not uncommon. Statistics Norway have not registered reporting errors in this statistical area.

Between 2002 and 2005, there was a sharp decline in referrals to psychiatric institutions (including adult institutions) by the child welfare authorities. While the records show that 110 minors were referred in 2002, in both 2004 and 2005, only about 30 such referrals were made.

Recent interventions, such as parent management training (PMT) and multi-system therapy (MST), were instituted with increasing regularity in the period, but remain a speciality compared to, for instance, care orders prescribing placement in day care institution and foster care. The number of families offered PMT rose from more than 30 in 2002 to more than 480 in 2005. The number of minors in MST programmes grew from more than 380 in 2002 to 760 in 2005. The fastest rise in MST in the period happened in 2003/04. These new forms of child welfare care, PMT, MST and family counselling, appear to have made the child welfare service a more attractive partner to BUP than it used to be.

Mobile services (CW – inter-municipal emergency units; BUP – outreach psychiatry teams) and "satellite offices" under larger BUP clinics help cultivate a more flexible collaborative climate between the two services.

An analysis of the pattern of referrals to the child welfare authorities in 2002 and 2005 (ongoing child welfare cases in these years), showed an increase in cases reported by health service (including community nurse service, GP/hospital and BUP/adult psychiatry). But because there was a concurrent rise in the number of children and adolescents in child care programmes, the only increase in cases reported by the health service was in the field of BUP/adult psychiatry. This increase was from 4.0 to 4.2 per cent of child welfare cases where the reporting party is given. The police/law enforcement authorities and schools accounted for the sharpest rise in both absolute terms and percentage of child welfare cases.

Longitudinal child welfare studies have shown that 702 children, adolescents and young adults for whom child welfare measures were initiated in the years 1990–2001 died during the period. Death occurred either while the minors/young adults were in a child welfare programme, or later. Mortality is higher among minors in child welfare programmes than the among the same age-group in the general population. The most prevalent causes of death were suicide, alcohol/drug-related causes and traffic accidents. Swedish studies report a similar pattern among minors placed in foster homes and residential institutions in Sweden.

In light of these Swedish and Norwegian longitudinal studies, steps should be taken to improve working relations between the child welfare authorities and health service on practical issues relating to these children and juveniles. The Swedish researchers use the term "avoidable death" to describe some of the deaths in the child welfare group. The same could be done here in Norway too, – some deaths could clearly

have been avoided had the health service and child welfare authorities worked better together, not least in the area of prevention.

BUP and child welfare service staffing and organisation

The National Mental Health Program envisions the creation of 400 or more jobs at outpatient clinics (state-run programmes for minors), and an increase of 260 person-years in the psycho-social services, support persons, culture and out-of-school programmes for minors with psycho-social problems, and finally 800 person-years in public health centres and school health service (municipal measures for children and adolescents).

There was a general rise in the number of people working at BUP clinics in recent years.

In sum, more than 2,850 person-years were invested in child and adolescent psychiatry nationwide in 2002. By the end of 2005, this number had grown to more than 3,200, or an increase of 12 per cent over the three years in question.

Medical doctors accounted from 225 person-years in 2002 and more than 260 in 2005, divided roughly down the middle between specialists in psychiatry and doctors in specialist training (i.e. not full-fledged specialists). Percentagewise, person-years by medical doctors showed a slightly steeper upwards curve (of 16–18 percentage points) than all person-years of all staff members put together.

There was a preponderance of psychologists over medical doctors in this specialist health service, with the gap widening further during these years. While psychologists recorded over 530 person-years in 2002, in 2005 they accounted for over 660 person-years, a rise of nearly 20 per cent. More of the increase came from specialists in psychology than other psychologists, and accounted in 2005 for about half of all person-years by psychologists in 2005. The number of person-years of clinical psychologists also grew by 38.6 per cent between 2002 and 2005.

Person-years contributed by nursing staff grew from just below 220 in 2002 to 260 in 2005, a rise of about 20 per cent. Person-years attributed to social workers grew from nearly 310 in 2002 to over 340 in 2005, a rise of 11 per cent. Special educators increased their person-year count from over 280 in 2002 to over 340 in 2005, or getting on for 21 per cent.

Milieu therapy staff input in this specialist health service remained relatively constant at about 700–710 person-years in the first and last year of the period under study, dipping transiently to 660 in 2004. The number of person-years from non-qualified milieu staff was also stable, at just over 120, peaking temporarily in 2004 (the year the milieu therapist input declined). Person-years generated by service and other employees fell slightly during the period, from nearly 130 in 2002 to over 100 in 2005. Management staff increased their contribution from about 330 in 2002, to just under 400 in 2005. There was, in other words, a relatively rapid relative rise in these years (almost 20 per cent).

Despite the overall increase in person-years in the child and youth mental health specialist health service, there is still some way to go before targets of the national program (NMHP) are reached, especially in terms of jobs with local authorities and

emergence of a recent addition, "municipal mental healthcare for children and youth".

Growth in the number of child welfare employees was slower between 2002 and 2005 than in specialist health service. The National Mental Health Program lacks a job growth target for the child welfare agency.

But not all BUP managers we spoke with had noticed a rise in job creation 2002–2005. Some managers had received more personnel before 2002, but none in 2003 or 2004. Some newly created jobs remained vacant: managers were unable to find people to take them, especially jobs at BUP outpatient clinics outside the major cities. It proved particularly difficult to fill vacancies for child and adolescent psychiatrists (fully qualified specialists, such as medical directors/head physicians). BUP units were frequently short of medical doctors, and vacancies were staffed by people still in specialist training. Other BUP units were having trouble getting hold of specialists in (child and adolescent) psychology, though it was somewhat easier in the major cities, and also in small and medium-sized municipalities in 2005 than in 2002.

BUP managers said it was easier to recruit social workers, child care workers and educational therapists. While some appointees had not completed specialist training, they were given an opportunity to do alongside their job at the BUP clinic.

Some child welfare managers believed social workers /child care workers and educational therapists accounted for most of the new staff in the child and adolescent psychiatry service. Several child care managers would have liked to consult with a psychologist at BUP about troublesome cases. They disliked having to "tell the same story all over again" to social or child care workers if they believed the child and his/her family were already adequately assessed by child welfare professionals in their own agency.

Compared with job growth in BUP, job creation in the child welfare service trailed behind in the period. Some child welfare managers wanted specialists in psychology, but seldom enjoyed official sanction to appoint people in this category. Most employees in the child welfare agency had clinical experience, from clinical social or child care work.

Because there is only a limited pool of qualified specialists in child and adolescent psychiatry and psychology, vacancies are frequently hard to fill, not only at the smaller BUP clinics, but at some of the larger ones too. Senior medical staff are particularly hard to find. Some child welfare agency staff fear that many of the four hundred new jobs will be taken by social workers and child care workers. While these staff categories have much to offer within their particular clinical field, some of the partners would like to see more psychologists at BUP clinics.

Opinions on availability

BUP managers believed it was easier gain admittance to their own BUP units in 2005 than in 2002. The queues of children and youngsters waiting for BUP treatment had shrunk in most places, despite the widespread concern shared by BUP managers also in 2004/2005 that youngsters at the back of the queue had to wait too long. BUP managers assured us that screening and admission consultations were today more likely to be held within the 30-day limit (this was a recent amendment to the

regulations when we carried out the first round of interviews in 2002/2003). They believed also that BUP clinics were better at making room for critical cases. After the administrative decision was made to admit the person, action was taken the same day in most cases, or the day after at the latest.

Few BUP clinics had had their opening times changed significantly during these years (2002–2004/5). Most were open between 8 am and 3:30 pm on weekdays, but not at night, weekends or bank holidays. One BUP clinic had extended opening hours one afternoon per week. Several therapists at several BUP clinics treated upper secondary school patients in the afternoon (working to a flexible work schedule). One of the BUP managers was also in charge of a twenty-four hour unit for adolescents, where emergency cases could be admitted day and night, all year round.

BUP managers and staff told us that it was relatively easy to get in touch with the child welfare agency about a case.

Child welfare managers and staff also believed their own agency was reasonably accessible for the young and other users (relatives of patients, i.e., parents and foster parents), and by sister services such as BUP, both in 2002 and 2005.

For child welfare managers and staff, getting in touch with the local BUP clinic was not necessarily easier in 2005. Emergencies were dealt with rapidly, but communication with BUP clinics was slower in less critical situations. Reflecting on emergency help outside ordinary working hours (situations involving the child welfare manager, possibly in partnership with the police, child welfare emergency unit or "somatic" emergency departments evenings and nights), there was a feeling it should be easier to get psychiatric help for a child or young person in acute distress. Instances of acute psychosis or suicide attempts/warnings combined with self-harm, often ended in sectioning at an adult psychiatric unit for 16–17 year olds after ordinary opening hours because BUP clinics were closed.

Improvements in general availability and flexibility appear then, from what we learned from our informants, to have taken place in the intervening period. But BUP still treats only a small number of infants and toddlers, despite some therapists investing more time in this patient category than two years ago. And where there was once a degree of flexibility in treating patients over 18, this has suffered somewhat due to increased prevalence of patients aged 13–17.

Opinions on collaboration

One of the NMH-Program's foremost objectives is to improve service organisation and integration. "Services [should] meet the needs of the patient/client, and function in an integrated, coherent fashion."

BUP and child welfare agency managers and staff report improved collaboration and inter-service communication between 2002 and 2005. Both however remain critical of certain aspects of the opposite agency – its organisation and the time it takes to establish good working relations. But in relation to individual clients/patients, cooperation is helped not least when people in the two agencies get used to working together.

According to child welfare managers, BUP are more likely in 2004/2005 to react if a case is critical and if it occurs during normal working hours than two or three years before.

Our interview data show relatively clearly that employees of each service who are used to working with a counterpart in the other agency tend to report better working relations and information sharing with the other agency.

Managers and staff in both services say that their workload leaves them with too little time to cultivate good working relations with the other agency. In this sense, clients and patients will probably need to wait longer before the services can be called integrated and joined-up.

Conclusions

The purpose of this project was the analysis of relations over time between child and adolescent psychiatry and child welfare during the lifetime of the NMHP. Most attention was devoted to studies of inter-service collaboration, availability and accessibility of services, client/patient progression through the examination and treatment stages. Starting in 2001, the project team collected the first batch of dedicated data in 2002.

During the implementation of the National Mental Health Program, and while Norwegian Research Council evaluation projects were ongoing, sweeping reforms were proceeding in the healthcare and child welfare sectors. These reforms saw the creation of state health enterprises (hospital reform) and deployment of state managed child welfare in the regions. The child and adolescent mental health strategy was launched well into our project's lifetime. Local authorities drafted and adopted sometimes very different policy strategies for psychiatry. It is not easy, therefore, to isolate "an effect" of the NMHP from the effects of other plans and reforms, simply because they are so closely intertwined.

The conclusions drawn in this report relate to the period during which the project team made its observations, 2002–2005. In addition, we have consulted statistical data on patients and clients in BUP and the child welfare programmes between 1998 and 2005.

The NMHP brought a sharp rise in the number of children and youngsters treated by the specialist health service, although the treatment target of 5 per cent is still some way off.

Boys are much more likely than girls to be admitted for treatment at a BUP unit. Two-thirds of all patients aged 6–12 are male. Much of the gap has closed by the time we get to the adolescent age-groups.

Many children with mental health problems are detected while still very young, especially boys. The education sector is much more likely to detect mental problems in boys than in girls, and refer them to the child and adolescent psychiatry service.

Treatment capacity grew, especially between 2002 and 2005, but is still only available to a small minority of the youngest age-groups. What can be done to help schools detect girls with mental health problems earlier?

There is no change 2002–2005 in the relative numbers of children and adolescents that are (or were at some time) dual BUP patients and CW clients: the figure is 17 per cent. Overall, in other words, more children are being helped by both services, but the percentage of dual BUP patients and CW clients remains unchanged from 2002 to 2005.

Our analyses show that the number of children and young people assisted by the child welfare authorities grew between 1998 and 2005. There are differences between this increase and that of BUP patients, both in the capacity-building period and in the years leading up to it. In 2005, the child welfare agency took action in respect of more than 39,200 children and young people, initiating assistance or care measures. These represented 2.7 per cent of all 0–17 year olds in active child welfare programmes in the year 1998. The percentage grew to 3.2 in the course of 2005.

Most clients are in voluntary programmes. It is the commonest form of action, and has remained so during the NMH-Program's lifetime, from 1998 to 2005.

New approaches to child welfare adopted during the capacity-building period such as PMT, MST and family counselling, appear to have benefited perceptions of the agency as a viable partner in the eyes of BUP personnel. Outreach services provided by both (mobile child psychiatry teams and inter-municipal child welfare emergency units), along with "satellite offices" under the larger BUP centres, inculcate a more flexible approach to inter-service collaboration.

The number of employees in the child and adolescent mental healthcare sector rose in recent years. Between 2002 and 2005, person-years rose by near 12 per cent in the sector, from close to 2,890 to over 3,200.

Staffing budgets increased between 2002 and 2005, some of the senior BUP managers reported. But there is a shortfall of qualified specialists in child and adolescent psychiatry and psychology, making recruitment very difficult indeed, not just for the smaller BUP clinics. Larger ones tell a similar tale, not least in respect of senior medical staff (head doctors).

BUP managers were themselves convinced that their service was more widely available in 2005 compared to 2002. The queues of children and teenagers waiting for BUP treatment had shortened in most places, although most BUP managers feared that waiting time for people at the back of the queue was too long, also in 2004/2005.

Child welfare managers and staff believed they were reasonably available to young clients (teenagers and relatives, parents and foster parents), and other services, both in 2002 and 2005.

Child welfare managers and staff told us that availability of BUP services varied, some had improved, others not. Emergencies were easier to deal with, but getting BUP to take action in less critical cases was often difficult. Several child welfare managers wanted to see wider access to BUP for critical cases outside ordinary opening hours.

The main conclusion to draw here is that while steps have clearly led to improvements in the availability of BUP services and have facilitated collaboration

between BUP and child welfare agency in the period under study, the targets set out in the NMHP have yet to be achieved.

3.7 per cent of children and teenagers under 18 were helped by the child and adolescent mental health service in 2005. But the NMHP envisions a 5 per cent treatment rate by the end of 2008. This may well be within the bounds of possibility if recent growth trends continue.

The hardest targets in this sense will be to

13. Create a joined-up, integrated treatment network, based on the perspective of the client/patient
14. Create a treatment network that works across sectors and administrative levels

This report shows, confirming two other evaluations of the National Mental Health Program {Andersson, 2006,Sverdrup, 2007}, that a great deal remains to be done in this field.

These studies do not say much about treatment efficacy or outcomes. This will be an important area of investigation as we go forward, perhaps as a series of longitudinal studies of clients/patients lasting several years – to see how they get on after leaving treatment and welfare programmes.

Recommendations

In light of our empirical findings and conclusions in this research project, we present the following recommendations for action for and with the groups of clients/patients involved:

– Steps should be taken to ease collaboration between the child and adolescent psychiatric outpatient clinics and frontline child welfare and health services. Re-organisation of services nationally and locally is partly to blame for the challenges that persist. They include high staff turnover in some of the services; persistent conflicts between front and second line services and between frontline services themselves. There remain pockets of professional rivalry, but collaboration between professions in one service does appear in 2004/2005 to be better than in 2002. Collaboration between frontline and second line mental health services for children and adolescents should be given higher priority by managers and staff in these services. Interviews with informants in the sectors (managers and clinical staff) suggest some improvement in these years, 2002 to 2004/2005, but a lot remains to be done before we can say the system is satisfactory. Clients, patients and their relations speak of poor collaboration between frontline and second line services (local–central authorities) and between the separate care services for children and youngsters (cf. NIBR Report 2007:2).
– A targeted effort is needed to detect when infants and toddlers need assessment and treatment by BUP. Assessment and treatment rates for 0–5 year olds were still only 0.7 per cent in 2005. It would be advisable to consider whether separate treatment and assessment targets could be set for the youngest children. The community nurse service, GPs, child and adolescent psychiatry and child welfare agencies must work more closely together to

detect problems and intervene earlier for the youngest children. BUP should increase capacity to assess in particular children subject to inadequate care or abuse, or whose parents are mentally ill or have major substance abuse problems.

– Steps should be taken to ease the transition from child and adolescent psychiatry to adult psychiatry for patients in this category. On the basis of what we have learned in this project and another NIBR project on client participation (NIBR Report 2007:2), we are aware of relatively abrupt discharge of patients aged 16–17 at BUP clinics, in some cases because their therapist left the clinic or moved to another department. We also note a sharp decline in the number of 18–19 year olds in treatment at BUP clinics, according to nationwide statistics, compared with the relatively sedate pace at which children leave child welfare programmes, between the ages of 18 and 22.

– Emergency psychiatric services should be more widely available, especially after normal working hours, at weekends and bank holidays. We learned during this project of 16 and 17 year olds presenting with acute problems being referred (by emergency units, following referral by the child welfare agency) and admitted to adult psychiatry units because there was too little twenty-four hour/weekend capacity in the BUP service to deal with emergencies, and too few acute beds in adolescent psychiatry.

– Like the emergency child welfare units created many years ago to serve large and small municipalities, the latter often sharing a unit, a similar system should be put in place to provide emergency psychiatric treatment to children and adolescents. BUP, which today has more patients than the child welfare services have clients (more than 43,000 patients in 2005), should be empowered to deal with acute cases, as is the child welfare agency with its emergency units.

– Information should be readily available to relatives and staff in the frontline health, child welfare and school psychology services, and to school counsellors and the police, about the identity and whereabouts of the regional child and adolescent psychiatry duty officer and how this person can be reached after normal working hours, i.e. evenings, at night, early morning, weekends and bank holidays.

– It is essential to make sure that appointees to the 400 jobs created at psychiatric clinics for children and adolescents are well qualified. There are too few specialists in child and adolescent psychiatry and psychology, and vacancies are often difficult to fill, not only at the smaller clinics, but in some of the larger ones as well. Senior medical staff represent a particular challenge in this respect.

What we know about the children and teenagers helped by child and adolescent psychiatric clinics and child welfare agencies is fragmented. Nor do we know whether help is given in one go or intermittently over time. We also know too little about the patients at child and adolescent psychiatry clinics from a national perspective. Treatment duration, family and social background variables resist analysis because of inadequate BUP data. We know too little, and have too few opportunities, to pursue

extended outcome research on patients after treatment because we lack a national health database with information on recognisable individuals. We urge the authorities therefore to reinforce the health database on children and adolescents, allowing crosslinking with child welfare statistics and other databases of relevance to community medicine research and social studies, thus enabling longitudinal analyses of BUP statistics.

Universal Design in New Housing Projects

The experiences of the construction industry
By Guri Mette Vestby, Martin Hanssen and Aud Tennøy
NIBR Report 2007:14

The Norwegian State Housing Bank wanted to know more about "why it is taking so long to achieve universal design in the greater part of the building stock and in outdoor areas". In this study of four recently completed large apartment projects a sample of senior officials from each of the projects was interviewed in depth by us personally. These officials were affiliated to contractors and project architects and engineers, construction companies and contract engineers. Their views and perceptions, interests and opinions supply the key explanatory variables.

The idea of universal design is perceived by many to be relatively vague and woolly, signifying almost everything and nothing. The lack of precision is considered a handicap in that it makes it difficult to define expectations or set priorities. "Don't think many people really know what it means … it only surfaced this year … it's on everybody's lips nowadays," said one of our interviewees. But universal design is firmly on the agenda. It could be said to be going through its first practical stage of development and testing; many feel like they've embarked on a particularly steep learning gradient.

Barriers have mainly to do with (perceptions of) undesired consequences or implications in terms of outlay, land use, engineering issues, mutual incompatibility of purposes and goals, policies and values etc. The absence of reliable, tailored products is a real problem for many, and, last if by no means least, doubts are still lingering about the wisdom and value of committing oneself to the each of the universal design principles. While it might violate the action plan's basic thesis that special arrangements shouldn't be necessary, several of our interviewees believe that many of the principles could be "accommodated after the event", that is, whenever the need crops up. Universal design is mainly seen in connection with the disabled community and their particular needs, although universal thinking about needs is increasingly colouring perceptions. Awareness is concentrated mainly on factors to do with mobility disability, followed by visual disability, asthma and allergy. No one mentioned the hard of hearing.

From our interviewee accounts it is evident they are in the invidious position of having to balance and weigh several concerns . These we see as the *management of responsibility, capital, technical standards and time as a resource*. The reason it is taking such a long time to get universal design adopted in the majority of homes is connected to

these dimensions and the degree to which our interviewees find establishing a priority among them a source of conflict. The management or responsibility is about what they perceive to fall within their remit (common areas and outdoor areas more than apartments, what can't be changed later more than what can be modified), and safety requirements, and which groups/needs they feel most responsibility for. The management of capital reflects the razor sharp competitive climate in the construction business. The resulting inequalities between companies in terms of expenditure on universal design are perceived as another barrier. Capital expenditure is balanced against other qualities and construction considerations, as well as demand and saleability. Based on spending alone, most interviewees say it is unreasonable to expect universal design in all new housing projects. The management of technical standards comes into conflict with their sense of responsibility and professional pride, or sense of professional excellence and freedom to assess technical problems and make decisions. The management of time is always in the forefront when time is money, but is particularly critical when new ideas, designs, procedures and partnerships are being forged and tested. It was stressed that universal design takes time to plan and supervise.

The steep learning gradient and increased appreciation of universal design will probably help remove some of the barriers associated with these management dimensions. And new aspects of role management may emerge, such as whether/when the management of technical standards should include the management of universal design.

The descriptions of the construction projects allow us to appreciate the factors associated *specifically with role performance and interaction in the process* and their potential to promote universal design. One necessary component here is that someone has to "volunteer" to play the role of advocate; there also needs to be people that are enthusiastic and willing to learn, inspire others, take part in the process, point things out, ensure things are done, check things and help people stay "on the ball". The climate or culture in the organisation will also affect the advocate's role performance. Some ways of doing things, which include compiling check lists and standards, supervisory routines, knowledge and experience sharing, self-assessment, etc. appear to facilitate ongoing learning and opinion (re-)formation.

Interaction with people on the outside is another important factor, i.e., how the professions involved in the construction process affect one another. The mindset of the construction client is all-important. Interaction between client and project team in the early stages must include attention to universal design. Interaction with the Housing Bank as an external party appears to have a significant impact on the projects in which the bank is involved with loans or grants. The role and purpose of the Housing bank are described in terms of being a source of encouragement and motivation, acting as a trigger, support, counsellor, "quality controller" and awareness raiser.

There is little agreement on whether legislation is the best way to promote universal design, despite the accent on fair treatment and equal distribution of costs. Some see legislation as the only feasible way forward for universal design to be incorporated in the majority of homes. There are alternative methods, say others. One of them is to build motivation by setting a good example, organising training programmes and

compiling inspiring information – i.e., promoting knowledge building. Setting a good example is considered particularly valuable in this sense. "You need to sell a good universal design project for all it is worth!", said one of our interviewees. Another concluded that universal design requires "… creativity, common sense, resolve and a big heart."

County Government Management of Differentiated Task Portfolios

By Jan Erling Klausen and Sigrid Skålnes
NIBR Report 2007:16

This report presents the findings from NIBRs assessment of the trial on County government management of differentiated task portfolios in the period 2004-2007. Three trials have been carried out in all, involving different participants and tasks. Each trial has involved the transfer of tasks and responsibilities from national government agencies to the participants. The trial should be seen in the context of the county governments' role as agents of regional development. An important question in the assessment has been to what extent the trials have strengthened the participants' abilities to fulfill this role.

Two of the trials have involved regional associations of counties. One of these is *Vestlandsrådet,* in which the counties of Rogaland, Hordaland and Sogn og Fjordane has taken part in the trial. The second trial has involved the *BTV region*, in which Buskerud, Telemark and Vestfold counties are members. The third trial has involved one county government solely, namely *Oppland.*

The assessment has sought to answer a number of questions. NIBR has assessed the ways in which the participants have carried out the new responsibilities transferred to them in the trials, and what impact the trials have had on the participants' abilities to fulfill their role as agents of regional development. Emphasis has been put on assessing to what extent the trials have lead to significant changes in priorities, and if there is a regional profile in these changed priorities. NIBR has searched for impacts of the trials on the regions affected by the trials, as well as for consequences for the agencies that originally held the responsibilities.

The trial in Vestlandsrådet has focused on investment decisions on the parts of the national road network called the *remaining national road network* (national roads excluding trunk roads). These investment decisions are made in the context of the National Transportation Plan (NTP) and the accompanying Action plan, which is revised every four years. The regional directors of the Norwegian Public Road Administration (NPRA) submit proposals to these documents based on their professional judgment and consultations in their respective regions. Because all county governments are designated a crucial role in deciding the priorities in these proposals, NIBRs assessment has focused on the regional (inter-county) profile of the priorities made by the regional association Vestlandsrådet.

The procedure for investment decisions in Vestlandsrådet has been characterized by a balance between inter-county and countywise premises. On the one hand, decisions have been prepared by a joint co-ordination group with representatives of all three county governments as well as the regional director of the NPRA region West. This group has been able to base its decisions on joint planning documents and strategic plans for the region. Also, final decisions have been made jointly in Vestlandsrådet. On the other hand, the funds made available for the trial have been split in three distinct grants, one for each county, as is the case for all counties in the country. Furthermore, the decisions in Vestlandsrådet have been preceded by decisions in each individual county council.

Vestlandsrådets scope for discretion was highly limited in the first two years of the trial, because the funds were tied up in projects included in the Action plan to the NTP valid at the time. The maximum political freedom of action for Vestlandsrådet was achieved in 2005, as Vestlandsrådet made their decisions pertaining to the Action program for 2006-2015. These decisions furthermore tied up the grants for the coming years, because of the extensive time horizon characteristic of road construction projects. The 2005 decision has therefore been of crucial interest to the assessment.

The assessment of these decisions has been made based partially on a note written by the NPRA regional office on the regional significance of various sections of the "remaining national road network" in the region. Also, the decisions have been discussed with members of the joint co-ordination group. The main conclusion of the assessment is that the sections that actually were given priority primarily are significant for the local area or for the individual county. Their significance to the region encompassed by Vestlandsrådet is highly limited or totally absent. To the extent that any degree of regional significance can be attributed to these sections of road, this has not had any demonstrable impact on the investment decisions. Apparently, the decisions in each county council individually gained paramount importance through the duration of the trial, and the impact of the decisions in Vestlandsrådet had little actual impact.

Following this, NIBRs conclusion is that the trial on County government management of differentiated task portfolios in Vestlandsrådet has not had verifiable effects. The investment decisions would in all probability have been the same in the absence of the trial. Because of this, effects cannot be traced pertaining to the other issues covered by the assessment. The trial has not had impacts on the participants' role as agents of regional development. Nor has it impacted on the region subjected by the trial. Preconditions for national political governance have remained unaltered. Effects for the NPRA regional office seems to be limited to relatively minor administrative complications.

NIBR interprets these findings in light of the rather poor condition of the remaining national road network in the region, concurrent with the very limited grants to road investments. Each of the three county governments are faced with great challenges related to the upkeep of this road network – in one county as much as 71% of the network was classified as substandard. It has been difficult for the county councils to look beyond the direst needs in their own area.

The trial in BTV has included a portfolio of tasks and responsibilities roughly corresponding to that of Vestlandsrådet. In addition, BTV has been allowed to prioritize grants between road investments and public transportation (coaches) and to give permits for public transportation across county borders within the region. BTV has also been put in charge of deciding upon applications for the HØYKOM program (national grants for broadband communications).

BTV chose to organize the tasks in a more regionally integrated way then was the case with Vestlandsrådet. The three county governments involved have transferred all their powers in public transportation to the BTV council. All decisions have been made by the BTV, without prior decisions in the individual county councils. As in Vestlandsrådet, the decisions have been made based on a joint regional strategy.

The assessment of actual BTV decisions shows that a limited number of projects have been given priority. The key observation is that the grants in question were tied up to these projects before the implementation of the trial. Because of this, BTVs freedom of action was as good as absent through the duration of the trial, and it is not possible to identify observable effects of the trial on the investment decisions. As a consequence, the other questions pertaining to the assessment are largely irrelevant. Concerning transportation, the trial has had no ramifications for BTVs role as an agent of regional development, no impact on the region or on national governing capabilities. The regional office of the NPRA has however given a positive assessment of the cooperation with the BTV. Being able to meet with all three counties simultaneously has simplified their work. Yet the NPRA has not questioned the key conclusions cited above.

As for public transportation, the BTV has not altered the priorities between road investments and public transportation. This is probably due to the fact that the investment grants were tied up prior to the implementation of the trial. Concerning licenses for public transportation, this power was delegated to the chief officers of the three county administrations at an early stage, and has been treated as an administrative issue.

NIBR has furthermore assessed BTVs handling of the HØYKOM applications. Because all applications have been treated by the national HØYKOM secretariat prior to the treatment in BTV, it has been possible to compare the national recommendations to those of the BTV.

In all, 35 applications were treated by BTV. In most cases, the decisions made by BTV were in line with the recommendations made by the national HØYKOM secretariat. However, in seven cases BTV decided against these recommendations. NIBRs assessment of these cases indicates that the regional dimension added by the BTV treatment has been to give priority to applications with immediate usefulness to the region. Also, knowledge about local contingencies seems to have played a somewhat more prominent role in the treatment of applications. The national HØYKOM secretariat has raised issues concerning certain norms pertaining to the treatment of applications, including independence and predictability. Furthermore, the trial is described as administratively cumbersome.

The trial in Oppland County has revolved around the project *Fritt fram*, which concerns regional development and the responsibility for related grants. A crucial aspect of

Fritt fram is the initiation of public-private partnerships between the county government and various public agencies including prominently the municipal governments in the county. The primary aim of the trial has been to enhance the accuracy and flexibility of policy measures pertaining to regional development, furthermore, to strengthen regional and local political development efforts.

In many ways, *Fritt fram* can be characterized as a successful trial, although most of the key aims have not been met. The trial in Oppland seems to have required broader competencies and resources than it actually received, especially in terms of resources controlled by national government. Effective regional coordination of development policies requires cooperation between several government ministries, which in many cases proved to be problematic. The trial has not lead to significant changes in priorities of the grants allocated to the trial.

Even so, the trial status has enabled Oppland County to implement important changes. These relate primarily to the mode of work, resulting in new working relations between the county government and other regional and local political agencies ad authorities. The development of regional councils, six in all, each subsuming a small number of the municipal governments, has proved valuable. In all, the cooperation with the local governments seems to have run more smoothly than the cooperation with regional agencies of national government, although with some exceptions.

It is relevant to ask if the key results of *Fritt fram* could not have been met even without the trial. Te improved working relations have largely been based on good will and voluntary cooperation between the actors involved. Yet the trial status seems to have provided a boost which is seen as valuable.

Career Guidance in Nordland

An evaluation of a pilot scheme
By Marte Feiring and Marit Helgesen
NIBR Report 2007:17

The theme of this study concerns career guidance services in the county of Nordland. The scheme derives from two wider projects, "Holistic career counselling",[42] which is supported by the Directorate of Labour and Welfare, and "Partnership on Career Guidance"[43] which the Directorate for Education and Training initiated. The project brings several bodies together in an alliance, including the Nordland office of the Norwegian Labour and Welfare Organisation, Nordland County, Confederation of Norwegian Enterprise (NO), Norwegian Confederation of Trade Unions (LO), Norwegian Association of Local and Regional Authorities (KS), County Governor, affected local authorities, education institutions, social security service etc.

The report evaluates different ways of organising and coordinating career guidance in the county. There are several linked aims. One is to develop a partnership model involving affected organisations in the field of career guidance. Another is about setting up user-focused guidance centres and networks to improve guidance provision in the county.

This report speaks of career guidance. Guidance which takes account of the sum of the several parts must attend to the user's reflection process, competent counselling methods, and services for clients in different age brackets, circumstances and situations, from different cultural backgrounds, with different levels of education, linguistic ability and, where relevant, disability.

Partnership as a concept tends to mean an alliance of stakeholders, public and private, who coordinate and their contributions to speed the accomplishment of a shared objective. It also refers to stakeholders who share a particular mission or objective, who accept responsibility to work alongside others as authorised administrative entities while contributing resources in some form to the common activity.

The evaluation sought to describe and analyse the following areas:

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[42] Helhetlig yrkes- og utdanningsveiledning
[43] Partnerskap for karriereveiledning
Working Paper 2008:101

15. Formulation of ideas on how roles and tasks should be defined and allocated among agencies with statutory responsibilities in the area

16. Steps to make career guidance more user friendly and holistic for the affected target groups

17. Steps to facilitate of labour market and educational policy goal achievement

The first area is reviewed in chapters 3 and 4, the second in chapters 5 and 6, and the third in chapters 2 and 6. The evaluation relied on three approaches: i) an institutional approach which highlights organisational issues; ii) a user-oriented approach which takes the client's point of view and experiences into account; and iii) a policy oriented approach, highlighting central government politics and policies.

In relation to user friendliness, we can say that all of the guidance centres in Nordland approach their tasks in a cohesive, user friendly way. In practical terms it means that guidance (a) adopts a lifetime perspective on the client; (b) is able to deal with the various user groups, i.e., linguistic minorities, people with disabilities etc.; (c) considers work and education as two sides of the same coin. The fourth aspect, (d) availability where clients live, is limited so far to just two centres. The guidance centres have tended to give priority to different objectives and target groups in tests carried out locally. At the same time, human and economic resources have varied from centre to centre. Finally, they were obliged to deal with different types of issues as well. Without considering these factors, it would be difficult to compare performance and outcomes.

The Career Guidance project in Nordland is organised in partnerships. It includes things like defining and coordinating roles. Known as partnerships, the makeup of the steering groups and, to an extent, owner groups, has varied across the five schemes. Three factors seem to affect the performance of local partnerships. The first is whether the public served by bodies with statutory responsibilities in the field is in the same catchment area. The second is whether these bodies channel human and/or economic resources directly to the guidance centres. And thirdly, whether stakeholders that do provide resources are represented on the centre's steering committee, and whether they have a vote or not.

The project have tried out five different ways of coordinating and allocating management responsibilities, including employer liabilities and responsibility for coordinating local career centres. One guidance centre, with one manager, implemented a dual responsibility model. Local steering committees of three of the centres would, given a choice, give responsibility for managing the centres to the county. A majority of representatives on another steering committee prefer this option, too, while the minority vote (one representative) went to the local authorities in the host municipality. The fifth centre wanted the county and NAV Nordland to share management responsibilities. This was the option they tested during the trial as well. At the local level, experience shows that the actual location of management responsibility has no decisive impact on how partnership performance. What does matter is whether the scheme is initiated and designed by local stakeholders. In addition, it seems to help if the guidance counsellors work for the same employer and enjoy the same rights and duties.

Career guidance is organised in the shape of a partnership arrangement involving several agencies and bodies, and in principle both the NAV Nordland and Nordland County could be in charge of career guidance at the county level. The educational and labour market authorities have agreed to draft a combined career guidance development strategy.

At the county level, the project has only tested one model, with ultimate responsibility for coordinating and running the centres sitting with the county. It worked well during the trial. But before recommending one national model, one must remember that several counties are testing other career guidance schemes. What does need to be decided in the near future is how to organise coordination responsibility during a period of transition. Since the local, regional and national labour and welfare administration is still being restructured, an argument could be made for separating career guidance from the Labour and Welfare Organisation and letting it develop as an independent agency, but in close contact with the local NAV offices. Stakeholders involved in career guidance would be able to help design the new NAV system, while setting up at the same time an independent guidance service.

Partners in Career Guidance

A study of three counties
By Marit Helgesen og Marte Feiring
NIBR Report 2007:18

The report sets out findings of a study of regional partnerships formed to promote career guidance in the counties of Akershus, Nordland and Telemark. Career guidance falls under several acts of legislation in Norway, including the Act on Labour Market Services, Act on Social Services, Act relating to Primary and Secondary Education (Education Act), Act on Adult Education, and Introductory Act. The Directorate for Primary and Secondary Education provides funding for the scheme in all three counties. The Directorate's invitation to apply for funding, states that the schemes must be run as a regional partnership with basis in the county council. The National Labour and Welfare Organisation (NAV) is funding the scheme in two counties; its county offices are involved in the career guidance projects in Nordland and Telemark, and locally in Akershus.

The report uses the terms career guidance, vocational and educational advice or counselling virtually synonymously. Career guidance as a term captures the client's reflection process, guidance methods and procedures designed by experts in the field, and services for clients from different age groups, different personal circumstances, cultural background, linguistic ability and capacity/incapacity.

The term 'partnership' is used to denote an alliance of several stakeholders, public and private, who manage and organise their combined efforts within a particular area. It also denotes stakeholders who share a common goal and are committed to working together as authorised administrative entities while contributing human and/or economic resources to the project.

In Akershus, the project known as "Career Akershus" covers four projects and project leaders. Project workers have been taken on; they are known as coordinators. Progress is monitored at meetings of the county council, project leaders and coordinators. No steering committees or reference groups have been appointed at the level of the county. One project, based at a secondary school, has a reference group. Another, based at the Knowledge City Lillestrøm, has a steering committee. Two projects are housed with the school psychology/pupil monitoring service. These two projects were given steering committees and reference groups. The project leader manages the project at ground level. Apart from steering committees and reference groups, networks of regional stakeholders have been set up. County council officials are involved in the management of three projects, while the fourth has private sector stakeholders involved as well. The coordinators in Akershus are as

such governed hierarchical by a central authority linked vertically to each project. And as the county council funds the projects alone, this construal of the management arrangement would appear to bear up.

The coordinators are answerable to local authorities. The picture here is less straightforward given the fact that the partnerships give project teams a relatively free hand in the selection of alliance partners and nomination of network members. The degree to which members of the steering committees and reference groups can take decisions on behalf of their organisations varies. Their participation seems to be limited to promoting and facilitating career guidance and fine tuning it to local conditions. Steering committees, reference groups and other networks and groups provide intellectual resources insofar as they facilitate contact and exchange information. It is one of the objectives of the networks, as they grow, to form alliances or partnerships.

Career guidance in Akershus was put in place to enhance lifetime career counselling for the individual client. A choice was made to target youngsters nearing the end of compulsory schooling and on the threshold of intermediate education. Employees at "Career Akershus" act as coordinators *vis-à-vis* secondary schools and as a resource centre for local authorities and schools. In that sense, they have taken steps to develop optional and speciality subjects, and a raft of programmes which could be called career guidance programmes, or at least have some relevance to career guidance. They do not see individual counselling as part of their tasks, nor do they offer services for adults looking to improve their qualifications or change employers. The project works with the school authorities and in partnership with several local authorities. Work is being done to expand networks and create channels of communication which eventually can stand on their own feet as partnerships of mutually committed stakeholders. The partnership cannot, then ,be said to form the basis of the elected management approach. The form of management applicable to "Career Akershus", administratively and financially, is therefore vertical, where central authorities oversee the separate projects. It is a stated goal to set up mutually committed partnerships during the project's lifetime.

In the county of Nordland a project has been set up at the county council level, and five local projects have set up their own guidance centres. At the county level, the project has both a steering committee and reference group. Membership of the steering committee includes Nordland county council, NAV Nordland, the office of the Nordland County Governor through its Director of Education, Confederation of Norwegian Business and Industry, Norwegian Confederation of Trade Unions and Norwegian Association of Local and Regional Authorities. Membership of the reference group includes local project employees. At the county level, the project has a project leader. Local guidance centres have project leaders and steering committees. Committee members provide human and/or economic resources for the local guidance centre. The steering committees work to integrate stakeholders at various levels, and representatives of inter-municipal bodies have a seat on the committee. The decision-making powers of representatives varies. In other words, they cannot make decisions on behalf of counsellors or funding stakeholders. Their purpose is, as such, similar to that of the local groups in Akershus, to promote career guidance and align the service to local needs and conditions, to expand links with others and exchange information. We can say that the project is a local partnership under a

county council umbrella, which itself is a partnership. It has, to put it differently, a dual partnership structure.

The project in Nordland has put together career guidance programmes for adults and pupils. Most clients want to get an education or get a new job. The project works with institutions as well. In addition to the education authorities, partners include NAV institutions, local councils, businesses and the prison service. One of the strengths of the Nordland career guidance project is its ability to address clients with a wide range of attributes. Its relatively complicated structure is possibly a handicap, as is the fact that all manner of stakeholder alliances are termed partnerships.

We could characterise the Telemark scheme as the "simple" partnership model of career guidance. It is limited to the county level, where "Competence Forum Telemark" is the backbone. A steering committee is in force on which the Labour and Welfare Organisation and county council sit. This body promotes and supervises career guidance in the county. The scheme is called "Career Centre Telemark". The local authorities tender physical resources for county consumption, and are involved in several networks and groups with the primary education coordinator. The primary education coordinator works in the same building as Career Centre Telemark. No steering committee or reference group has been set up for the coordinator, who is answerable in his work to the county council.

Career Centre Telemark has designed a career guidance package for adults, and provides services for local authorities and businesses. A large proportion of the centre's clients are looking to improve their qualifications through study or to change jobs. The primary education coordinator works alongside schools and local authorities. Career Centre Telemark is designed to serve schools and labour market. This is one of its advantages, the "simplicity" of the partnership is another.

The three counties have adopted different partnership models. Telemark has a straightforward, county-level arrangement. Nordland has designed a dual model, where the county and regional authorities play a part, while Akershus is looking to set up an uncomplicated partnership system in four regions. Telemark has a career centre in place with works routinely with the education sector and labour and welfare service authorities while also providing personalised services for clients. In Nordland, the career centres work alongside the primary education system, labour market and welfare services. Akershus works with authorities in charge of the 13-year primary/secondary education programme. Akershus county council funds its career guidance project alone. In Nordland, funding comes mainly from the county council, the Labour and Welfare Organisation centrally and regionally (county level) and affected local authorities. In the relatively recent past, the Confederation of Norwegian Business and Industry also began to provide funding. In Telemark, the county council, Labour and Welfare Organisation and all of the local authorities help fund the project. Since 2005, the Directorate for Primary and Secondary Education has allocated NOK 500,000 annually to each of the schemes.

Unified County Administration
– A Columbi egg?

Evaluation of Unified County Trials in Møre og Romsdal and Hedmark
Inger Marie Stigen and Gro Sandkjær Hanssen
NIBR Report: 2007:19

About the assignment and the main direction of the trials.

The unified county model has been tested since 2004 in two Norwegian counties: Møre og Romsdal and Hedmark. The trial period is four years, ending December 31, 2007, with an optional extension.

In this report the final results of the evaluation are presented. A preliminary report was published in 2006. According to the request from the Ministry of Local Government and Regional Development, the main focus of the evaluation is on the trial in Møre og Romsdal. The Hedmark trial is only discussed in a short chapter, and it is used as the basis of comparison for some general conclusions.

In its evaluation of the unified county model trials in Møre og Romsdal and Hedmark, NIBR (The Norwegian Institute for Urban and Regional Research) has emphasized five main themes: (1) the formal organizational models in the two counties, (2) role clarity and cooperative relations, (3) simplification and efficiency in regional administration, (4) the intention of more comprehensive regional policy and the role of the county an actor in regional development and (5) the question of altered power relations between regional state and regional county government. The relation between formal organization models, the distribution of leadership responsibility, cooperative relations and role understanding are central topics of the evaluation. Is it possible to obtain a suitable role distribution and good cooperative relations, or do the cooperative relations deteriorate, with blurred responsibilities and difficult double roles for employees?

Data and method

The evaluation is based on analysis of documents, on qualitative interviews and review of other evaluation reports focusing on the same trials. The other evaluations reported to, have also included questionnaires, which are sent to bureaucrats in the counties, and bureaucrats and politicians in municipalities.

In 2005-2006 we conducted interviews with 50 bureaucrats and politicians on different organizational levels; in 2007 21 persons were interviewed.

How the trials were organized

Unified county models imply a stronger integration between the regional county administration and the office of the state county governor. In principle the unified county must integrate two different lines of management – one state line answering to the ministries and one county line answering to the county council. Neither St.meld.nr. 19 (2001-2002) nor the discussions in the Norwegian Parliament (Storting) gave directions as to which models of greater integration were to be tested. It was left to the counties interested (regional county administrations and state county governor offices) to indicate which models they wanted to try out. However, both during the announcements and approvals of the trials, and after questions in the Storting, it was emphasized that the trials are *administrative* trials. They do *not* constitute a mandate to shift the distribution of tasks between the state and the county administration during the trials.

The two trials that received final approval by the Ministry of Local Government and Regional Development are very different. Møre og Romsdal has conducted an extensive trial with a strongly integrated regional administration, headed by the County Director. He is responsible for both state and county administrative tasks, whereas the County Governor is left with a more limited portfolio of tasks. The Hedmark trial is more limited, with no formal organisational integration of the state and county regional administrations. It is led by a Unified Council made up of county governor officials and the elected political leaders of the county. In short, it can be said that Møre og Romsdal has been coordinated at the administrative level, while Hedmark is coordinated at the top political-administrative level.

A clear understanding of roles?

The evaluation shows that the unified county model in its pure form can be a challenging model of government. This can be seen both from earlier experience with unified administration until 1976 as well as from the ongoing trials. "Double-hatted" administration is challenging, both when it comes to selecting a leadership model, shaping the roles, the understanding of roles and professional qualifications.

Whether the unified county is headed by a state county governor or a regional chief county executive, the strongly integrated administrative model makes greater demands on the administrative and professional qualifications, the role understanding and the managerial skills of the person in charge. He or she must relate to two lines of management and be a very distinct and orderly manager both internally and externally. Positive testimonials have been given about the present county director of Møre og Romsdal in this regard. It is, however, a widely held opinion among our informants that the chosen model may be vulnerable, dependent as it is on which individual that occupies the position of leadership at any given time.

The questions regarding complaints, control and auditing within the unified county are very fundamental, and clearly show the tensions that can arise when regional development, operation and the rule of law need to be taken into account within one and the same organization. The prevailing trend in later years has been to increasingly stress the necessity of establishing a clear separation between service productions, complaints and auditing. The discussion of these questions indicates that these are problems that should be accorded special attention when considering unified county

models. There must be a continuous evaluation of whether the established arrangements offer sufficient institutional barriers against legal disqualification.

A more visible, less bureaucratic and efficient county?

Does the unified county represent a simplification of the regional level? Does the unified county, representing both state and county level, present itself to the municipalities as a consolidated and less bureaucratic unity?

The municipalities in Møre og Romsdal report that the unified county is easier to relate to than the previous separated regional county administration and state county governor arrangement. In their view the unified county appears as a more coordinated actor. For example, in planning cases, only one single reply letter is sent to the municipalities (both in Møre og Romsdal and Hedmark). The municipalities will not have to relate to multiple replies from the state county governor and the county.

It may seem confusing that the county of Møre og Romsdal has to employ three different letterheads, depending on whether they are writing as the representative of the county governor, the Board of health or the unified county. But probably more important to the municipalities and the public is the physical co-location, the shared telephone switchboard and a shared customer service, with regard to accessibility and clarity.

A more comprehensive regional policy and a strengthened regional development actor?

The evaluation indicates that the role as a proactive and coordinated regional development actor has been strengthened in the two trial counties. Many of our informants emphasize that the unified county has facilitated a coordinated approach to different areas of policy, and see this as an important added effect of the trials. The so-called Arena for cooperative action in Møre and Romsdal county is an important forum for this. It stimulates towards viewing different areas of policy in relation to each other, since the parties are encouraged to work in projects across departments, sections and professions.

The municipalities that have been interviewed in Møre og Romsdal see their county as having achieved a clearer vision of its role in development, and as having become more conscious of its role as a partner for the municipalities. This applies especially to the small municipalities. There are indications that the establishment of the Arena for cooperative action has contributed especially towards a strengthened role in regional development, because many such projects have a distinct partnership organisation, including both municipalities, non-governmental organisations and business.

How decisive is a unified county in order to obtain good cooperation?

It is an interesting question how decisive the choice of model is in order to obtain the goal of good cooperation and "one door in – one door out". Could this be realised equally well in the absence of an integrated unified county model?

In the areas we have chosen to highlight here, there is a lot that can be done without fully integrated administrations. What largely counts for many counties is finding

practical solutions, but a formal integration of the two administrations improves the organisational conditions for establishing such cooperation. The cooperation probably becomes more committing, predictable and more flexible.

Changes in the distribution of power?

The unified county trial is an administrative experiment which is not meant to lead to changes in the allocation of tasks and responsibilities between the regional county administration and the state county governor, but it has great symbolic significance that the state county governor is not in charge of or participate in the leader group, and that up to 75 per cent of his duties are assigned to the county director. There have been descriptions of an "institutional power struggle" between the state county governor and the county director in various contexts. Both the formal setup of the experiment and the findings indicate that such a description to some extent is relevant.

The evaluation indicates that the trial in Møre og Romsdal has added more value to the regional county line of management than to the state line. The bureaucrats from the regional county administration in Møre and Romsdal are more pleased with the trial than the state county governor and the bureaucrats from the state county governor office. The politicians and the municipalities in Møre og Romsdal are also positive to the effects of the trial.

Even though the formal setup of the experiment and our data indicate that the regional county level has achieved more from the trial than the state level, our data do not provide conclusive evidence that there has been a change of distribution of power in favour of the regional politicians. A trial period of 4 years is too short for a final judgement in that direction.

Unified Counties: Post-New Public Management?

In the final chapter of the report the idea of unified counties is discussed in relation to former and present trends in public administration. We discuss some similarities and differences between the idea of Unified Counties and the ideas of Post-New Public Management. The idea of Unified Counties is associated with some main trends of post-NPM, labeled "joined-up-government" and "whole of government", models that foster coordination and integration. More interest is now also devoted to the idea of coping with ambiguity sensibly by organizational design. We argue that a double-hatted regional county administration can be seen as a rational organizational answer to a complex regional environment. However, the outer limit of the model is the handling of complaints, control and auditing. These tasks are not negotiable.

Health and Social Affairs in Norway and Russia

The cooperation evaluated
By Jørn Holm-Hansen, Aadne Aasland and Larisa S. Malik
NIBR Report 2007:20

This report is an analysis of the Cooperation Programme on Health and Related Social Issues in the Barents Region and under the Northern Dimension Partnership in Public Health and Social Wellbeing. The period covered is 2002 – 2006. The grant scheme funding the projects under the programme has funded a wide variety within the fields of:

–   prevention and combat of communicable diseases
–   prevention of life-style related health and social problems and promotion of healthy lifestyles
–   development and integration of primary health care and social services

Most of the projects cover more than one of the three priority areas. A total of 13 percent of the projects did not include any of the listed priorities 'to a large extent', while 6 percent did not include any of the priorities at least 'to some extent' according to the survey respondents.

Co-operation has involved the policy fields of health and social protection in both countries, including hospitals, social care institutions, research and educational institutions, consultancy firms, NGO's and small activist and citizen groups.

The overall picture of the programme operation is positive. In general, the projects are being carried out in an orderly and well-planned way. Project management is good, and often excellent in its clearness and systematic approach. The quality of the project reports is generally good. The Ministry of Health and Care Services has provided a well-thought-out template for applications, reports and evaluations, which is of help for project applicants and leaders.

Much of the efficiency is attributable to the enthusiasm of the project participants, who apparently spend much unpaid time on the projects. Project leaders are enthusiastic because their project very often consists in promoting, teaching and introducing their own favourite method, tool, approach or attitude.

The project activities are clearly linked to an overall aim of making an impact on health and/or social conditions. The type and scope of the activities included in the projects are realistic and are being implemented. When they are not, the reasons are external to the projects themselves. Project leaders are faithful to their mission and do not easily give up when external hindrances (like long time between application submission and announcement of outcome, or delayed signatures from Russian authorities) impede project implementation.

Nevertheless, efficiency could have been improved if the external problems had been reduced, or coped with at a programme level. Several projects have been hindered by, e.g. problems in establishing a transparent system of transferring money, acceptable to the accountants. Also, there is a clear tendency that almost all projects run into more or less the same or at least same type of problems related to misunderstanding the Russian context. Each project deals with the problems on their own, learning how to cope individually and the hard way.

The results of the activities under the Grant scheme can be grouped in four:

1. Interface established. One major achievement of the programme is to have enabled a gradual development of a Russian-Norwegian professional interface in the field of health and related social issues. The interfaces are vulnerable to poor communication. In the survey carried out as a part of the evaluation, however, only 25 percent mention communication problems among the obstacles to project implementation. But in-depth interviews with the project leaders show that communication stands out as a problem in the sense that the confidentiality needed to discuss problems openly between Norwegian as well as Russian project participants seems to be insufficient in most cases. Therefore, the Russian-Norwegian interfaces resulting from the projects are vulnerable.

2. New methods introduced. The programme has made it possible for project participants to make themselves acquainted with each others' methods, programmes, professional values (attitudes) and ways of defining problems. Altogether 45 percent of the respondents in the electronic survey answered that their project consisted in transfer of knowledge from Norway to Russia to a large extent (37.5 percent to some extent). Transfer in the opposite direction, from Russia to Norway, was an element to a large extent, according to 8 percent of the respondents (33 percent to some extent).

3. New types of education offered. Several projects have resulted in the establishment of educational alternatives. These alternatives include a full Master programme on Public Health, a study programme for psychiatric health care, and other.

4. Improved health achieved. Measuring the results of the programme in terms of improvements in health and social conditions are in most of the cases premature. In the field of infectious diseases, however, results were achieved relatively fast in particular regarding tuberculosis. There has been a considerable reduction of hepatitis B and rubella in the groups of the population vaccinated through the projects carried out by the Norwegian Institute for Public Health.

The ongoing modernisation of the Russian system of health and social development makes the Grant scheme relevant. Federal authorities are requiring modernisation at local and regional levels, and a number of Russian project leaders and representatives

from the regional authorities told that thanks to the programme they are closer to the objectives of the National Priority Project "Health" than many other regions outside the Barents Region.

The evaluation concludes with a set of recommendations aiming at improving a future Grant scheme. It is argued that a key factor for future success lies in emphasising the partnership aspects and doing away with the remnants of the aid approach of the 1990's.

Rent Control – Status Prior to the Repeal of the Rent Regulation Act in 2010

Tenants and tenancies subject to provisions of the Rent Regulation Act, Chapter 2
By Ingar Brattbakk
NIBR Report 2007:21

The report details the findings of a study of tenancies and renters in rent controlled or regulated tenancies in pre-war apartment buildings in Oslo and Trondheim. The Rent Regulation Act is being phased out. The report documents status three years before the 2010 deadline. Estimates put the number of rent controlled tenancies at 3,500 in Oslo and 60 in Trondheim. The rent level of these dwellings will double between 2007 and 2010. NIBR's tenant survey found the majority of renters to be elderly people living alone. Half were old age or disability pensioners in the low income bracket. Low-income households will find it extremely difficult to cope with the high rental costs when regulated letting comes to an end in 2010.

Background

Commissioned by the Ministry of Local Government and Regional Development the Norwegian Institute for Urban and Regional Research (NIBR) explored two salient aspects of rent regulated tenancies.

The Rent Regulation Act (Act No. 13 of 7 July 1967) came into force in 1967. It set out a rent setting framework that limited the maximum amount landlords could charge. Chapter 2 of the Act regulates a category of older tenancies in the private rental sector in Oslo and Trondheim, i.e., dwellings in properties built before WWII. The Norwegian Parliament (Storting) decided in 1999 to phase out this rent control over a ten-year period, starting from 2000. During the statute's gradual revocation, it was envisaged that regulated rents would adjust to the current levels of rent or market rent levels. On January 1, 2010 rent control under Chapter 2 of the Rent Regulation Act will cease to apply. Rents will thereafter be subject solely to the Tenancy Act's (Act No. 17 of 26 March 1999) rent protection provisions. Rent regulation will not apply to new contracts concluded during the phaseout period.

Questions and approach

The study was conducted to establish the scale of this type of regulated tenancy. As the phaseout period draws to an end, there is a need to know how tenants are coping and whether the least advantaged will manage the transition to current rent level

/market rent. The study aims to provide a basis from which to assess the need for possible adjustments in housing support regulations for members of this tenant group.

As no database exists detailing rent controlled tenancies, we collected our own data. We also drew on existing records, each of which offered a limited view. The most important of these were the Population and Housing Census 2001, archives held respectively by the Rent Tribunal, Norwegian Tenants Association, Norwegian State Housing Bank (records on housing support beneficiaries) and, finally, a survey of municipal right of first refusal or pre-emption rights on apartment buildings up for sale. Armed with this information we conducted two surveys of tenants, tenancies and landlords.

205 tenants took part in NIBR's tenant survey of rent regulated tenancies in Oslo, and 68 landlords in NIBR's landlord survey. The latter by their own statement let 415 rent controlled flats. None of the surveys can claim statistical representativeness because the total universe of tenants in rent controlled tenancies is unknown, making it impossible to obtain a properly randomized sample. If information on certain issues was available elsewhere, it tended very largely to corroborate our own findings. We have otherwise no reason to believe that our samples were subject to systematic bias, but it can't be ruled out. We hesitate therefore to extend whatever conclusions we draw on the basis of these findings to all rent regulated tenancies.

How many regulated tenancies are there?

Oslo: Thanks to the survey, we know of 1,155 regulated tenancies with known address. But the total number of regulated tenancies is significantly higher. Based on the 1,155 regulated tenancies that we know for certain existed in 2006, and taking into account the 16,470 potential tenancies in buildings built before 1940 still in existence in 2001, and other relevant information, we have calculated the number of such tenancies.

According to our estimates, as per end of 2006 there were about 3,500 rent controlled tenancies in Oslo under the terms of the Rent Regulation Act, Chapter 2. This, we believe, is a judicious, but realistic estimate.

The figures are significantly down on the 1992 estimates. There are several likely explanations. Apartment buildings can have been split into separate properties (*seksjonert*); some will have been converted into housing co-ops and joint ownerships; tenants will have left or died. The phasing out of the Rent Regulation Act has also made it less attractive to stay in rent regulated tenancies, and some landlords are resorting imaginative methods to "eject" tenants from rent controlled premises. Two more factors: urban regeneration projects have had a significant impact and contracts concluded during the phasing out period are exempt from rent control.

The average rent controlled dwelling in Oslo is a three room flat of about 77sqm. Half of our respondents tell us that their flat has never been extensively refurbished. 42 per cent report that modernisation has taken place within the past decade. At least a third of the tenants of the modernised flats paid the full cost of the work themselves.

For *Trondheim* our estimates put the number of rent regulated tenancies to between 50 and 70.

Who lives in rent regulated tenancies in Oslo?

Measured against demographic and socioeconomic variables, the tenant profile in Oslo is relatively varied. It is also fundamentally different from the early 1990s. There are a few young tenants, many middle-aged and mature tenants, but very few children. Average age is 63, and 82 per cent are over 50. Two thirds of all households are single-person households, a quarter are two-person households, and the remaining 17 per cent are families of three or more. Only 5 per cent of the households have children under 18. Every fourth pensioner is female.

What are their *main means of support*? Old age pensioners make up the largest group (38 per cent), followed by people in full-time employment (33 per cent). Disability pensioners make up 15 per cent. In all, about 60 per cent are not engaged in any form of gainful employment. There are very few students and job seekers.

In terms of *livelihood*, tenants in this survey fall into one of two distinct income brackets – average or acceptable, and a lower income bracket. The latter is where we find the majority of respondents. Wage earners comprise most of the first category, but it does include a few old age pensioners as well. There is also a small minority with very comfortable incomes, and a large majority in what we could term a normal income bracket. The second group consists mainly of old age pensioners and disability pensioners. 30 per cent of tenants of pensionable age report a gross annual income of less than NOK 150,000. Additionally, there is a small group of people below pensionable age whose relationship with the labour market is tenuous and whose economic status is relatively poor. NIBR's tenant survey found that 12 per cent of tenants received housing benefit in 2006, and 17 per cent of the pensioners.

The average *length of residence* of the entire respondent group is thirty years; of residents of pensionable age, the average extends to forty years. These are extremely high figures and suggest that this is the last group of people in Norway that – without being deprived – has relied on rented accommodation for all or most of their adult life. A very high number, especially among the eldest, feel attached to their flat or building. Two in three want to remain in their rent controlled dwelling for as long as possible. Of the respondents of pensionable age, as many as 84 per cent say they want to stay as long as possible.

What compounds the situation, however, is that some 84 per cent of respondents overall, and 96 per cent of respondents in the 67+ age bracket, do not expect to be eligible to a mortgage; nor to be a position to rent accommodation at the going market price; nor to be eligible for housing support because they earn above the threshold, but too little to afford to the cost. Many of them feel "trapped" in their current situation. Several admit to finding it difficult already to pay the rent. Despite this, only a minority (8 per cent) in the 60+ age bracket have taken steps to find alternative accommodation in the last twelve months. 17 per cent have sought help from public agencies to resolve their housing problem.

Tenants' ability to pay the rent in 2006 and 2010

Average rent per month in 2006 for respondents in NIBR's tenant survey was NOK 5,233. When current rent comes into force, the rent levels for respondents living in rent controlled homes will rise by an average of 47–63 per cent in 2010, depending on the rate at which publicly regulated rents rise in 2008 and 2009. This is an exceptionally steep increase, and shows that the target – current rent levels by the end of the Rent Regulation Act's lifetime in 2010 – will not have been met.

We measure the ability of renters to pay rent in terms of the *proportion of gross income that goes to pay the rent*. In 2006, rent accounted for an averaged *33 per cent* of gross income of the renters in NIBR's tenant survey. At some time in 2010 rent may rise to current market levels, increasing the average monthly rent to NOK 11,378. After adjusting upwards to market levels, rent will comprise *62 per cent* of gross income. The proportion of gross income residents will have to set aside to meet rental costs will consequently double within the space of these four years.

In comparison, the consumer survey compiled by Statistics Norway shows that average housing expenses accounted for 26 per cent of all expenses of Norwegian households between 2003 and 2005. The two measures are not directly comparable, but they do show that housing costs are likely to be exorbitant for many renters in rent controlled accommodation.

Inability to pay after current rent comes into force

About half of the households in NIBR's tenant survey will cope with current rent when it comes into force in 2010 without running into payment problems. This is based on their total household income today. At the same time, payment issues will affect a large number.

To give an idea of the scale of the economic challenges subsequent to the introduction of current rent, we shall look at an example. A three room flat is estimated to cost NOK 10,145 in monthly rent in 2010, when current rent becomes the universal rent-setting principle. After paying their rent, renters with a gross income of NOK 200,000 will have NOK 6,521 left per month *before* tax is deducted. Their economic situation will become extremely difficult. A person living alone on the basic state pension will receive in 2010 gross NOK 128,000. For this individual, the cost of renting a three room flat will be virtually the same as his or her gross monthly income, causing an impossible economic situation.

32 per cent of all respondents in NIBR's tenant survey will have an annual gross income of NOK 200,000 or less in 2010. Among pensioners, the proportion is as high as 50 per cent.

The economic realities in terms of income and rent level show that a group of people will be put into an impossible economic situation. Renters who are already economically vulnerable will see their circumstances worsen with the introduction of current rent. At the same time, renters whose income is average or relatively low – but whose situation is not as economically precarious as some – will spend their old age among the ranks of the economically disadvantaged in the housing market.

Low Density Housing in a Centralising Age

Kjell Harvold, Hege Hofstad, Kjetil Sørlie og Erling Vindenes
NIBR Report 2007:22

The project *Dispersed Housing and Demographic Trends* could be said to straddle the difficult interface between two important concerns. On the one hand, there is firm cross-party commitment to preserving the current habitation pattern in all parts of Norway. One way local authorities could achieve this end might be to provide attractive residential areas whose qualities are reminiscent of a rural life style, including, for instance, more space between homes, fresh air, green surroundings. But promoting low density housing in this sense comes up against another important consideration. This is related to the classical approach to land use planning, which tends to highlight the advantages of high density housing – usually in the shape of regulated housing estates or projects. Low density housing can risk being viewed as a "planning problem", likely to spark controversy between local governments and planning authorities at a more senior level. *One of the main tasks of the project is to establish whether the land use planning system and land use policy stand in the way of rural development and efforts to promote a rural housing market.*

We explore in this report how the land use planning system works in relation to local governments committed to encouraging low density housing. We study in particular six specially selected municipalities to see what they have done to accommodate central government constraints and signals from the county authorities. Our findings allow us to draw several important conclusions.

– The planning system sets out certain procedures which can make it difficult – but not impossible by any means – to pursue low density housing;

– Just as important, however, is that local and county authorities, on the one hand, and government agencies at the regional level, on the other, *tend largely* to agree on how to facilitate low density housing in rural areas. It is not the case that government agencies insist that local councils adopt inflexible high density policies whenever proposals are submitted to them.

– No evidence has been found so far to corroborate a connection between low density housing polity and demographic trends in the municipalities. Several factors make such a connection doubtful. First, low density housing is a relatively new political topic for many of the local councils included in the study. If there is an effect, it may take several years to emerge. Second, isolating the effect of a single factor ("dispersed housing") among a large number of other likely causes of demographic change in the municipalities can be very

difficult indeed.

The municipalities in our study have adopted several different approaches to low density housing – as indeed they are entitled to by the planning and building legislation. We would like to highlight two local authorities in particular, both because they are actively engaged with the issue and because their approaches are rather different. The first is Iveland (in Agder), where the authorities have not only established low density housing in agricultural, natural and recreational (ANR) areas, but adopted a special zoning/housing plan and put large plots of land (the biggest is about 5 acres) onto the market. The other municipality is Nord-Odal (in Hedmark), whose recent master plan, adopted in 2006, took a significant step towards zoning in the municipality's ANR areas.

Different local councils prefer slightly different strategies, but they all share – at least the municipalities we looked at – a commitment to differentiated land use policy, which extends of course to rural housing. One approach to differentiated land use policy is to formalize the zoning of ANR areas (Nord-Odal's new master plan being a case in point). Zoning should allow local authorities to satisfy the concerns of sector authorities without needing to conduct large-scale consultations for every single proposal.

This area of research throws up several interesting topics. This project has only explored a few of them. Some of the questions future research could investigate are the following.

– How is low density housing likely to affect land use? Is it likely to represent a risk to sensitive natural areas by being more or less parcelled out as a result of a low density housing strategy?

– What effect will low density housing have on municipal demographics, and who is likely, in the longer term, to live in a "low density home"?

Svalbard: Society and Industrial Affairs 2007

By Hild-Marte Bjørnsen and Steinar Johansen
NIBR Report 2007:23

Svalbard is a part of the Kingdom of Norway, but foreigners and foreign economic interests have freer access to Svalbard than they have to Mainland Norway. Both Norwegian sovereignty at, and foreigners' free access to, Svalbard are regulated in the Svalbard Treaty.

When the treaty was signed, mining was the dominating economic activity. Mining continued to be the dominant activity at Svalbard up until the 1990s. The main Norwegian settlement of Longyearbyen was built as a company town, close to the existing coal mines. Longyearbyen was run by the mining company (Store Norske, or SN), which provided the inhabitants with all the goods and services they needed. The company was the employer of the miners and other workers, the economic base of Longyearbyen and Svalbard, and in general it was responsible for most societal functions in Longyearbyen. It also paid for (most of) these. In other words: SN was behind (almost) all activities in Longyearbyen.

At the start of the 1990s, however, the future of coal mining at Svalbard didn't look too prosperous. The mines in Longyearbyen were depleting, and the price of coal was relatively moderate. These prospects led the Norwegian Government, which also owned (and still owns) SN, into discussing the future of the Norwegian settlement at Longyearbyen. What would happen if the mining activities vanished, and could other economic activities replace mining in the future? These questions were very important to answer, politically. One of the tools applied for answering these questions was the analysis of the local community[44], which commenced in 1991 and since has been repeated (almost) annually. This report is the 2007 version of the analysis, which has been derived from similar methods and data to the ones applied in the earlier ones.

A brief history since 1990

Since 1990, there have been many changes to the local community at Longyearbyen. The most important ones are probably that the economic base and the industrial structure have changed considerably, that the number of jobs and inhabitants, and thus the city's size, has grown substantially, that the former company town has evolved to a modern settlement, and the local community itself has replaced SN as the main provider of public services.

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[44] Samfunns- og næringsanalysen in Norwegian.

Mining is still an important part of the economic base at Svalbard. Prospects for the mining company changed during the 1990s, when prices rose and the company started mining at the new site at Svea. From 2005 to 2006, employment in SN rose by almost 50 man years to 385. The management expects to prolong this activity level for the next 5 years (at least).

Travel and tourism became an important base sector at Svalbard during the 1990s. Svalbard is a popular place to travel to for many reasons, which we will not discuss here. Today, there are several hotels and other accommodation possibilities in Longyearbyen, there are many restaurants, bars and shops, and there are many activities an active tourist can participate in. Although the number of overnight stays continued to increase in 2005 and 2006, the number of man years within the sector is around the same (170). Productivity did, in this sense, increase.

Research and higher education became a new activity at Svalbard early in the 1990s. UNIS (the University Centre) was established, parallel to several other research activities. Today, this sector represents around 105 man years of employment, in addition to around 115 student man years. As climate and polar research become more popular, UNIS expects to grow substantially the next five to six years. The management expects their activities to have doubled by around 2012.

The public sector, which includes both the national state and the local public sector, is also an important part of the economic base. It employs around 240 man years of labour, at administering Svalbard and activities there, and at producing local public services. Employment within the public sector will grow moderately the next five years.

Derived activities are the activities that are not a part of the economic base (the four sectors above). The base industries export their products (or services) to the world market or to Mainland Norway, or their activity level at Svalbard is decided by the Norwegian Government. Either way, the base industries provide income to the local community. The income is used by the employed persons or by the base industries to demand derived goods or services locally. Around 570 man years are provided by derived activities. The derived activities' share of employment increased substantially since 1991 (from 20 per cent), but seemingly has stabilised around 40 per cent since 2000. Since employment within the base industries has grown almost every year since 1991, therefore, so has employment within derived activities. The goods and services provided by the derived businesses are very important in the process of modernising Longyearbyen.

Longyearbyen is a community with very high employment rates. The ratio of grown people to man years worked is only 1.05. This means that only 1.05 grown person lives in Longyearbyen per man year worked. This is also reflected in the demographic structure. The share of children and the share of women are much lower than in mainland Norway. Almost no elderly people live at Svalbard. The share of young and middle aged people, especially men, in Svalbard is very high, and all of them participate in the work force. In 2006, 2001 persons lived in Svalbard, of which 1966 lived in Longyearbyen. Of these, 340 were children and 40 per cent were women.

Future employment and population in Longyearbyen

Based on data from 2006, we have estimated employment multipliers for each of the base sectors. These multipliers show how many man years the demand generated by each of the base activities require within derived sectors. For all base industries together, the employment multiplier is 0.54 (a man year in an average base sector requires 0.54 derived man years). The multiplier ranges from the high of 0.9 (the public sector), via just above average of 0.6 (the mining sector) to low of 0.4 (the research and education sector and the travel and tourism sector) and 0.1 (the students).

Based on prospects for each base industry, discussed above, we have constructed a prognosis of employment in Longyearbyen from 2007 to 2011. Employment in most of the base industries will grow only moderately. However, UNIS expects to double their activities by 2012. This leads to an increase of employment in the base sectors by 17 per cent by 2011. Since the employment multipliers of the education and research and the student sectors are relatively small, this will lead to a more moderate increase in employment within derived activities (by only 7.5 per cent). All in all, employment at Svalbard will increase by 14 per cent from 2006 to 2011.

There is (almost) a one-to-one relationship between employment and grown population in Svalbard, and it has always been like that. It is, therefore, relatively easy to estimate the effects the increased employment will have on the number of grown people. It will grow by the same rate. However, there is a relatively high turnover also among existing jobs and the existing population. The turnover rate is 20-25 per cent. This is not very important when it comes to calculating the number of grown persons, but is very important when we try to calculate the number of children. The significance of migration is greater than the significance of ageing. We have tried to overcome this problem by adopting "child frequencies". The number of children per father employed in the different sector has been used as the indicator.

When we add these assumptions together, we find that the number of inhabitants also will grow, in all age groups. In 2011, an increase of 13 per cent in the population is consistent with the growth in employment. Population will grow in all age groups. The figures are uncertain.

Future challenges

The conditions for developing a sustainable local community at Longyearbyen are changing. Today, a major issue is whether the community has grown enough, and whether it has been modernised enough. The question, therefore, is whether the Government will allow Longyearbyen to continue to grow, and whether it will continue to use different means directed towards the economic activities and the population in Longyearbyen than the ones it applies in Mainland Norway. This is a political discussion, which we have tried to leave alone in the report, but which is very important for the local community.