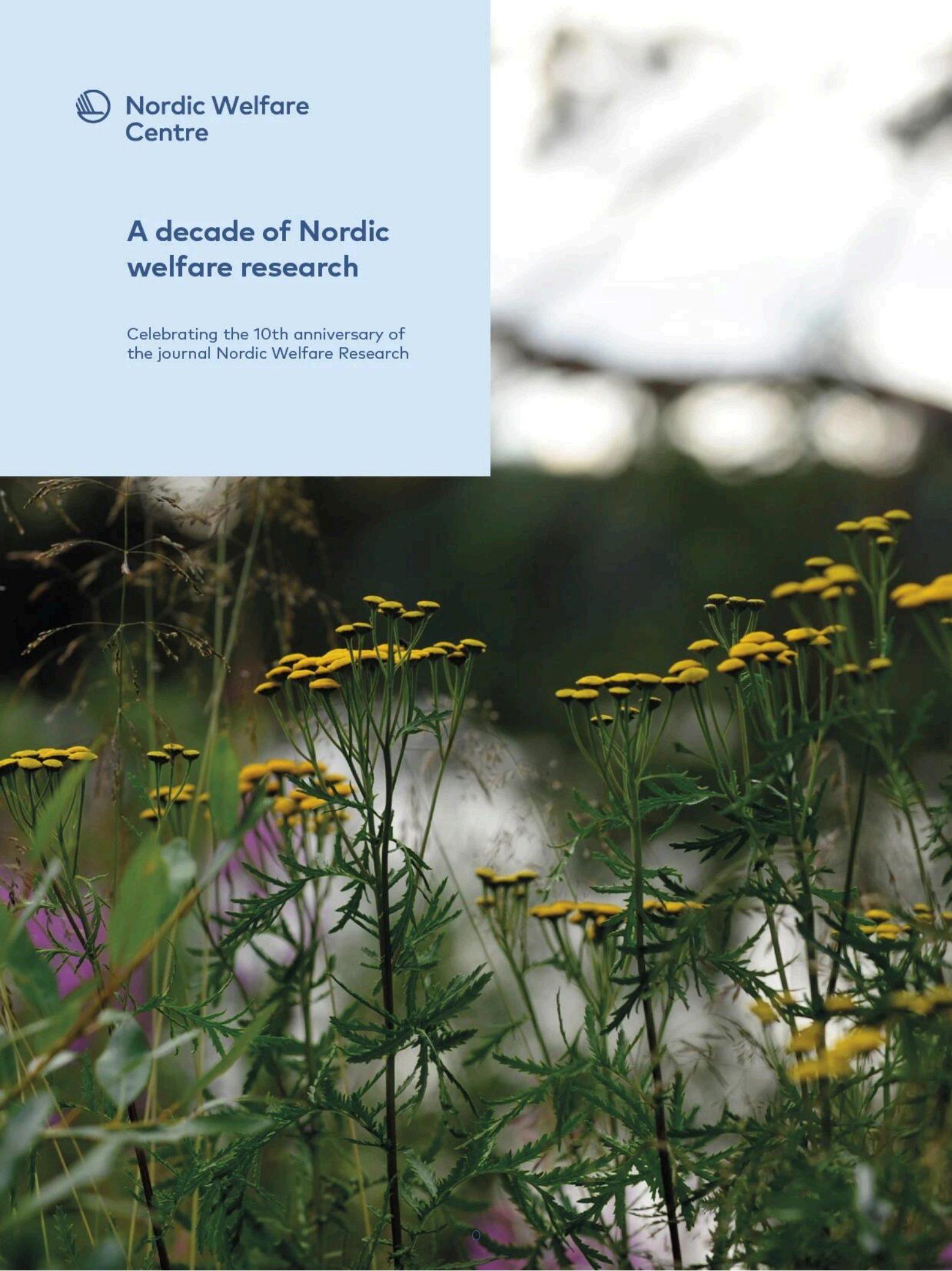
Nordic Welfare Centre

A decade of Nordic welfare research

Celebrating the 10th anniversary of the journal Nordic Welfare Research



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A decade of Nordic welfare research - Celebrating the 10th anniversary of the journal Nordic Welfare Research

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In this publication, ten articles from the journal's inception to the present are re-published. The Editors in chief Terje Olsen**,** NOVA -OsloMet and David Pålsson, Stockholm University have selected articles that reflects the breadth of topics, research methods and academic disciplines represented among the contributing authors. The selection includes both well-established as well as emerging authors, it demonstrates the Nordic scope, and highlights collaboration among professionals across several of the countries.

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Foreword

One day in May 2015, a small circle of invited academics met for the first time at the Nordic Welfare Centre (NWC) in Stockholm. Some months earlier, I had been tasked by the Director of NWC to explore the possibility of establishing an interdisciplinary platform for discussing and disseminating social science research on the Nordic welfare societies. The people who met that day became the editorial team of the journal Nordisk välfärdsforskning | Nordic Welfare Research.

The editorial team consisted of professionals from welfare-related academic disciplines representing Denmark, Finland, Iceland, Norway and Sweden. They are also what I would describe as distinctly "can-do persons". It has been important to have such optimistic people on the team in case the going should get rough.

When we published the first issue of the journal in November 2016, there was by no means any guarantee it would succeed. Would we find readers? Would it be relevant for researchers to publish with us? Would the journal be regarded as relevant? The first issues were thematically organized, and we published one issue per year. Although starting small, over time we saw readership increase. Eventually, manuscripts began to arrive unsolicited. Over the years, the share of general ("open", not thematically organized) issues have increased with a rising inflow of manuscripts, steady growth in article reads and citations. Today, publishing four issues and around 300 pages annually, we have reached the scope and level we had hoped for.

With more manuscripts coming in — and a corresponding rise in tasks — we are two editors today sharing the work and responsibility for every stage of the editorial process. Senior Lecturer and Docent in Social Work, David Pålsson, joined as a co-editor in 2024. David's boarding made the editorial work even more rewarding, instructive and less lonely.

Both of us put in substantial personal effort. But the truly major contribution is made by all the peer reviewers, who read, assess, and comment on incoming manuscripts through one, two, or three versions. Editors, the editorial team, and peer reviewers all take part in this large collective academic effort that keeps the journal running. We in the editorial office carry an ongoing debt of gratitude to the reviewers' contributions.

Some core principles have mattered from the start: It should be free to submit manuscripts for review, free to read, and attractive to publish. The academic lingo for this is "diamond open access" and proved to be the right choice in a situation where academic publishing is changing rapidly. The ccollaboration with NWC and other institutions has made this possible. At a ten-year milestone, certain features stand out as especially important in making it work.

Both well-established academics and PhD students send us manuscripts for review and trust that we will do what is best for their texts. It is a great privilege to steward that trust.

Nordic and international peer reviewers make an invaluable contribution by evaluating incoming manuscripts. This great help is the basis for the journal's academic quality and relevance as publication channel. A big thank-you to all of you.

The editors work closely and continuously with Scandinavian University Press on the publication of each article, each issue, and the journal's website. Thanks to all the people we collaborate with there.

A brief note on finances: Funding has shifted somewhat over the years. Today's collaboration between the Nordic Welfare Centre and the two research institutes Fafo and NOVA - OsloMet in Oslo makes this journal possible. Our sincere thanks to all partners for their trust.

Collaboration with the Director and professionals at the Nordic Welfare Centre has been a central pillar throughout all these years. A special thank-you therefore goes to the two Directors we have had the pleasure of working with so far: Ewa Persson-Göransson and Eva Franzén.

For the ten-year anniversary, Sara Illman, Anna Raninen, and Kaisa Kepsu at the Nordic Welfare Centre invested significant groundwork in this publication and the accompanying webinar. Many thanks to you for that.

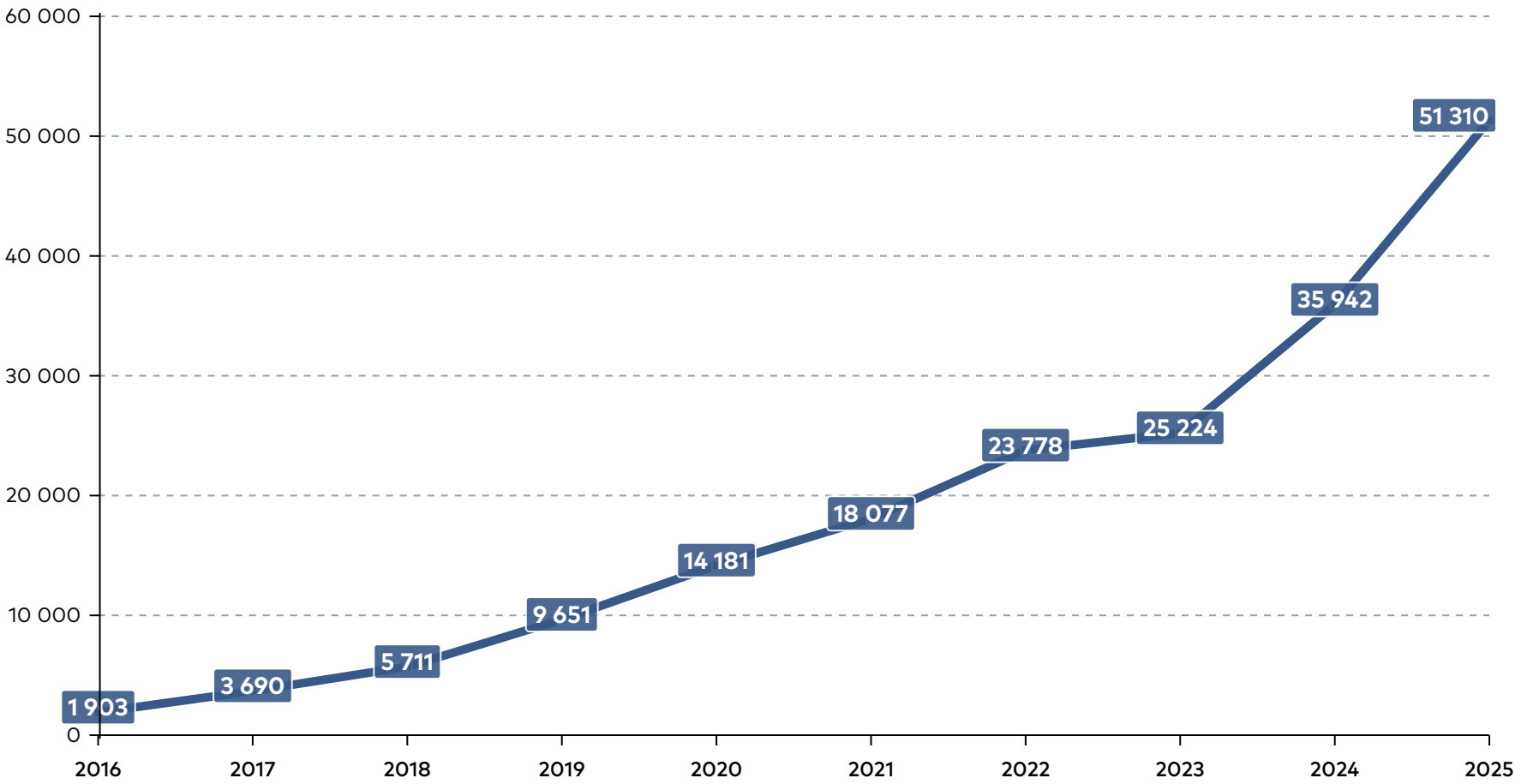
The journal's editorial team has, for the most part, consisted of the same "can-do persons" from the start to today, complemented by new additions. The editors are deeply grateful for their tireless support, help, commitment and constructive discussions about editorial choices over the years.

Terje Olsen
Editor in Chief

Facts & Figures

24 ISSUES	369 WRITERS HAVE PUBLISHED		112 SCIENTIFIC ARTICLES
17 EDITORIALS / GUEST EDITORIALS	8 COMMENTARIES	6 OPINION PIECES	7 BOOK REVIEWS

Number of views per year



Kjetil Arne van der Wel

Today Kjetil is a Professor of Social Policy at the Department of Social Work, Child Welfare and Social Policy, Oslo Metropolitan University.

He is currently involved in four research projects within the broader field of social welfare. One is a randomised controlled trial (RCT) examining the effects of introducing universal access to communication technology in home-based elderly care on loneliness and service utilisation. Another investigates how subjective welfare experiences among welfare recipients relate to policy regimes in five European countries. A third explores how innovative forms of municipal cross-sectoral collaboration can promote work inclusion and improve outcomes in elderly care through job carving. Finally, he has recently initiated a project that applies a public health perspective to inflow rates into child protection services in Norway, evaluating the effects of historical cash benefit and service reforms on social inequalities in child maltreatment.

What has the journal Nordic Welfare Research meant for you?

- The journal plays an important role in the increasingly internationalised and commercialised scientific publishing landscape. Through its commitment to research on the Nordic welfare context and its multilingual profile, combined with diamond open access and rigorous peer review, the journal sustains societal relevance and a broad readership, while maintaining scientific independence and credibility.

1. The Norwegian policy to reduce health inequalities: key challenges

KJETIL A. VAN DER WEL, ESPEN DAHL AND HEIDI BERGSLI

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Abstract

The Norwegian strategy for reducing health inequalities from 2007 has been recognised as one of the most ambitious and encompassing in Europe. By proposing action on the social determinants of health, such as income structure, employment opportunities and affordable child-care, the strategy was able to approach the entire social gradient rather than just the socially disadvantaged. In this article, we present the main features of the health equity strategy, and discuss possible obstacles to a successful implementation and a prolonged commitment to reducing health inequalities in Norway. We raise three major concerns: 1) a stubborn fundamental inequality structure, 2) a lack of focus on the gradient in the implementation of cross-sectoral reforms and 3) a possible re-orientation of policy away from redistribution and universalism.

Introduction

Norway used to be a laggard in recognising health inequality as a social problem in need of political solutions (Dahl, 2000, p. 10; Dahl, 2002). However, once this was established – after much debate following the now famous paper by Mackenbach et al. (1997), which showed that the figures for Norway were no more favourable than the figures for most European countries – Norwegian policy caught up fast (Giæver & Torgersen, 2009). According to Whitehead and Popay (2010, p. 1235), Norway was probably the first country to adopt a social gradient approach in its national strategy to reduce social inequality in health in 2007 (Report No. 20 (2006-2007) to the Storting, 2007). The 'social gradient approach' acknowledges that health inequality is not a dichotomy between the haves and have nots, but a feature of society running across the entire socio-economic structure.

Being a laggard probably was beneficial to the swift and ambitious turn of policy, as Norway could build on extensive research and experience (Whitehead & Popay, 2010, p. 1235). Furthermore, compared to most European countries the Norwegian welfare state had a longstanding commitment to redistribution, work-centred social policy and universalism. Thus, in a sense Norway had already been taking action on the social determinants of health for many years, although not framed as such. The national health equity strategy has a ten-year perspective, thus implying that the current Government is also expected to follow it.

The process of policy formation can be viewed as a linear process from measurement, recognition and awareness-raising, to concern, will to action, isolated initiatives, structured developments, and finally into comprehensive coordinated policy (Whitehead, 1998, p. 471). Critical points in this 'Action spectrum on inequalities in health' are awareness-raising, which may lead to denial/indifference instead of concern, and concern may be followed by mental

block instead of will to action. In his 2002 appraisal of the Norwegian policies on health inequalities, Dahl (2002, p. 72) noted that 'Norway is located in the lower end of Whitehead's action spectrum (...). It would be an exaggeration that the attention is on the move to concern'. Yet, five years later an ambitious strategy was launched. According to Strand and Fosse (2011, p. 380), this was made possible in part by an unpredictable change of government in 2005 – a window of opportunity – to which policy entrepreneurs within the Directorate of Health and the Ministry of Health responded by 'hooking a proposal to a political momentum'. The process thus cannot be understood as a simple linear development, Strand and Fosse argue, although the entrepreneurs had been pushing the issue for many years, but rather as a mix of linear and non-linear processes. Furthermore, as underscored by Whitehead's (1998) analysis, these processes depend on the policy context and on influential external factors.

Policy formulation is not the same as policy implementation, however (Sutton, 1999). Non-linearity may also imply retraction. If a policy initiative does not have the necessary support across the political spectrum, or insufficient public awareness, or if bureaucrats and policy makers at different levels ignore or modify the policy during implementation, the development may reverse. Just as political winds and external economic and demographic factors may have fuelled the initial agenda to reduce health inequalities (Whitehead, 1998), they may at some point turn against it.

The question we address in this article is whether the commitment to pursue a policy that aims at reducing health inequalities will last. Now that an awareness of the problem and a strategy to solve it is ready in place, will policy efforts to reduce health inequality be further strengthened, stagnate or even be reduced? In this article, we present the Norwegian policy to reduce health inequality – and discuss whether recent policy reforms and signals represent continuity or divergence from the intentions and principles underpinning the original strategy launched almost ten years ago. As such the article provides an analysis of policy documents and government documents describing recent reforms that are relevant for the topic of health inequalities and their social determinants. Hence, our data sources are policy documents (e.g. Report No. 20 [2006-2007] to the Storting, 2007 and Report No. 19 [2014-2015] to the Storting, 2015), and scholarly assessments of relevant policy initiatives such as Giæver (2013) and Giæver and Torgersen (2009).

The Norwegian strategy for reducing health inequalities

In 2007, the left-centre coalition government, formed in 2005, launched *the Norwegian strategy to reduce social inequalities in health* (Report No. 20 [2006-2007] to the Storting, 2007). Three important characteristics of the Norwegian strategy were 1) a holistic, broad cross-sectoral approach, 2) an explicit focus on the gradient and 3) the principle of 'proportional universalism', i.e.

population-covering policies in combination with more targeted measures (Dahl & van der Wel, 2015; Giæver, 2013).

The cross-sectoral approach implied that the aim of reducing health inequality was integrated in several policy fields and ministries (Dahl & Lie, 2009, p. 517). The strategy targeted five selected domains of actions to reduce health inequalities: childhood/adolescence and education, work and working conditions, income, health services and health behaviour, as well as social inclusion. This approach was judged to be rather successful because all ministries had a focus on redistribution; inter-ministerial organisation structures were available; and there was an articulated political will to act on the problem (Dahl et al., 2014, p. 304). The cross-sectoral approach was facilitated by the perspective of social determinants of health that helped identify common goals and interdependencies between sectors.

In contrast to most previous efforts, the Norwegian strategy targeted the 'gradient' rather than disadvantaged groups. Consequently, universal measures were preferred. General welfare schemes were perceived as less stigmatising, more effective in preventing people from ending up in high-risk positions, and at the same time capable of protecting disadvantaged groups. A targeted approach only has the latter advantage. However, the strategy also acknowledged that additional efforts directed towards vulnerable groups might be necessary, hence the notion of 'proportional universalism'.

By these approaches, the Norwegian strategy to reduce social inequalities in health adopts the perspective of the WHO Commission on Social Determinants of Health (Dahl & Lie, 2009, p. 520).

Key challenges

We now raise issues that we consider to be major challenges in the policy to tackle health inequalities since 2007. There have certainly been areas that have been successful, such as the vastly increased availability of kindergartens (Sibley et al., 2015), tax reforms (Giæver, 2013, p. 15) and efforts to reduce drop-out (Høst, 2009, p. 2011). In this short article, however, we highlight the following possible obstacles to a successful levelling out of health inequalities; 1) a stubborn fundamental inequality structure, 2) implementation of cross-sectoral reforms and 3) a possible re-orientation of policy away from redistribution and proportional universalism.

Stubborn inequalities

Together with the other Nordic countries that belong to the Social Democratic camp, Norway is considered to have a "passion for equality" (de Toqueville, 1835). Nevertheless, welfare institutions and policies are far from identical across all Nordic countries. In Dahl and van der Wel (2016), we have discussed similarities and differences in public health policies in the Nordic region. Yet, common features are

that the welfare state is comprehensive and offers free or cheap health care and education for all. The system of social protection is universal and rather generous (Dølvik et al., 2015). The welfare state thus has a distinct levelling effect on the distribution of disposable income (Dahl et al., 2014).

Despite the egalitarian ethos and redistributive institutions in Norway, the distribution of many goods and evils are uneven in favour of the better off. Dahl et al. (2014) have summed up some of the hard facts: Living conditions among families with children vary quite a lot, and poverty rates, in relative terms, have increased over the past decade to reach the average level of the entire Norwegian population, i.e. around 8 per cent. Despite full coverage, the use of kindergartens are still skewed in the favour of small children from well off families. If anything, socioeconomic inequalities in academic achievement in the school system have widened over the past decade. Socioeconomic differentials in drop-out rates from high-school have been large and remarkably stable since the right to 12 years of schooling was introduced in 1994. Income inequalities, as measured by the Gini-coefficient, have increased over the past decades, but are still at comparatively low level, i.e. at 0.24. Although Norway is renowned for a compressed wage structure, inequalities in earnings and wages have also grown over the past decades. As in other nations, wealth is very unequally distributed: More than half of the wealth accrues to the 10 per cent on the top of the income distribution.

The Norwegian economy and labour market were mildly affected by the 2007 financial crisis and had a quick recovery. However, due to current low oil prices and reduced activity in the petroleum sector, unemployment has risen to almost five per cent, i.e. a doubling over a couple of years (Statistics Norway, 2016).

Implementation of large policy reforms

A risk of cross-sectoral policy initiatives, like the Norwegian policy to reduce health inequalities, is that there will often be multiple and possibly conflicting aims. When reforms are being launched in areas such as education or work, overall effect expectations might override a focus on inequality, if at all considered in programme and evaluation design. Furthermore, knowledge about health inequality among actors, as well as the resources and power available to them, may differ significantly across sectors and governance levels. In this section, we will review some key reforms initiated or implemented in the aftermath of the Norwegian strategy to tackle health inequality: the Public Health Act, the Coordination Reform, and the Inclusive Working Life Agreement *(IA-avtalen).*

The new Public Health Act and the Coordination Reform

A new Public Health Act was introduced in 2012. Reducing social inequality in health was an important aim: 'The purpose of this Act is to contribute to societal development that promotes public health, including the levelling out of health

inequalities' (Folkehelseloven, 2012 §1, our translation).

The act underscores the need for action on the social determinants of health, and the 'health in all policies' idea (Fosse & Helgesen, 2015, p. 330). The new Act shifted more responsibility for public health back to local communities by assigning Norway's 428 municipalities an important role. The municipalities are expected to monitor social inequalities in health and its main social determinants, and to take coordinated action across sectors and administrative levels. The municipalities were advised to employ a public health coordinator to initiate and secure coordination at the local level (Ibid, p. 331).

To strengthen the cross-sectoral anchoring and preventive potential of public health work, the ambition to dampen health inequalities were also implemented in the Planning and Building Act of 2008, where section 3-1 f) enforces plans to 'promote public health and counteract social inequalities in health (...)' (Ministry of Local Government and Administration, 2008). This strategy secured that ways to improve health inequalities now has to be part of the crucial societal planning at the regional and local level (Higdem, 2015). This way, municipalities, in co-operation with national and regional government and civil society, may act on health inequalities through municipal services (e.g. kindergartens, schools, social services and primary health care), as well as in local planning and transport, agriculture, environmental issues, and culture and business development (Tallarek née Grimm et al., 2013, p. 229).

The new Public Health Act was part of the Coordination Reform. However, in the underlying government report (Report No. 47 [2008-2009] to the Storting, 2009), health inequality was barely mentioned. This was also the case in the evaluation programme documents (Dahl et al., 2014, p. 270).

To a certain extent, this lack of consistence between intentions and implementation has also been observed in the municipalities' subsequent work. Based on analyses of documents and expert interviews in 2011, Tallarek née Grimm and colleagues (2013) find that many municipalities have a rather individualistic and sectoral-oriented focus in their approach to health inequalities. The municipalities defined drug abuse, mental health, nutrition and physical activity as the biggest challenges. They gave little notice to factors outside the domain of the health sector, such as housing, education, youth living conditions, economic circumstances and the labour market. The sectoral focus was still prevalent in 2014 (Fosse & Helgesen, 2015). However, 40 per cent of the municipalities confirmed that living conditions was the main challenge in their health promotion work (Hagen et al., 2016, p. 5), and this was associated with larger municipality size.

Another recurrent concern is the financing of coordinated actions to reduce health inequalities. These have mostly been temporary ring-fenced budgets, which serve to protect financing from local cuts and create important incentives (Tallarek née Grimm et al., 2013, p. 231). However, ring-fencing public health budgets may be

counterproductive in promoting a strategy that is supposed to be cross-sectoral and directed towards social determinants, which means that money should be allocated and spent where they can be expected to have the largest impact (Hunter & Marks, 2016, p. 143). Fosse and Helgesen (2015, p. 343) argue that funding for measures targeting the social determinants of health should be long-term in order to 'secure sustainability and ensure that the objectives of levelling out the social gradient are met'. On the other hand, general stable funds may result in large differences in resources, measures, competencies and effects across Norwegian regions and municipalities.

Finally, the localisation and knowledge of the public health coordinator may be crucial. For the coordinators to influence important planning processes across municipal sectors, they need to be placed with the executive staff not with health deputies (Fosse & Helgesen, 2015, p. 342). In 2014, less than a third of the public health coordinators were located among the executive staff (Ibid, p. 337).

The Inclusive Working Life Agreement

Employment is an arena by which many fundamental living conditions become available: income, social relations, opportunities to develop one's skills, a sense of cohesion and the enjoyment of being appreciated and useful. As the risk of not being employed have increased among those with poor health, and even more so if combined with low education (van der Wel et al., 2010), helping more people to find a job may be considered a sensible measure, particularly if finding a job means that a family with children will escape poverty.

Over the years, many initiatives have been launched to increase employment among disadvantaged people. The Inclusive Working Life Agreement was a three-partite agreement between the Government, the trade unions and the employers' unions (Hagelund & Bryngelson, 2014). The agreement had three overall aims: 1) Reducing sickness absence rates, 2) Increased employment among people with disabilities, and 3) Increased employment in the 50+ age group.

Even though the agreement has been renewed several times, an explicit aim to reduce social inequalities in the employment consequences of ill health is yet to be included (Dahl et al., 2014, pp. 179-180). Neither has the agreement focused much on improving working conditions to prevent health-related exclusion from the labour market (Dahl et al., 2014, pp. 205-6). The most recent evaluation of the agreement found that sickness absence rates have been reduced, whereas there was hardly any effect on the employment rates of disabled people (Ose et al., 2013). We are not aware of any evaluation of possible health effects of the agreement.

Mehlum (2011) has criticised the agreement for caring too much about getting sick people back to work, rather than making sure that people do not get sick from work in the first place. On the basis of presented evidence, she argues that this latter

measure may be a much more effective way of reducing sickness absence than the current alternatives.

This lack of focus on social inequality in the planning, implementation and evaluation of large reforms in the aftermath of the strategy to reduce health inequalities is paradoxical, particularly given the fact that the government that launched the strategy remained in office until 2013. What we have seen for the Coordination Reform and the Inclusive Working Life Agreement was also true of the Welfare and Administration Reform, another major public sector reforms.

A reorientation of policy?

White paper on public health

In 2015, the Government presented its white paper on public health called 'Coping and Opportunities' (Report no. 19 [2014-2015] to the Storting, 2015). The priority areas are mental health, healthy life style, active elderly, children and young people, and cross-sectoral public health work. These are all important components of public health policies, but it is unclear how these areas are related to initiatives to tackle social inequalities in health. Nonetheless, in the white paper the Government re-emphasizes the goal to reduce health inequalities. Reducing mortality differentials are also seen as a means to increase life expectancy in general. Yet, these bold equity ambitions are not translated into concrete policies. To the degree that the white paper addresses policies to tackle inequality, it is not the gradient that attracts attention, but the gap. One prominent example is the concern with child poverty. The white paper also focuses on health related behaviours rather than the social determinants of health, a term hardly mentioned.

Admission of temporary work

In 2015, several amendments in the Working Environment Act were implemented. The most controversial issue was the ruling to admit temporary employment (Røed Steen, 2016). The change in the Act implies a general admission to hire employees for up to 12 months on temporary contracts. The work tasks can thus be limited in time or permanent. Three constraints to this general admission apply, among them a quarantine of 12 months on the actual work tasks, and the imposition of an upper limit of 15 per cent of the staff that can be hired temporarily (Ministry of Labour and Social Affairs, 2015). Advocates of the amendments in the Act argued that they would ensure greater flexibility in the working life and give more people, in particular vulnerable groups like young people and the disabled, a better chance to enter working life (Innst. 207 L [2014–2015], 2015, p. 4). However, research carried out by the OECD suggests that introduction of temporary work does not lead to more jobs and recruitment of more vulnerable workers, but rather to a larger proportion of temporary jobs in the labour market (Røed Steen, 2016). A literature

review concludes that temporary workers have poorer mental health than permanent employees (Virtanen et al., 2005).

Cuts in the wealth tax

The Government has for three years in a row initiated cuts in the tax on net wealth. For the period 2014-16, the total cut is estimated at 5.4 billion NOK (NTB, 2016). The justification for these tax cuts is to allow small and medium size companies to free means for investment in economic activity, enable innovation and increase employment (Prop. no. 41, 2014). The critics point out that other tax cuts are much more effective in creating new investments and that such tax cuts favour the rich and super rich. For example, the tax cuts in 2016 imply that the 1400 richest in the country on average will receive 43,200 dollars more in return on their wealth and profit assets. The average tax cut for ordinary people with much more moderate wealth is 24 dollars (Mosveen et al., 2015).

Cut in the child allowance in the disability scheme

In 2016, the Government introduced a cut in the child allowance to parents who receive disability benefit. According to the new rule, child allowance will be reduced if the sum of disability benefit and child allowance exceeds 95 per cent of pre-disability income (Ruud, 2016). A likely consequence is that low income earners with many children will lose, for them, significant amounts of money: for example, a single disabled and low paid parent with three children will lose more than 2400 dollars per year. The more children the parents have, the more they will lose (Ruud, 2016).

Concluding discussion: What future for the Norwegian health equity strategy?

The current Government's recent white paper on public health maintains that reducing social inequalities in health is a high-priority goal. However, there is an inconsistency between the bold equity goals and meagre, or even absent, means. Little attention is paid to policies to tackle health inequalities despite existing knowledge both on the causes and on effective interventions to reduce such inequalities. Therefore, there is a danger that the Government will not be able to achieve its own equity goals, and of a hollowing-out of the ambitious 2007 strategy. In this paper, we have pointed out three key challenges: stubborn inequalities; a lack of equity focus in the planning and implementation of important reforms; and a possible reorientation of policy.

The most recent national policy reforms do not in general reflect equity issues (Giæver, 2013) or seem to have the potential to even out existing inequalities. Comprehensive policy initiatives such as the Work and Welfare Administration

Reform (Askim et al., 2010), the Coordination Reform (Romøren et al., 2011), and the Inclusive Working Life Agreement (Hagelund & Bryngelson, 2013) were never designed to affront social inequalities, and were never evaluated in terms of their potential effects on health inequalities (Dahl & van der Wel, 2015). Furthermore, and although the Public Health Act is an important step forward, there is a long way to go both at the national and the local level before smooth cross-sectoral cooperation becomes a reality. It is still too early to tell with certainty, but these policy reforms will probably lead to larger rather than smaller inequalities in key social determinants of health, e.g. work, income and wealth, and hence in the longer run probably to larger health inequalities. It also still remains to be seen whether the transferring of more responsibility to the municipalities in The Public Health Act will strengthen or weaken efforts to reduce social inequalities in health. Most of the municipalities (82 per cent) believe they are capable of reducing inequalities in health, and the larger municipalities more often than smaller ones see living conditions as a main challenge in health promotion (Hagen et al., 2016).

Policies to reduce health inequalities do not seem to follow a linear development (Whitehead, 1998). Just as Strand and Fosse (2011, p. 379) point to the change in government coalitions in 2005 as an illustration of a non-linear movement boosting the agenda on social inequalities in health in Norway, the shift in government in 2013 may be a similar illustration of a break in agenda setting. This non-linear development is partly seen in new priorities in national public health policy, and partly in recent national reforms in the labour market, tax cuts, and cuts in child allowance in the disability scheme, many of which would be better described in terms of retraction rather than development. As Dahl and van der Wel (2016) show in their comparative analysis, transformations and set-backs of policies to reduce health inequality are not uncommon: universal strategies have weakened both in Sweden and the UK.

In this policy review, we asked whether Norwegian policy efforts to reduce health inequality have strengthened, stagnated or been reduced in recent years. Our conclusion is that there are indeed signs of stagnation and even reversal, if one considers some of the most recent economic and social policies. This conclusion may, however, prove to be premature. The municipalities may play an important role in the years to come. Nevertheless, a pertinent question for future research is whether Norway too is on the move back up the 'action spectrum' (Dahl, 2002; Whitehead, 1998).

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What has the journal Nordic Welfare Research meant for you?
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2. «Men hun er da dansk?». Om pigers institutionelle forhandlinger af køn og etnicitet

ANN-KARINA HENRIKSEN

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Sammendrag

I artiklen undersøges det, hvordan køn og etnicitet forhandles af piger anbragt på sikrede institutioner. International forskning har i stigende grad undersøgt pigers involvering i kriminalitet og gadekultur og belyst, hvordan disse tilhørsforhold former køn og etnicitet. Det er imidlertid ikke grundigt undersøgt, hvordan disse

identifikationer og tilhørsforhold formes i mødet med professionelle inden for socialt arbejde. Med afsæt i en kvalitativ undersøgelse om piger anbragt på sikrede institutioner analyseres dette møde gennem to cases. Ved hjælp af poststrukturalistisk subjektiveringsteori analyseres identitet som skiftende sociale orienteringer mod sikkerhed, samhørighed og handlekraft. I konklusionen peges der på, hvordan en forståelse for identitet som flydende og foranderlig er relevant for velfærdsstatens opsøgende og behandlende indsatser for udsatte og kriminalitetstruede unge.

Abstract

The article explores how gender and ethnicity is negotiated by girls placed in secure care. International research has increasingly explored girls' involvement in crime and street culture demonstrating how these affiliations shape gender and ethnicity. It is however, not thoroughly explored how these identifications and affiliations are shaped in interactions with professionals in social work. Drawing on a qualitative study on girls placed in secure care, this interaction is analysed using two cases. By applying poststructuralist theory on subjectivity, identity is analysed as changing social orientations towards safety, belonging and agency. In the conclusion, I argue that an understanding of identity as fluid and hybrid is relevant for welfare state professionals in their interventions for youth at risk.

Indledning

De seneste år er den generelle ungdomskriminalitet faldet i Danmark, mens en mindre gruppe af «gengangere» fortsat begår grov og gentagen kriminalitet (Balvig, 2011). Gruppen af «gengangere» er overrepræsenteret af drenge og unge med minoritetsbaggrund, og nordiske forskere peger på en sammenhæng mellem marginalisering, risikoadfærd og subkulturelle tilhørsforhold (Jensen, 2002; Sandberg, 2008). En del af disse unge anbringes på sikrede afdelinger, hvor gadekulturen i forskellig grad bliver en del af institutionskulturen (Bengtsson, 2012). Det er imidlertid ikke belyst, hvordan pigers risikoadfærd og subkulturelle tilhørsforhold formes i mødet med institutionelle praktikker. På baggrund af en kvalitativ undersøgelse af pigers ophold på sikrede institutioner undersøger jeg i denne artikel, hvordan køn, etnicitet og risikoadfærd forhandles og reguleres i mødet mellem anbragte piger og ansatte på to sikrede afdelinger.

International forskning beskæftiger sig i stigende grad med pigers involvering i kriminalitet og gadekultur, samt hvordan disse tilhørsforhold former pigers tilegnelse af køn og etnicitet (Jones, 2010; Ness, 2010). Den nordiske forskning på området er sparsom, men peger på, at piger og unge kvinder approprierer gadekultur ud fra deres kønnede positioner og således navigerer i gademiljøer ud fra de samme logikker som drenge og unge mænd, men med væsentlig anderledes

deltagelsesmuligheder (Grundetjern, 2015; Natland, 2006). Det skyldes, at piger dels er mere udsat for seksuel vold, dels, at de skal forhandle den underordning af femininitet, som karakteriserer det hypermaskuline gademiljø (Henriksen, 2015). I denne artikel analyserer jeg det institutionelle møde mellem to piger med erfaring i at færdes i minoritetsetniske gademiljøer og ansatte på sikrede institutioner. Artiklen trækker på en kvalitativ undersøgelse af pigers ophold på sikrede institutioner, hvor institutionelle praktikker og logiker analyseres i relation til pigernes narrativer om sikret anbringelse.

Artiklen falder i tre afsnit. Indledningsvis skitseres det teoretiske afsæt i poststrukturalistisk subjektiveringsteori efterfulgt af en kort beskrivelse af datagrundlaget, og herefter analyseres to cases, hvor pigers beretninger om identitet og hverdagsliv sammenstilles med ansattes forståelser og praksis i forhold til pigerne. I konklusionen fremhæves det, hvordan en forståelse for identitet som flydende og hybridiseret er relevant i forhold til velfærdsstatens opsøgende og behandlende indsatser for udsatte og kriminalitetstruede unge.

Flydende og hybride identifikationer

Det teoretiske afsæt for artiklen er subjektiveringsteori, hvor identitet begribes som flydende, foranderlig og i kontinuerlig tilblivelse (Davies, 2000; Staunæs, 2003). I denne forståelse er køn og etnicitet ikke noget, man *er*, men snarere noget, man *gør* som situeret relationel praksis. Denne forståelse står i kontrast til mere essentialiserede identitetsforståelser, hvor etnicitet eller køn begribes som rodfæstet i enten biologi eller herkomst, og disse kan derfor kun vanskeligt indfange forandringer af identitet over tid og rum. Inden for den feministiske ungdomsforskning er køn eksempelvis blevet betragtet som gørelser, der trækker på et kontinuum af maskuliniteter og femininiteter (Henriksen, 2015; Renold & Ringrose, 2008; Paechter, 2006). Ligeledes peger etnicitetsforskningen på, at etnicitet ikke er givet eller kan reduceres til etnisk herkomst, men må studeres som identifikationer, der formes relationelt og i opposition til sociale forventninger og forestillinger (Hall, 1992; Prieur, 2002; Staunæs, 2003).

Identitet handler således ikke kun om, hvem man er, men om, hvem man gerne/ikke vil være, og hvordan køn og etnicitet indgår i sociale orienteringer mod fællesskab og handlekraft. Der er ikke tale om strategiske beslutninger eller handlinger, men om meningsfulde orienteringer i et socialt landskab, der afspejler en kropslig erfaring af, hvordan forskellige subjektpositioner er forbundet med magt, underordning eller udstødelse. Med det poststrukturalistiske blik på identitet som processuel tilblivelse undersøger jeg således anbragte pigers selvforståelse med særligt fokus på køn og etnicitet, og jeg undersøger, hvordan det institutionelle rum sætter grænser for, hvordan kategorierne kan strækkes, brydes og forandres.

Metode

Artiklen er baseret på en kvalitativ undersøgelse af pigers ophold på sikrede institutioner. Jeg har interviewet anbragte unge og personale og gennemført ca. 300 timers etnografisk feltarbejde på 4 sikrede institutioner. Sikrede institutioner i Danmark varetager en kompleks opgave, der består i beskyttelse, behandling og sikring af unge, der frihedsberøves af retlige og sociale årsager. 80 pct. af de unge er anbragt i surrogat varetægt eller afsoning, og ca. 20 pct. er anbragt i pædagogisk observation eller for farlighed primært med henblik på sikring og udredning. De to grupper har forskellig retlig status, men har de facto en række identiske problemstillinger med risikoadfærd, psykisk sårbarhed, opvækst i socialt udsatte familier og omfattende erfaring med sociale indsatser og anbringelser.

Undersøgelsen faldt i to faser, hvor første fase bestod i at interviewe afdelingsledere og/eller socialrådgivere på alle otte sikrede institutioner i Danmark for at få indblik i, hvordan de anskuede pigernes problematikker og ophold på afdelingerne. Anden fase bestod i ti ophold a to-tre dage på afdelinger, hvor der var mindst én pige anbragt. Jeg deltog i hverdagsaktiviteter såsom madlavning, skole/værksted, sportsaktiviteter og havde samtaler med unge og ansatte som supplement til de seminstrukturerede interviews med unge og ansatte, der blev gennemført i aflukkede rum for at muliggøre fortrolighed og anonymitet. Interviewene med de ansatte omhandlede hverdagspraktik, pædagogik, udfordringer og muligheder ved sikret anbringelse samt beskrivelser af konkrete unge. Interviewene med de unge omhandlede ankomst, positive og negative oplevelser under anbringelsen, konflikter og relationer til unge og ansatte. Jeg deltog også i personalemøder og «overleveringer» ved vagtskifte. Selvom det kan være vanskeligt at inkludere både unges og ansattes perspektiv i en enkelt undersøgelse, giver det mulighed for at undersøge dynamikker og samspil, der bidrager med et nuanceret blik på institutionelle praktikker og logikker (Liebling, 2001). Jeg interviewede 25 unge, heraf 12 piger. 10 ud af de 12 piger var anbragt på afdelinger, hvor de resterende anbragte unge var drenge. 10 af pigerne var etnisk danske, mens 2 var af blandet etnisk dansk og anden etnisk herkomst. Blandt drengene var 4 etnisk danske, 5 minoritetsetniske fra Mellemøsten og 4 af blandet dansk og minoritetsetnisk baggrund.

Den samlede datamængde består af 25 interviews med unge, 20 interviews med ansatte og ledere samt feltnoter, der er kodet manuelt og i Nvivo10. Tematiseringen om køn, etnicitet og risikoadfærd opstod under bearbejdningen af materialet, og de valgte cases illustrerer én blandt flere tematikker, der bidrager til at forstå sikret anbringelse og socialt arbejde med kriminalitetstruede unge. Det er en tematik, der fremtræder på tværs af alle afdelingerne, og som særligt vedrører ca. en tredjedel (7 ud af 20) af de anbragte unge, hvor en eller begge forældre var etnisk danske, og som i varierende grad fremførte hybride identifikationer. Analysen ligger i

forlængelse af en tidligere artikel, der belyser, hvordan forhandlinger af køn og etnicitet indgår i pigers navigationer på gaden (Henriksen, 2016). Denne artikel fokuserer på, hvordan pigernes identifikationer udfordres i mødet med velfærdsstatens regulerende institutioner.

Case 1: Sofia

Sofia er 15 år og anbragt i varetægtssurrogat på en sikret afdeling. Hun har et nordisk udseende, bruger ikke makeup, det halvlange lyse hår er samlet i en hestehale, og hun går klædt i løstsiddende oversizetøj i de dage, jeg er på afdelingen. Hun taler dansk, men bruger en del arabiske ord og har en accent og ordstilling, som jeg genkender fra minoritetsetniske unge. Hun forklarer eksempelvis: «Mig, jeg har ikke danske venner, jeg er hele tiden ude og i gang, du ved, aldrig hjemme altid ude og lave penge». Sofia beskriver et ungdomsliv, hvor hun sporadisk går i skole og tilbringer en stor del af tiden med en større flok unge mænd, overvejende i 20'erne og alle med etnisk herkomst fra Mellemøsten. Hun forklarer:

Jeg har faktisk, jeg tror, jeg har flest drengevenner, fordi de piger, som bor i (by), enten er de ludere, eller også er de dengser, ikke også, der er ikke så mange, der er midtimellem, der er ikke så mange, der bare, okay, laver lidt kriminalitet, og så går vi hjem og slapper lidt af.

Sofia kommunikerer tilhørsforhold til minoritetsetniske unge, der overvejende færdes uden for hjemmet og er involveret i kriminalitet og anden risikoadfærd. Hun tager afstand fra de tilgængelige pigepositioner, som hun betegner som *dengser* eller *ludere*, henholdsvis pæne piger optaget af skole eller mindre pæne piger, der relaterer seksuelt til (for mange) mænd. Gennem tøjstil, (krops)sprog og adfærd positionerer hun sig tæt på de unge mænd og deres praksis med involvering i kriminalitet. Hun omtaler drengene som sine «shababs», der betyder venner og mest bruges om og blandt drenge. Hun bryder således både forventninger til køn og etnicitet for at etablere tilhørsforhold til de unge mænd, som hun betragter både som brødre, venner og forbindelser til at *lave penge.*

På den sikrede afdeling indgår Sofias sprogbrug med omvendt ordstilling, ukorrekt grammatik og brug af arabiske ord i hendes minoritetsetniske positionering, der også understreges af hendes ønske om halalfremstillet mad og dermed tilberedning af specialretter ved de fleste måltider. Hun fortæller, at hun konverterede til islam som 13-årig; i samme alder begyndte hun at færdes meget på gaden. At konvertere til islam har betydning i forhold til at skabe tilhørsforhold til minoritetsetniske ungegrupperinger, men er også forbundet med at skabe sikkerhed og respekt på gaden (Henriksen, 2016). Da Sofia ankom til den sikrede afdeling, var der en overvægt af minoritetsetniske drenge, og hos dem har det ifølge Sofia betydning at være muslim.

Der var også en islamisk pige, der hed Jasmin, hun var muslim, og hun holdt ramadan herinde. Alle drengene viste hende respekt, fordi hun holdt ramadan herinde, ikke også, selvom hun var pige. Der sker ingenting ved at være pige herinde, andet end du har nogle fordele. Men nogle gange kan de lukke dig ude fra drengegrupperne (...)

Sofia forklarer, at Jasmin fik respekt *selvom hun var en pige,* og selvom der *ingenting sker* ved at være pige på en sikret afdeling ud over fordele, fremhæver hun, at man kan føle sig ekskluderet fra drengegrupperne (se også Henriksen, under udgivelse). Både inden for og uden for den sikrede afdeling har Sofia således erfaring med, at positionering tæt på de minoritetsetniske drenge er centralt i forhold til at etablere samhørighed og sikkerhed.

Jeg fornemmer en vis skepsis og ligefrem irritation over Sofias sprog, madvaner og livsstil blandt afdelingens ansatte og unge, der under mit besøg alle var etnisk danske. Da vi på et tidspunkt spiller basketball, siger Sofia eksempelvis noget om sine *shababs,* hvortil pædagogen (etnisk dansk mand) for sjov siger: «Hvad, skal vi have kebab?». Og en etnisk dansk dreng sukker og siger: «Åh nej, nu ikke det igen». Sofias positionering som minoritetsetnisk anerkendes ikke, og ironien fremstår som forsøg på at destabilisere hendes identifikation i det institutionelle rum. De ansatte fortæller, at de er meget opmærksomme på hendes sprog og arbejder på at udvikle det både i forhold til grammatik, ordforråd og udtale. Jeg får det indtryk, at Sofias minoritetsetniske identifikation overvejende betragtes som adfærd, der kan reguleres gennem pædagogisk arbejde. Det ser imidlertid ud til, at Sofia tager afstand fra den institutionelle regulering og måske endda giver forrang til minoritetsetniske identifikationer som en form for oppositionel identitet. Som hun fremhæver, da hun beskriver sine ønsker for en fremtidig anbringelse: «De skal bare ikke lave om på mig. Jeg vil ryge vandpibe, være muslim, og hænge ud med mine shababs og være mig selv, ellers smutter jeg». Det er sandsynligt, at den manglende accept af hendes minoritetsetniske positionering under andre betingelser end sikret anbringelse ville føre til, at hun «smuttede» og således fravalgte vejledning og støtte.

Det er et af de definerede formål med sikret anbringelse, at unge skal motiveres til et liv uden kriminalitet. Idet Sofias minoritetsetniske identifikation går hånd i hånd med risikoadfærd, er reguleringen af etnicitet legitim i forhold til anbringelsesformålet. Det er imidlertid problematisk, hvis minoritetsetnisk identifikation overvejende anskues negativt og kobles til risikoadfærd. Sofias beretning om identitet afspejler, at hendes minoritetsetniske identifikation kan forstås som meningsfuld social orientering efter et fællesskab og en livsstil, der opleves værdifuld. Ved at afvise hendes identifikation som ikkeautentisk og overvejende negativ risikerer man at fodre hendes modstand og herved også lukke det pædagogiske vindue i forhold til at ændre hendes risikoadfærd.

Case 2: Lina

Ansat 1: Jeg kom til at kalde hende Jensen, og det røg hun da helt op i det røde felt over.

Ansat 2: Men hun hedder da Jensen, gør hun ikke?

Ansat 3: Jo, men der er vist et mellemnavn, et eller andet Gu...ku... et eller andet udenlandsk.

De griner og bliver enige om, at hun hedder Jensen, og det er det navn, der står i journalen.

Ansat 2: Hun ser altså ikke sig selv som dansker?

Ansat 4: Nej, jeg tror, hun hader danskere.

Ansat 1: Men hun er da dansk, er hun ikke?

Ansat 4: Jo, hendes mor er dansk, men hendes far er vist fra Libanon. Men hun er dansk, lige nu er hun bare optaget af det der arabiske, også med de drenge på afdelingen, og hun har bestilt Koranen på dansk, men altså hun er dansk.

(Feltnoter fra personalemøde, september 2015)

Ovenstående ordveksling finder sted blandt personalet på en sikret afdeling, hvor 17-årige Lina netop er blevet anbragt i pædagogisk observation. Der er tydelig forvirring om Linas etniske herkomst og tilhørsforhold, og selvom det slås fast, at hun *er* dansk, skabes der blandt personalet en fælles opmærksomhed på hendes optagethed af det arabiske og ikke mindst de arabiske drenge på afdelingen.

Lina betragter sig ikke som dansk. I det interview, jeg foretager dagen efter min ankomst på afdelingen, forklarer hun følgende:

Lina: Min fars kone ser mig sådan meget som den danske pige i hendes i hjem, og det er ikke det, jeg er overhovedet.

Int.: Ser du dig ikke som dansk?

Lina: Nej, overhovedet ikke, jeg er libaneser. Jeg har rendt rundt med udlændinge hele mit liv, og jeg er også muslim så ... Jeg går aldrig nogensinde rundt med danskere, jeg ser mig ikke som dansker, nej.

Int.: Men du kunne være begge dele, altså du kunne godt se dansk ud.

Lina: Jamen, det jeg også ked af, det er, fordi jeg har været herinde i to måneder, jeg er helt bleg, du ved. Jeg har ikke taget sol, du ved.

Int. Dit sprog er også meget sådan ... det er meget dansk.

Lina: Det er, fordi ... altså, når jeg sidder og snakker med dig, så kan jeg godt snakke

meget integreret og sådan, men når jeg er sammen med mine venner og sådan noget der, som du måske også kan høre i telefonen, så det bare fuld gang i den.

Lina har mørkt hår og gylden hud, og ud over at identificere sig som libaneser fremhæver hun at være muslim, og at hun altid har *rendt rundt med udlændinge*. Hun bruger sproget forskelligt, afhængig af hvem hun omgås. Sammen med mig taler hun roligt og sammenhængende med et afstemt kropssprog og nærvær. Når hun taler med drengene på afdelingen, der alle er minoritetsetniske, bruger hun såvel arabiske ord og betoning som et mere højlydt og ekspressivt kropssprog. Lina fortæller om hendes «shababs og shababes», der alle er minoritetsetniske, og som er forbundet til det gademiljø, hun har været en del af i flere år. Hun har været anbragt mange gange og har i perioder boet hos venner i ly for de sociale myndigheder. Hendes libanesiske herkomst giver adgang til både fællesskab og sikkerhed. Ved at fremhæve sin mørke lød, sin accent og sin arabiske herkomst konsoliderer hun denne positionering, ligesom et ophold på sikret afdeling kan destabilisere denne fremførelse og den værdi, hun tillægger den, ved at personalet insisterer på, at hun er dansk.

Etnisk differentiering er meget udtalt på de fleste sikrede afdelinger, forstået på den måde, at de unge skelner mellem «indvandrere» og «danskere» og ofte skaber sammenhold derefter. På en sikret afdeling med en overvægt at minoritetsetniske drenge giver det mening at orientere sig mod deres fællesskab gennem sprog, madvaner, livsstil og etnisk herkomst. De unge skelner skarpt, men kategorisering er i højere grad baseret på, hvad man gør, end hvem man er. Adil udtaler eksempelvis:

Jeg har danske venner, men jeg betragter dem ikke som danskere. Jeg betragter dem som perkere. Det er sådan nogle, som er vokset op med perkere hele livet. Der ligesom også tænker som os.

Adils udtalelse understreger, at etnisk tilhørsforhold og etnisk herkomst ikke behøver at være forbundet. Man kan blive *perker*, hvis man vokser op blandt *perkere*. De ungefællesskaber, som både Lina og Sofia beretter om, bekræfter, at selvom kropstegn som lyst hår og blå øjne sætter begrænsninger, udelukker det ikke, at sprogbrug, livsstil og (heteroseksuelle) relationer kan formes til at understøtte minoritetsetniske identifikationer og tilhørsforhold.

Personalet udtrykker bekymring i forhold til Linas omgang med afdelingens drenge. De opfatter hendes arabiske orientering som overfladisk og forbundet med hendes fascination af særligt én arabisk dreng på afdelingen, der beskrives som alfahan. To kvindelige ansatte forklarer på et møde:

Ansat 1: Nu har hun kastet sin opmærksomhed på Bilal, og så er det, som om at hun accepterer hele hans kultur.

Ansat 2: Det er, som om hun gør sig dårligere, end hun er, også som kvinde, hun accepterer at blive kaldt alt muligt, som i går da vi snakkede om kærester, så siger hun, at en kæreste jo godt kan kalde én for luder eller so.

Personalet beskriver det som «*nedslående*» at høre Lina tale om kvinders roller og underordning. I forhold til afdelingens drenge beskriver de, at hun indtager en «*morrolle, hvor hun går og nusser om dem, laver mad og varter dem op*». På baggrund af mistanke om kæresteri og en konkret hændelse har personalet desuden vedtaget, at Lina og Bilal ikke må deltage i aktiviteter sammen, herunder opholde sig i fællesstuen eller spise sammen. Både rollen som opvarter og seksuelt tilgængelig lægger sig op ad den problemforståelse, som personalet har om Lina, og som sikret anbringelse skal regulere. De forklarer, at hun har levet på gaden, og at gråzoneprostitution og misbrug har været en del af hendes måde at overleve på. Problemforståelsen afspejler imidlertid også, at personalet betragter Linas underordning som en del af hendes accept af arabisk kultur, hvilket gør regulering af etnicitet til et pædagogisk mål for hendes anbringelse. Ved at insistere på, at Lina er dansk, underkendes imidlertid de positive og meningsfulde identifikationer, som Lina forbinder med at være libaneser, såvel som hendes forsøg på at mestre og modsætte sig den underordning, hun tilbydes både i forhold til de ansatte og de anbragte drenge.

Diskussion

Ovenfor har jeg lagt vægt på at belyse, hvordan to anbragte piger gør køn og etnicitet, og har særligt fremhævet, hvordan minoritetsetniske identifikationer gøres gennem bestemte kropstegn, sprogbrug og livsstil. Sofia har med sit lyse nordiske udseende andre muligheder end Lina, der med sin mørkere hudfarve og hår og ikke mindst libanesiske herkomst nemmere regnes som minoritetsetniske ung. Pigernes beretninger peger på, at etnicitet blandt nogle unge betragtes som situeret og relationel identifikation, hvor det, man gør, er vigtigere, end hvor man kommer fra. At være *udlænding* eller *perker* peger på elastiske sociale identifikationer og tilhørsforhold, der kan tilgås af unge med forskellig herkomst. Det står i modsætning til at være *dansk,* der som kategori i højere grad lukker sig om en bestemt herkomst og kropstegn og således er svært tilgængelig, særligt for tilflyttere fra ikkevestlige lande.

Denne elasticitet, her belyst særligt i forhold til etnicitet, afspejles ikke i de ansattes forståelser, hvor etnicitet kommer til udtryk som en mere fast og uforanderlig kerne i de unges identitet, og hvor hybridisering fremstår forstyrrende. Pigernes minoritetsetniske orientering forbindes overvejende med kriminalitet og risikoadfærd og gøres derfor til genstand for regulering. Den negative og noget stereotype forståelse af minoritetsetniske identifikationer skal ses i lyset af, at unge med minoritetsetnisk baggrund er stærkt overrepræsenteret på de sikrede institutioner og udgør ca. 60 pct. af de anbragte unge (CFK, 2014). Jeg har belyst, hvordan etnicitet forhandles og reguleres i forhold til to piger, men lignede forhold gør sig gældende for nogle af drengene. Materialet rummer eksempler på, at etnisk danske drenge, der i sprog og livsstil identificerer sig med minoritetsetiske unge, også reguleres og fastholdes som etnisk danske.

Der er en grad af etnocentrisme at spore i de ansattes forståelser og institutionelle praksis, hvor det etnisk danske gives forrang, eksempelvis i form af dansk madkultur, fejring af danske højtider, et forbud mod andre sprog end dansk og en markant overvægt af etnisk dansk personale. Når der insisteres på, at Lina *er dansk,* selvom hun af herkomst er lige dele etnisk dansk og libanesisk, kan det således både bunde i en manglende forståelse for flydende og sammensatte etniske identifikationer og i etnocentrisme, hvor regulering til danskhed fremstår som et pædagogisk mål for alle anbragte unge. For de valgte cases gælder det, at personalet betragter pigernes minoritetsetniske identifikationer som midlertidige, påtagede og forbundet med risikoadfærd, og ser det som en pædagogisk opgave at regulere til en mere passende overensstemmelse mellem etnisk herkomst og etnisk tilhørsforhold.

Analysen belyser de flydende og sammensatte identifikationer og tilhørsforhold, som unge tilegner sig på tværs af tid og rum. Ved at betragte disse identifikationer som meningsfulde og kreative orienteringer i et socialt landskab bliver det synligt, hvordan de relaterer sig til sikkerhed, tilhørsforhold og en oplevelse af handlekraft. Hvis sociale indsatser skal appellere til unge og styrke deres mestring af eget liv, er det væsentligt at begribe unges kreative strategier for overlevelse og meningsskabelse, herunder nye formationer af køn og etnicitet.

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Photo: Karioline O. A. Pettersen

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What has the journal Nordic Welfare Research meant for you?

- In an academic environment where the emphasis on journal metrics and citation indices drives a tendency toward overgeneralisation, I think that Nordic Welfare Research remains an important outlet for context-sensitive welfare research grounded in the particularities of the Nordic welfare societies. This focus on context allows for more meaningful comparisons, greater policy relevance, and a deeper understanding of the Nordic case.

3. Tverrfaglig, sammenkoblet og allestedsnærværende – om implementering av velferdsteknologi i kommunale helse- og omsorgstjenester

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Sammendrag

Implementering av velferdsteknologi står høyt på agendaen i de nordiske landene for å imøtekomme utfordringene i helse- og omsorgssektoren. Hva som faller innenfor begrepet velferdsteknologi, er imidlertid ofte uklart. Til tross for at mange kommuner har utviklet særegne organisatoriske løsninger og metoder for implementering av velferdsteknologi, er det lite systematisert kunnskap om hva det er ved disse teknologiene som fordrer slike særlige hensyn. I denne artikkelen spør vi: Hva er det med velferdsteknologi som utfordrer kommunene i implementeringsprosessene? Datagrunnlaget for artikkelen er innhentet gjennom ulike prosjekter som omhandler implementering av ulike velferdsteknologiske løsninger i norske kommuner. Gjennom en komparativ analyse har vi identifisert fellestrekk i hvordan egenskaper ved disse teknologiske løsningene utfordrer kommunene i implementeringsprosessene. Basert på denne tilnærmingen argumenterer vi for at velferdsteknologibegrepet kan forstås ut fra tre aggregerte kjennetegn: *tverrfaglig, sammenkoblet* og *allestedsnærværende.* I artikkelen redegjøres det for hvordan disse kjennetegnene på ulike måter utfordrer implementeringsprosessen. Å anerkjenne disse kjennetegnene, og utfordringene de medfører, fremstår som avgjørende for at teknologiene skal kunne tas i bruk på en god måte.

Abstract

Municipalities are core welfare agencies in the Nordic countries, and as such have an obligation to supply their own services as well as to implement new technologies. Welfare technologies have in recent years assumed increasing importance in the Nordic countries as an important tool for innovating healthcare –

as a way to improve quality as well as to achieve better cost efficiency. However, many municipalities have experienced a number of problems when implementing these technologies. In this paper, we investigate the challenges of implementing welfare technologies in municipal healthcare by exploring how the characteristics of welfare technologies cause difficulties for the people working to implement them. The analysis is based on data from four different studies carried out in Norwegian municipalities. We summarize our findings as three aggregated characteristics of welfare technologies (interdisciplinary, interconnected, and ubiquitous). We discuss how these characteristics challenge the implementation of welfare technologies and argue that recognizing and attending to these characteristics is essential for successful implementation.

Introduksjon

Implementering av velferdsteknologi står høyt oppe på agendaen i de nordiske landene for å imøtekomme utfordringer i helse- og omsorgssektoren (Socialdepartementet, 2016; Helse- og omsorgsdepartementet, 2013). I politiske dokumenter forventes implementering av velferdsteknologi å føre til innovasjon som både skal effektivisere de kommunale helse- og omsorgstjenestene og avlaste dem gjennom å la eldre og kronisk syke bo lenger i eget hjem (NOU 2011:11; Helsedirektoratet, 2012; Helse- og omsorgsdepartementet, 2006; Helse- og omsorgsdepartementet, 2013; Corneliussen & Dyb, 2017). Som Nordens välfärdcenter påpeker, er det likevel implementert langt færre nye løsninger enn forventet i kommunene (Søndergaard, 2017). Det kan dermed se ut som at mange av kommunene i Norden har hatt vanskeligheter med å omsette den økende interessen for velferdsteknologi til implementering i fullskala.

Begrepet «velferdsteknologi» er relativt nytt både innen forskning og i praksisfeltet. I dagligtalen og i politiske dokumenter omfavner det et bredt spekter av ulike teknologiske hjelpemidler (e.g. NOU 2011:11). Til tross for stor gjennomslagskraft har begrepet forblitt tvetydig og benyttes ofte ulikt, både i offentlige dokumenter og i den voksende mengden forskningslitteratur som omhandler fenomenet (Isaksen & Stokke, 2017). Selv om begrepet er nytt, er bruken av avanserte hjelpemidler og IKT-utstyr ikke noe nytt i helse- og omsorgstjenestene. Det kan derfor argumenteres for at det som er nytt, først og fremst er de store teknologioptimistiske forventningene som knyttes til ny teknologibruk (Lupton, 2014; Blaschke et al., 2009).

Samtidig har vi på tvers av flere ulike forskningsprosjekter som omhandler implementering av de løsningene som omtales som «velferdsteknologiske», erfart at ulike kommuner opplever en rekke felles utfordringer i disse implementeringsprosessene. I mange kommuner er det også utviklet særskilte organisatoriske løsninger og metoder for å håndtere implementeringen og oppfølgningen av velferdsteknologi. Fra kommunenes ståsted ser det dermed ut til at det finnes noen substansielle kjennetegn ved de løsningene som de omtaler som

«velferdsteknologiske», og at disse kjennetegnene får konsekvenser når løsningene skal tas i bruk. I denne artikkelen spør vi: Hva er det med velferdsteknologi som utfordrer kommunene i implementeringsprosessene?

Artikkelen er strukturert som følger: Først diskuterer vi bruken av begrepet velferdsteknologi, før vi redegjør for metode og datamaterialet som er benyttet. Funnene presenteres i form av tre aggregerte kjennetegn ved velferdsteknologi som fremkommer av våre analyser; tverrfaglig, sammenkoblet og allestedsnærværende. I presentasjonen av funnene diskuterer vi hvordan disse kjennetegnene utfordrer kommunenes implementeringsprosesser på ulike måter.

Om velferdsteknologi som begrep

I diskursiv forstand kan begrepet *velferdsteknologi* forstås som en «tom betegner» (Corneliussen & Dyb, 2017). Fordi slike begreper kan fylles med ganske forskjellig meningsinnhold, er de i seg selv ganske tomme, og tilegner seg først og fremst mening gjennom de (ofte konkurrerende) diskursene de plasseres inn i (Laclau, 1996). Ofte er det nettopp denne tvetydigheten som sikrer begrepenes brede appell, ettersom ulike aktører kan tilegne dem mening etter behov (Mackillop, 2016). Tvetydigheten i innholdet i begrepsbruken rundt disse typene teknologi er ikke et særnordisk fenomen (se Barett et al., 2015; Greenhalgh et al., 2012). Det er imidlertid ikke nødvendigvis hensiktsmessig å operere med klare avgrensninger på slike paraplybetegnelser som velferdsteknologi representerer. På kort sikt er det gjerne langt mer hensiktsmessig å fokusere på de konkrete teknologiene og bruken av disse, snarere enn å presse dem inn i vage kategorier (Barett et al., 2015).

Lupton (2014) beskriver den pågående teknologiimplementeringen i helse- og omsorgstjenestene som en tredje bølge av digitalisering i sektoren internasjonalt. Starten av den første bølgen tidfester Lupton (2014) til 1950-tallet, hvor tidlig datateknologi ble benyttet til å standardisere repetitive oppgaver som regnskapsføring og lønnsføring. Den andre bølgen tidfester hun fra 1970-tallet, med gradvis innføring og utvikling av helseinformatikk og elektroniske journalsystemer. Den pågående tredje bølgen, skriver Lupton, kjennetegnes særlig av en tendens til å digitalisere så mange av elementene i helse- og omsorgstjenestene som mulig, og å koble sammen data fra ulike institusjoner og systemer (2014, s. 707). Følgelig består denne tredje bølgen, ifølge Lupton, av et bredt repertoar av ulike teknologier, som internasjonalt omtales under betegnelser som «mHealth, eHealth, Connected Health og Health 2.0». Et annet viktig kjennetegn ved disse teknologiene er at de inngår i en svært teknologioptimistisk diskurs. Teknologiene fremstilles som særlig revolusjonerende og med stort potensiale til å løse kapasitetsproblemer og andre gjenstridige problemstillinger i helse- og omsorgssektoren (Lupton, 2014).

Når vi velger å benytte velferdsteknologibegrepet, har det sin begrunnelse i noen felles tendenser i de implementeringsprosessene vi har studert. Vår erfaring er at mange kommuner ser behov for å organisere arbeidet med implementering av det

de omtaler som velferdsteknologi, på særskilte måter som skiller seg både fra organiseringen av tradisjonelle hjelpemidler i helse- og omsorgssektoren og fra organiseringen av mer generisk IKT-utstyr. På grunnlag av denne observasjonen har vi vært interessert i å identifisere hva det er ved disse teknologiene som, fra kommunenes ståsted, fordrer særlige hensyn i implementeringsprosessene. Det er viktig å påpeke at de kjennetegnene vi finner, ikke utgjør noen rigid eller uttømmende definisjon av «velferdsteknologi» og hvilke teknologier som sorterer under begrepet. Snarere har vi vært ute etter å konkretisere noen felles kjennetegn ved mange av de teknologiene og hjelpemidlene som omtales som *velferdsteknologiske,* som er av betydning for kommunenes implementeringsprosesser.

Metode

Denne artikkelen bygger på fire ulike studier gjort i norske kommuner hvor artikkelens forfattere har vært involvert. Studiene er ulike med tanke på fokus og innretning, men har alle elementer som omhandler forsøk og implementering av velferdsteknologi i kommunale helse- og omsorgstjenester. I studiene er det benyttet kvalitative metoder som deltagende observasjon, formelle og uformelle intervjuer samt dokumentstudier. Den kvalitative datainnsamlingen er gjort blant ansatte i kommunale helse- og omsorgstjenester, IKT-tjenester, administrativ ledelse og andre som på ulike måter er involvert i implementeringen av velferdsteknologi i kommunene. Se tabell 1.

Ettersom flere av prosessene innebærer implementering av flere sammenkoblede elementer som ikke alltid lar seg avgrense, er det vanskelig å definere det nøyaktige antallet prosesser som er fulgt. I studiene har vi undersøkt implementeringen av til dels svært ulike teknologiske hjelpemidler, hvor vårt utvalg av caser (i.e. implementeringsprosesser) i utgangspunktet har hatt det fellestrekket at de omtales som «velferdsteknologiske» i kommunene. Disse inkluderer blant annet journalsystem for mobil og nettbrett med tiltakssystem, spillteknologi, digital tilgangskontroll, sensorteknologi og digitale trygghetsalarmer. De fleste implementeringsprosessene har pågått simultant med våre studier. I noen av studiene (studie 3 og 4) har enkelte av implementeringsprosessene også vært undersøkt retrospektivt. I studie 3 og 4 har vi også fulgt forberedelse og planlegging av noen fremtidige implementeringer.

De enkelte studiene som danner datagrunnlaget for denne artikkelen, har ikke vært designet for å besvare den konkrete problemstillingen som stilles her. Således er det en svakhet ved materialet at de enkelte studiene hver for seg ikke er tilstrekkelige til å fange opp alle temaer og momenter nødvendige for å besvare artikkelens problemstilling. Samlet gir imidlertid antallet caser et relativt bredt datagrunnlag som belyser variasjonen av utfordringer ved de ulike implementeringsprosessene.

Tabell 1. Oversikt over datagrunnlaget

	Studie	Utvalg	Metoder og data	Periode
1	Følgeforskning av implementering digitale trygghetsalarmer/ mobilomsorg	Prosjektmedarbeidere, mellomledelse, ansatte i en norsk kommune	Deltakende observasjon av utviklingsprosess, inkludert 6 workshoper og 6 møter.15 intervjuer.	2014–15
2	Følgeforskning av implementering av spillteknologi (fallforebyggende)	Mellomledelse og ansatte i to norske kommuner	Observasjon av utprøving av teknologi. Deltakende observasjon i 4 workshoper. 6 intervjuer.	2015–18
3	Følgeforskning av implementering mobil pleie, e-rom og e-lås	Toppledelse, mellomledelse og ansatte i en norsk kommune	Dokumentstudier. Deltakende observasjon i tjenestene. 18 intervjuer.	2015–17
4	Bredere studie av sosial innovasjon i sykehjem*	Ansatte i en kommune og et interkommunalt samarbeid	3 intervjuer.	2016–19

* Enkelte intervjuer har fokusert på velferdsteknologi. Det er kun disse som er inkludert her.

Analyser og funn: Hva er det med velferdsteknologi?

Våre analyser har vært inspirert av den etnografiske tilnærmingen til kvalitativ koding og analyse utviklet av Emerson et al. (2011). Emerson et al. beskriver en analytisk prosess med paralleller til den induktive vektleggingen i Grounded Theory (Glaser & Strauss, 1967), men med den avgjørende forskjellen at den også anerkjenner et refleksivt og dialektisk forhold mellom teori og empirisk data gjennom hele forskningsprosessen. Således har våre analyser bestått i en kontinuerlig bevegelse mellom induktive og deduktive tilnærminger, hvor vi har vektlagt våre egne empiriske data, men også latt eksisterende teori justere og sortere vår forståelse av dataene underveis.

Vi har tatt utgangspunkt i en åpen koding, hvor vi har identifisert sentrale temaer fra intervju, observasjonsnotater og dokumentanalyser gjort i forbindelse med de ulike studiene. Gjennom en etterhvert mer spesifikk kodeprosess har vi gjort sammenligninger på tvers av de ulike studiene, på leting etter gjentagende temaer, og variasjoner av disse, som er benyttet i utviklingen av bredere analytiske kategorier (se tabell 2). Et vesentlig funn fra vår sammenligning er at kommunene har valgt å organisere implementeringen av velferdsteknologi på svært ulike måter. I denne artikkelen har vi valgt å ikke diskutere noen av disse spesifikke organisatoriske løsningene i detalj (men se Lo & Waldahl, 2017; Antonsen & Ellingsen, 2015), fordi disse ofte vil være avhengig av lokale faktorer. Vi har i denne artikkelen heller valgt å konkretisere noen av de *utfordringene* som kommunene i implementeringsarbeidet på ulike vis jobber for å imøtekomme. Formålet har vært å kunne gi et mer generelt svar på *hva det er ved velferdsteknologi som utfordrer kommunene i implementeringsprosessene*, enn det som er mulig gjennom enkeltbeskrivelser av de lokalt tilpassede løsningene på disse utfordringene. I siste omgang har vi oppsummert disse utfordringene i tre aggregerte kjennetegn ved velferdsteknologi, *tverrfaglig, sammenkoblet* og *allestedsnærværende,* som strukturer den videre diskusjonen av funn under.

Tabell 2. Oversikt over dataanalyse

Sentrale tema fra observasjoner, dokumentanalyser og intervjuer	Analytiske kategorier	Aggregert kjennetegn ved velferdsteknologi
• Generisk IKT-utstyr blir «velferdsteknologi» når det tilføres helsefaglig komponent. • Problematisk ansvarsdeling mellom IKT og helse	Utfordrer kommunal organisering.	Tverrfaglig
• Å «parre kompetanse» i implementeringsarbeid • Nærhet til og kjennskap til tjenestene gir legitimitet. • Kartlegging av tjenestene og arbeidsmetoder • Tilpasning av teknologi • Dialog med teknologileverandører	Behov for både helsefaglig og IKT-faglig kompetanse.	
• Grunnsystemer og infrastruktur på plass først • Problematikk knyttet til løsrevede enkeltløsninger • Rask teknologiutvikling krever kursendringer. • Prematur teknologi • Fra prosjekt til drift	Behov for helhetlig (men fleksibel) plan og mandat	Sammenkoblet
• Valg av løsninger og leverandører låser videre veivalg. • Kompatibilitet mellom teknologiske løsninger • Anbudsprosesser	Stiavhengighet	
• Fortellingen om 20 % teknologi og 80 % organisasjon. • Implementering som tjenesteinnovasjon • Utnytte mulighetsrommet teknologi gir • Teknologibruk legitimerer organisatoriske endringer	Fortrenging/ «disruption»	Allestedsnærværende
• Kontinuerlig beslutnings- og forankringsarbeid • Kvalitet vs effektivitet • Digitalisering gir data for nye vurderinger.	Uforutsigbare konsekvenser	
• Digitalisering gir ny innsikt i tjenester og arbeidsrutiner. • Etiske spørsmål • Overvåkning av ansatte og brukere • Oversikt og retningslinjer for bruk av data • Stoppeklokke vs faglig autonomi	Etikk og utfordringer knyttet til håndtering av data	

Tverrfaglige

Det første kjennetegnet handler om hvordan implementering av velferdsteknologi utfordrer kommunene på tverrfaglighet. En sentral observasjon er at generisk IKT-utstyr gjerne omtales som «velferdsteknologisk» *når* slik teknologi tilføres en helsefaglig komponent. En mobiltelefon eller et nettbrett er generisk IKT som benyttes av alle i ulike sammenhenger. Det er først når disse eksempelvis kobles opp mot den elektroniske pasientjournalen at mobiltelefonen eller nettbrettet omtales som velferdsteknologi. Et annet eksempel er hvordan en spillkonsoll først og fremst er et leketøy, men kan bli velferdsteknologi når det benyttes med tilrettelagte spill for fallforebyggende aktivitet blant eldre. Mens generisk teknologi kan håndteres av eksisterende strukturer og kompetanse i kommunen, kan velferdsteknologi forstås som et adaptivt «problem» som fordrer ny adferd i kommunene (Gjelsvik et al., 2016).

Mer enn at velferdsteknologi endrer helsefaglig arbeid, så oppstår det et behov for nye former for kompetanse hos de ansatte (Corneliussen & Dyb, 2017). Dette gjelder særlig i implementeringsarbeidet. Som en kommunal leder uttrykte det: «Du er nødt til å parre den type kompetanse ellers så har ikke du sjans å få det til». Kompetansene vedkommende refererer til, er kombinasjonen av generisk IKT-kompetanse og helse- og omsorgsfaglig kompetanse. Denne kombinasjonen er nødvendig for å kunne gjennomføre den nødvendige tilpasningen av både teknologi og arbeidsrutiner som oppstår i implementeringsarbeidet.

Koblingen av kompetansen som aktørene i implementeringsarbeidet har, henger nært sammen med legitimiteten velferdsteknologi oppnår i organisasjonen. En IKT-faglig informant uttrykker behovet for å ha med helsefaglig kompetanse i implementeringsarbeidet på følgende måte:

Det er masse faglig argumentasjon og folk er, ja «vi har jobbet sånn i alle år, sånn skal vi selvsagt jobbe». Du må ha en sterk ryggrad for å komme inn og påpeke noe annet, og kunne stå i den diskusjonen. Og det nytter ikke at jeg som IKT-person... jeg kunne aldri ha klart å komme meg inn der og overtatt, og snudd dem.

Samtidig som at behovet for helsefaglig kompetanse i implementeringsarbeidet gjerne vektlegges blant de aktørene vi har undersøkt, er det også åpenbart at velferdsteknologi stiller høye krav til IKT-faglig kompetanse. Muligheten til å påvirke tilpasningen av de teknologiske løsningene avhenger av IKT-faglig kompetanse. En asymmetrisk kunnskapsrelasjon mellom kommunene og leverandører av velferdsteknologi kan dessuten hindre nødvendig kommunikasjon og bidra til å gjøre implementeringen av velferdsteknologi mer krevende (se også Gjelsvik et al., 2016).

Behovet for tverrfaglig kompetanse utfordrer kommunenes organisering av velferdsteknologi. Et hovedtrekk ved norske kommuner er at de ivaretar de kommunale oppgavene innenfor egen driftsorganisasjon eller i samarbeid med andre kommuner (Monkerud et al., 2016). Dette gjelder både for pleie- og

omsorgstjenester og IKT. Etter kommuneloven av 1992 eksisterer det et konglomerat av ulike organisasjonsformer i norske kommuner. Typisk for de kommunene som vi har studert, er at tjenestetilbudet innen helse og omsorg er lagt til helse- og omsorgstjenestene, mens ansvaret for mer generisk teknologi som datamaskiner og telefonsystemer, er definert til en egen IKT-tjeneste. Utfordringen for kommunene er hvem som skal ha ansvaret for valg av løsninger, implementering og drift av velferdsteknologi. Erfaringen er også at de to ulike tjenesteområdene ofte operere på ulike premisser. Mens helse og omsorg leverer tjenester og har en beredskap 24/7, så forholder IKT seg oftere til en normal arbeidstid. Utfordringen oppstår om det er IKT som er ansvarlig, når en velferdsteknologisk løsning har behov for bistand utenfor normal arbeidstid.

Sammenkoblet

Det andre kjennetegnet handler om at velferdsteknologi er sammenkoblet med andre teknologiske løsninger og dermed ikke kan forstås som isolerte løsninger. Et eksempel på sammenkobling er digitale enheter som ansatte har med seg i sin arbeidshverdag, og som er koblet til kommunens elektroniske pasientjournalsystem. Et annet eksempel er digitale trygghetsalarmer og sensorteknologi som er koblet opp mot et system som tar imot og agerer på de alarmer og den informasjon som denne typen teknologi gir. At velferdsteknologien er sammenkoblet med annen teknologi og andre systemer, utfordrer kommunene til å tenke helhetlig rundt implementering av velferdsteknologi og sikre nødvendig kompatibilitet.

Kommunene blir tilbudt og må ta valg mellom en rekke ulike velferdsteknologiske løsninger. Felles for mange av løsningene er at de presenteres som frittstående produkter rettet mot å møte et spesifikt behov. Våre studier viser at implementeringer av løsninger som ikke er integrert med organisatoriske eller teknologiske strukturer, i få tilfeller blir varige løsninger. Samtidig ser vi at kommunene i flere tilfeller ønsker å tenke helhetlig og implementere integrerte løsninger, men at dette er krevende å få til fordi de ulike teknologiene ikke lar seg koble sammen. Dette til tross for myndighetenes forsøk på standardisering (Helsedirektoratet, 2014). I en av kommunene har manglende standardisering resultert i bruk av fire ulike portalløsninger for administrasjon av fire teknologiske produkter. En annen kommune tok et strategisk valg om at alle sensorteknologiske løsninger skulle kunne kobles opp mot den elektroniske pasientjournalen. Dette valget viste seg imidlertid vanskelig å etterleve, ettersom det ville ta lang tid å utvikle kompatible løsninger. Denne kommunen har derfor valgt å avvike fra dette prinsippet, for å sikre framdrift i implementeringen av ny teknologi i helse- og omsorgstjenestene.

Kommunenes valgfrihet påvirkes også av tidligere teknologiske løsninger. Dette kan forstås som en form for stiavhengighet der tidligere valg påvirker dagens muligheter ved å legge føringer og begrensinger (Dent & Tutt, 2014). Et eksempel på dette er hvordan valg av elektronisk pasientjournalsystem tatt mange år tilbake,

i dag legger føringer på hvilke velferdsteknologiske løsninger kommunene kan velge. En kommunalt ansatt som arbeider med velferdsteknologi, forteller om stiavhengighet på denne måten:

Det var jo ikke så mye alternativer der, for vi har jo [pasientjournalsystem], og det var jo de som hadde kommet med mobil pleie modulen. Og den modulen støttet kun Windows Phone. Så det var 'den telefonen må dere bruke'. Så det var på en måte satt.

Samtidig skjer teknologiendring raskt. Særlig i de tilfellene der kommunene er tidlig ute med å ta i bruk ny teknologi, har det vist seg vanskelig å forutse den teknologiske utviklingen. Det vanskeliggjør omfattende langsiktig planlegging av implementeringsprosessene. I ambisjonen om å drive kontinuerlig tjenesteinnovasjon basert på ny teknologi, er det en nødvendig forutsetning i kommunene at det eksisterer et tilstrekkelig handlingsrom for å gjøre nødvendige tilpasninger underveis.

Allestedsnærværende

Det tredje kjennetegnet som har betydning for implementering, henger tett sammen med den tendensen Lupton (2014) observerer, nemlig at stadig flere elementer i helse- og omsorgstjenestene digitaliseres. En følge av dette er at mange av de teknologiene som omtales som velferdsteknologiske, bærer preg av å være del av det fremvoksende teknologiske paradigmet som omtales på engelsk som *Ubiquitous Computing* (Cascio & Montealegre, 2016), eller på norsk: *allestedsnærværende databehandling.*

Mer enn at data kobles sammen, innebærer utviklingen mot allestedsnærværende databehandling at stadig mer av våre omgivelser digitaliseres og linkes opp mot et «tingenes internett». På denne måten linkes fysisk og virtuelt rom sammen. Det er særlig det siste som hevdes å gi allestedsnærværende databehandling et særlig potensiale for å transformere organisasjoner og arbeidsprosesser. Mens tidligere ledd i IKT-utviklingen har medført introduksjonen av teknologiske verktøy med potensiale for å gi bedret produktivitet og kommunikasjon, hevder Cascio og Montealegre (2016) at utviklingen mot allestedsnærværende databehandling i mindre grad handler om teknologiene alene. Snarere handler den, ifølge dem, om hvordan oppløsningen av skillet mellom fysisk og virtuelt rom skaper et nytt «hypersammenkoblet» og «allestedsnærværende rom», med potensiale til å håndtere mer kompleksitet, høyere hastigheter og kvaliteter som ikke har vært mulig tidligere (s. 353). Dette innebærer at utviklingen mot allestedsnærværende databehandling ikke bare innebærer ny teknologi som lar folk gjøre ting bedre og raskere, men som mer fundamentalt endrer måten arbeid utføres på i organisasjoner (s. 350).

Det er fortsatt et åpent spørsmål hvilke eventuelle gevinster velferdsteknologi faktisk tilfører helse- og omsorgstjenestene. Samtidig mener vi forståelsen av at

velferdsteknologi inngår i utviklingen mot allestedsnærværende databehandling, er viktig for å forstå hvordan implementeringen av velferdsteknologi utfordrer kommunene. Forståelsen kaster også nytt lys på det som har blitt problematisert som en «teknologireduserende diskurs» (Cornelliussen & Dyb, 2017), best eksemplifisert av den svært innflytelsesrike påstanden om at utfordringene ved implementeringen av velferdsteknologi handler om 20 prosent teknologi og 80 prosent om organisasjon (NOU 2011: 11, s. 99). Denne holdningen er uttalt og utbredt i våre funn, hvor det å bedrive teknologiimplementering og organisatoriske endringer vektlegges som parallelle prosesser. I noen tilfeller brukes gjerne begrepet «tjenesteinnovasjon» som et helhetlig begrep, for å fokusere på hvilke muligheter teknologi gir til å arbeide på nye måter. Et eksempel er innføringen av journal- og tiltakssystemer på smarttelefoner. Dette gir, i tillegg til muligheter for fortløpende informasjonsinnhenting og registrering ute hos tjenestenes brukere, muligheter for samtidig koordinering av oppdrag i hjemmetjenestene. Det siste som en konsekvens av koblingen mellom fysiske og virtuelle rom. For å utnytte dette potensialet fullt ut kreves det imidlertid en ny organisering av arbeidet også på et overordnet nivå.

En slik helhetlig tilnærming forsterker det tidligere omtalte behovet for tverrfaglig kompetanse (og legitimitet). Samtidig utfordrer det behovet for helhetlig planlegging ettersom det ofte kan være uforutsigbart hvilke endringer som oppstår i implementeringsprosessene, og hvor/på hvilket nivå beslutninger må tas. Dette gjør at behovet for helhetlig planlegging må balanseres mot en viss fleksibilitet, og at implementeringsarbeidet innebærer et kontinuerlig forankringsarbeid blant berørte parter og beslutningstagere.

En annen vesentlig utfordring som oppstår i sammenbindingen av fysisk og virtuelt rom, er de utstrakte mulighetene for overvåkning som mange av disse teknologiene gir (Cascio & Montealegre, 2016; Blaschke et al., 2009). I vårt materiale stiller dette kommunene overfor en lang rekke etiske og juridiske problemstillinger knyttet til overvåkning av både helse- og omsorgstjenestenes brukere og ansatte. En viktig observasjon er at mens bevisstheten rundt etiske og juridiske problemstillinger knyttet til overvåkning av brukere synes relativt høy blant aktørene som implementerer velferdsteknologi, synes langt mindre oppmerksomhet å være rettet mot problemstillinger som omhandler overvåkning av ansatte i tjenestene. Som en administrativ leder uttrykker det:

Det kanskje ikke så veldig mange er opptatt av, eller helt har tatt innover seg enda, (.,) det er jo det at denne type løsninger åpner muligheter for å få en ganske detaljert oversikt over hva den enkelte medarbeider gjør. Det vet jeg ikke om alle helt har forstått. (...) Så prøver vi jo å bruke det på en god måte da, sånn at det ikke blir brukt mot medarbeiderne, men heller at vi prøver å bruke den kunnskapen til å organisere tjenestene på en sånn måte at både de som jobber der og kommunen får mer ut av det.

Som det antydes i sitatet, vil slike problemstillinger ofte være et spørsmål om hvordan dataene benyttes, og en avveining om hvilken nytteverdi overvåkningen

kan gi (se også Blaschke et al., 2009). Tydelighet på hvilken data som genereres og hvordan denne behandles og benyttes, er imidlertid en forutsetning for å gjøre slike avveininger.

Konklusjoner

I vår gjennomgang har vi kommet frem til tre fremtredende kjennetegn ved de teknologiske løsningene som omtales som «velferdsteknologiske», som gjør seg gjeldende og utfordrer kommunene i implementeringsprosessene. Våre funn viser at velferdsteknologi kan forstås som *tverrfaglig, sammenkoblet* og *allestedsnærværende*. Noen av de trekkene ved velferdsteknologi vi har identifisert, peker i felles retning når det gjelder hva kommunene må ta høyde for i implementeringsprosessene. Dette gjelder blant annet behovet for tverrfaglig kompetanse, og behovet for å se teknologi og organisasjon i helhetlig sammenheng. Andre trekk drar imidlertid i ulik retning. Således kreves implementeringsprosessene ofte en balansegang og avveining mellom å ivareta ulike behov. Dette gjelder særlig forholdet mellom helhetlig planlegging og nødvendig fleksibilitet i implementeringsarbeidet, men også avveiningen mellom ulike etiske hensyn som oppstår som følge av ny teknologibruk.

I kjølvannet av velferdsteknologibegrepets gjennomslag i politikkutvikling og i praksisfeltet har det i løpet av de siste årene utviklet seg kritisk akademisk diskusjon rundt begrepets nytteverdi og utfordringer (e.g. Corneliussen & Dyb, 2017; Isaksen & Stokke, 2017). Denne kritiske diskusjonen har trolig mye for seg. Samtidig viser våre funn at praksisfeltets emiske bruk av begrepet innen kommunale helse- og omsorgstjenester peker mot noen særlige kjennetegn ved de nye teknologiene som nå rulles ut. Å anerkjenne disse kjennetegnene, og de medfølgende utfordringene, fremstår i vårt materiale som avgjørende for at teknologiene skal kunne tas i bruk på en god måte. Samtidig er det viktig å understreke at våre erfaringer tilsier at løsningene på disse utfordringene i stor grad er avhengig av lokal kontekst.

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What has the journal Nordic Welfare Research meant for you?
- A special issue based on our Nordic research on positive mental health enabled us to publish seven scientific papers and an editorial. The special issue was an important incentive for completing our research effort, which was funded by the The Nordic Arena for Public Health Issues, Nordic Council of Ministers. Moreover, it was also an asset when applying for research funding.

4. Trends in high life satisfaction among adolescents in five Nordic countries 2002–2014

PERNILLE DUE, CHARLI ERIKSSON, TORBJØRN TORSHEIM, THOMAS POTREBNY, RAILI VÄLIMAA, SAKARI SUOMINEN, METTE RASMUSSEN, CANDACE CURRIE AND MOGENS TRAB DAMGAARD

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Abstract

Life satisfaction is an important indicator when assessing positive mental health aspects in populations, including among adolescents. The aim of this study was to investigate trends over time in prevalence of high life satisfaction among adolescents from five Nordic countries: Denmark, Iceland, Finland, Norway and Sweden.

We used data from four waves of the Health Behaviour in School-Aged Children study from 2002, 2006, 2010 and 2014 (n=109,847). HBSC is a school-based study examining social circumstances, health and health behaviour among 11-, 13- and 15-years olds every four years in many European and North American countries. The Cantril Ladder, an 11-step visual analogue scale, was used as the measure of life satisfaction, and was dichotomised into two groups: high life satisfaction (scoring 9 or 10 on the scale) and medium/low life satisfaction (scoring <9).

Over the 12-year period studied, between 28.6 and 44.8% of adolescents in the five countries rated their life satisfaction as high. Relatively large changes in prevalence levels occurred at the country level over the period. Denmark and Finland showed a steady, significant decline in the prevalence of high life satisfaction over the years. Iceland showed the highest prevalence in 2010. Norway and Sweden showed similar development until 2010, followed by a clear increase for Norway and a sharp decline in adolescent high life satisfaction for Sweden up until 2014. In all countries, high life satisfaction was most prevalent in 11-year- olds and least prevalent in almost all surveys among 15-year-old girls.

Introduction

Life satisfaction is an important concept within the science of positive psychology as well as in many neighbouring disciplines (Gilman & Huebner, 2003; Veenhoven, 2012). Indicators of subjective well-being including measures of life satisfaction are now widely recommended as important and valid tools to assess a society's progress alongside dimensions of physical health, and of factors related to the labour market, such as economic development and growth (OECD, 2013; Diener, 2012). Life satisfaction is as important a measure of wellbeing in adolescence as it is in adulthood. This period of life bears witnesses to immense change in biological, social and psychological factors, and the perception of the satisfaction with life contributes valuable information over and above more direct health-related measures such as symptoms and chronic diseases.

One established means of measuring life satisfaction in adults is with the 'Cantril ladder' (Cantril, 1965). It has been widely used internationally and allows cross-national comparisons of adult well-being (Co-operation & Development, 2013). In

adolescent populations, the measure has more recently been used in large epidemiological studies such as the Health Behaviour in School-aged Children (HBSC) (Currie, Nic Gabhainn, & Godeau, 2009; Currie, Zanotti, Morgan, Currie, de Looze et al., 2012; Inchley, Currie, Young, Samdal, Torsheim et al.,2016). The administration of the measure is simple, and the measure is easy to use for respondents as well as researchers. The Cantril Ladder has shown good reliability in seven consecutive Scottish HBSC surveys of adolescent samples, and showed good convergent validity with other emotional well-being measures, perceived health and subjective health (Levin & Currie, 2014). Mazur and colleagues (2018) studied key factors related to the Cantril Ladder in a Polish sample of adolescents and concluded that the Cantril Ladder can be considered a useful measurement tool for adolescent psychosocial health. They applied two different cut-off points on the scale, and found that moods and emotions showed stronger associations with the traditional cut-off point of 0–5 (low) vs. 6–10 (high) on the Cantril Ladder, while school environment was a stronger associated factor when using a cut-off point of 0–8 (low) and 9–10 (high) (Mazur, Szkultecka-Debek, Dzielska, Drozd, & Malkowska-Szkutnik, 2018). They found that compared to the youngest age group (11-year-olds) life satisfaction was lower among the oldest age group (15-year-olds), while gender differences were small and insignificant.

Cavallo and colleagues studied trends in life satisfaction using the Cantril Ladder in the 31 European and American countries represented with data in the HBSC study in 2002, 2006 and 2010 (Cavallo et al., 2015). They found that 12 countries showed an increasing prevalence level of high life satisfaction among their adolescents from 2002 to 2010, including Norway. Seven countries showed a decrease in the level of life satisfaction across time, among these Finland and Denmark. For 12 other countries, including Sweden, no significant changes were observed. In all countries, low life satisfaction was more prevalent among girls compared to boys, and 11-year-olds had higher prevalence of high life satisfaction compared to 13- and 15-year-olds. The cut-off point of 0–5 vs. 6–10 was used on this 11-step visual analogue scale, and between 82.8% and 91.6% of the adolescents from Denmark, Finland, Norway and Sweden in the group had high life satisfaction in the time period studied. The analyses showed a 5.1% increase in prevalence of high life satisfaction among Norwegian adolescents, but there was a less than two per cent change over the eight-year period in Denmark, Finland and Sweden, indicating that while there are significant changes in prevalence over time, these are not meaningful in terms of requiring interventions.

Data from the HBSC 2010 survey revealed that the mean Cantril Ladder scores for all countries was 7.58 and that 28 of 31 countries had a mean value between 7 and 8 (Looze, Huijts, Stevens, Torsheim, & Vollebergh, 2018). This indicates that to understand variation over time and to study differences in measures related to positive mental health, more ambitious cut-off points may provide further information regarding adolescent life satisfaction using the Cantril Ladder – an assertion supported by other scholars (Proctor, Linley, & Maltby, 2010).

Aim

The purpose of this study was to investigate trends over time in the prevalence of high life satisfaction as an important aspect of positive mental health among adolescents in five Nordic countries. We used four repeated surveys in each country conducted over a period of 12 years, from 2002 to 2014. Further, we investigated gender and age differences in the trends in all countries.

Methods

Population

The international WHO collaborative study; the Health Behaviour in School-Aged Children Study (HBSC) gathers data every four years in all member countries and provided the data for this paper (Currie, Gubhainn & Godeau, 2009). Since 1984, the HBSC study has been collecting data from nationally representative samples of 11-, 13- and 15-year olds according to a common protocol used in each country (Currie, Gubhainn & Godeau, 2009). Survey data gathered in 2002, 2006, 2010 and 2014 were included from four Nordic countries: Denmark, Finland, Norway and Sweden, and, in the last three cycles, from Iceland. HBSC uses standardised cluster sampling procedures based on nationwide, representative sampling of school classes (Inchley, Cosma, & Samdal, 2018). Questionnaires are answered by students during school hours. The study adheres to international and national ethical standards of the countries involved in the study; data are treated confidentially by all researchers involved and no children will be identifiable when results are made public. Detailed methodology information is published in the HBSC External Protocol (Inchley, Cosma, & Samdal, 2018). The population included 112,128 adolescents, but 2,281 were missing on the life satisfaction variable, leaving 109,847 adolescents to be included in the analyses.

Measurements

The Cantril Ladder was used as the measure of general life satisfaction (Cantril, 1965). Minor changes in wording were conducted on the original item to facilitate its use with 11-year-olds, and this revised version was piloted in five countries in spring 2001 (Inchley, 2018). The scale has remained unchanged in use in the HBSC study since the 2001–2002 survey. A recent validation study has detailed the appropriateness of its use in adolescent populations (Levin & Currie, 2014).

The measure is presented pictorially as a ladder of 11 steps from 0 to 10 and introduced by a text describing 10 to be indicating the 'best possible life' and 0 to indicate ' the worst possible life' for you (Inchley, Cosma & Samdal, 2018). Students are asked: Where on the ladder do you feel you stand at the moment? (Fig. 1)

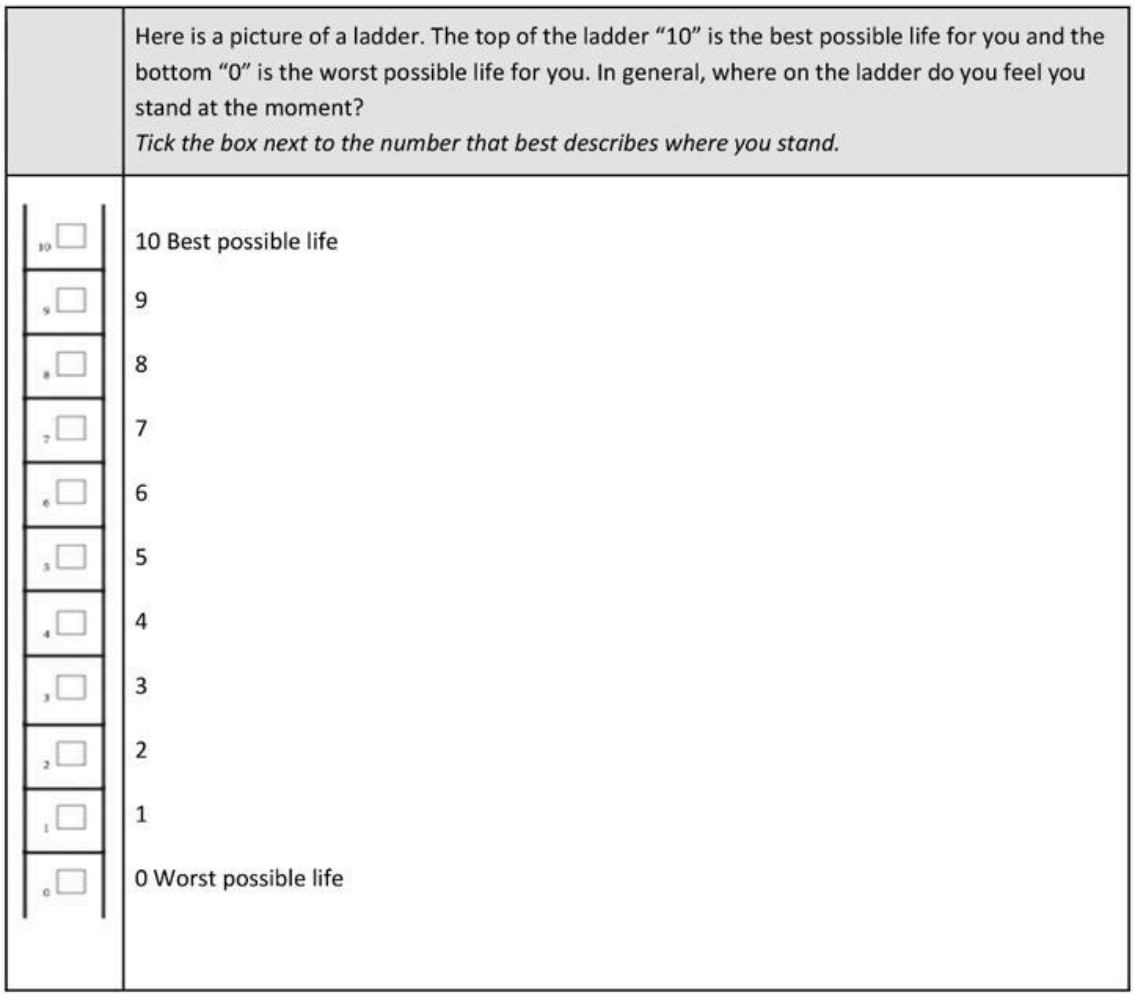

Figure 1. The Cantril Ladder.

Source: Cantril, H. (1965). The pattern of human concern. Rutgers University Press. HBSC survey(s): 2001/02, 2005/06, 2009/10, 2013/14.

Most HBSC studies have used a cut-off point of 0–5 versus 6–10 to categorise low vs. high score. However, data from the HBSC 2010 survey revealed that the mean value for life satisfaction for all countries using the Cantril Ladder was 7.58 and that 28 of 31 countries had a mean value between 7 and 8 (Looze et al., 2018). In the present study, we have therefore applied scores of 9–10 as a distinct measure of high life satisfaction versus low and medium scores of 0–8.

Gender was measured as a dichotomous variable (boy/girl).

Age group was used as a categorical variable (11-year/13-years/15-year-olds) according to the three school class levels of students involved in the survey.

Data analyses

To adjust for the uneven distribution of adolescents by age and gender in the prevalence comparisons, we standardised by age and gender within each country/survey year group by weighting (equal number of boys and girls, equal number of each age group). The Cochran-Armitage Trend Test was used to

estimate the significance (95%) of trends in each of the countries over the 12-year period. SAS 9.4 was used for all analyses. To adjust for cluster effects of the sampling procedures, estimation of confidence limits was performed by the SAS procedure SURVEYFREQ. The 109,847 adolescents with information on life satisfaction were included in the analyses.

Results

Table 1a shows the distribution of main variables by survey year for the total population, while table 1b shows the distribution of the dichotomised life satisfaction variable by survey year for the analysis population.

Table 1a. Data sample, distribution of main variables (country, gender and age) by survey year (%, N)

Survey year	2002 % (n)	2006 % (n)	2010 % (n)	2014 %(n)	% of total population	2002–2014 N total
Country						
Denmark	24.4 (4,587)	19.3 (5,682)	12.4 (4,046)	12.3 (3,843)	16.2	18,158
Finland	28.4 (5,348)	17.6 (5,193)	20.2 (6,607)	18.7 (5,835)	20.5	22,983
Iceland	–	32.2 (9,476)	33.8 (11,049)	33.5 (10,439)	27.6	30,964
Norway	26.6 (5,015)	16.0 (4,697)	13.3 (4,338)	10.8 (3,386)	15.6	17,436
Sweden	20.7 (3,896)	14.9 (4,392)	20.3 (6,645)	24.6 (7,654)	20.1	22,587
Gender						
Boy	49.9 (9,411)	49.6 (14,600)	49.4 (16,145)	49.2 (15,319)	49.5	55,475
Girl	50.1 (9,435)	50.4 (14,840)	50.6 (16,540)	50.8 (15,838)	50.5	56,653
Age group						

11-year-olds	35.5 (6,683)	36.6 (10,781)	35.1 (11,469)	34.1 (10,634)	35.3	39,567
13-year-olds	33.0 (6,213)	35.6 (10,479)	33.0 (10,771)	32.9 (10,243)	33.6	37,706
15-year-olds	31.6 (5,950)	27.8 (8,180)	32.0 (10,445)	33.0 (10,280)	31.1	34,855
Total	16.8 (18.846)	26.3 (29,440)	29.2 (32,685)	27.8 (31,157)	100.0	112,128

Table 1b. Distribution of life satisfaction by survey year (%, N)

Survey year	**2002 % (n)**	**2006 % (n)**	**2010 % (n)**	**2014 % (n)**	**% of total population**	**2002–2014 N total**
Life satisfaction						
High (9–10)	36.5 (6,776)	40.2 (11,607)	39.4 (12,630)	34.9 (10,594)	37.9	41,607
Medium/low (0–8)	63.5 (11,807)	59.8 (17,287)	60.6 (19,396)	65.1 (19,750)	62.1	68,240
Total	16.9 (18,583)	26.3 (28,894)	29.2 (32,026)	27.6 (30,344)	100.0	109,847

Analyses over the four surveys were based on 109,847 students – between 16,508 and 29,436 students from each country. The crude prevalence of high life satisfaction in the population was 37.9% over the four surveys ranging between 34.6% (DK) and 41.5% (IS) in the five countries involved in the analyses.

In the gender- and age-standardised analyses, the prevalence of high life satisfaction at the country level ranged between 34.3% (DK) and 40.9% (IS) (table 2). The lowest prevalence of high life satisfaction in the study was found in Sweden in 2014 (28.4%), while the highest prevalence of high life satisfaction was found in Iceland in 2010 (44.8%).

Table 2. Age and gender standardised prevalence of high life satisfaction[a] over time by country (%, 95% CI)

Survey year	2002 % (95% CI)	2006 % (95% CI)	2010 % (95% CI)	2014 % (95% CI)	2002–2014 Adj. mean (95% CI)
Country					
Denmark	37.3 (35.2–39.4)	36.5 (34.8–38.3)	31.2 (29.3–33.2)	30.7 (28.1–33.4)	34.3 (33.1–35.5)
Finland	40.7 (39.0–42.5)	40.4 (39.3–41.4)	37.0 (35.3–38.7)	34.9 (33.4–36.4)	38.1 (37.2–39.0)
Iceland	–	38.5 (37.5–39.5)	44.8 (43.9–45.7)	39.0 (38.0–39.9)	40.9 (40.4–41.5)
Norway	32.2 (30.1–34.2)	41.1 (39.1–43.0)	38.3 (36.2–40.5)	41.7 (39.2–44.1)	37.9 (36.8–39.1)
Sweden	33.4 (31.6–35.3)	41.3 (39.3–43.4)	37.3 (35.4–39.1)	28.4 (26.7–30.2)	34.4 (33.0–35.9)

[a]High life satisfaction indicated by students answering 9 or 10 on the Cantril Ladder

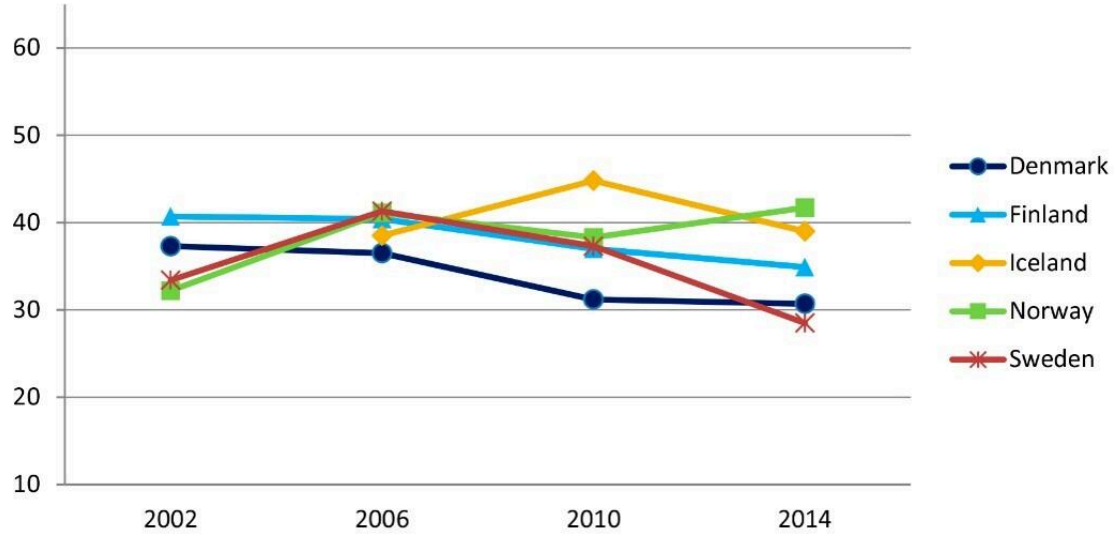

Figure 2. Age- and gender-standardised prevalence of high life satisfaction[a] over time by country (%)

[a]High life satisfaction indicated by students answering 9 or 10 on the Cantril Ladder

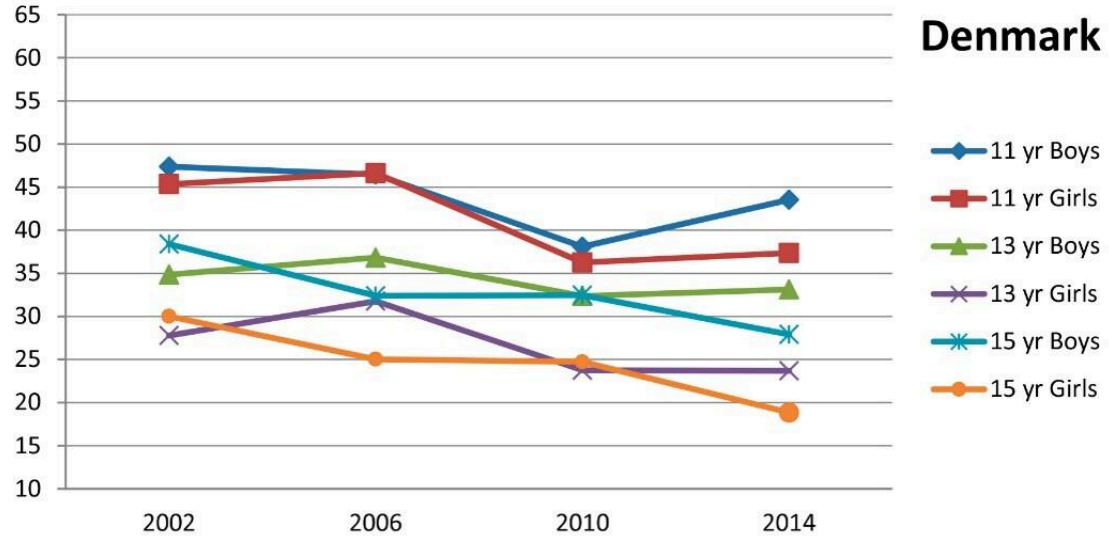

Figure 3a. Prevalence of high life satisfaction[a] among Danish adolescents over time by age and gender (%)

[a]High life satisfaction indicated by students answering 9 or 10 on the Cantril Ladder

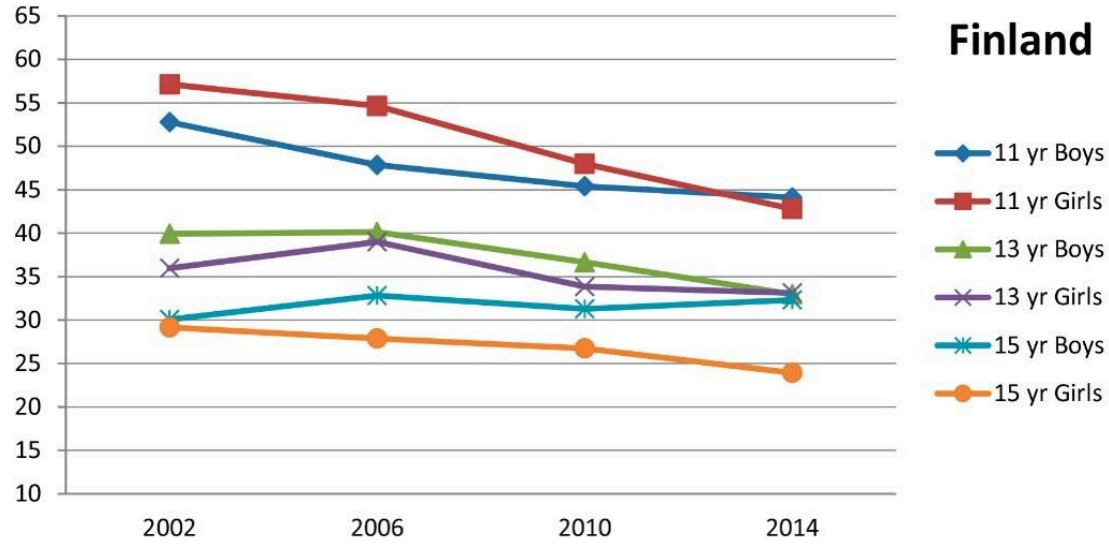

Figure 3b. Prevalence of high life satisfaction[a] among Finnish adolescents over time by age and gender (%)

[a]High life satisfaction indicated by students answering 9 or 10 on the Cantril Ladder

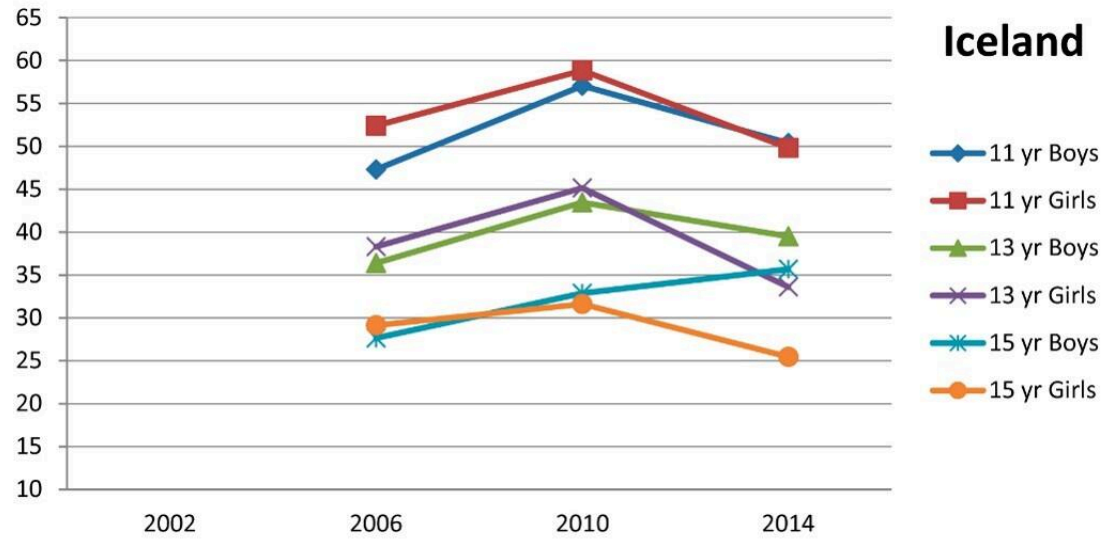

Figure 3c. Prevalence of high life satisfaction[a] among Icelandic adolescents over time by age and gender (%)

[a]High life satisfaction indicated by students answering 9 or 10 on the Cantril Ladder

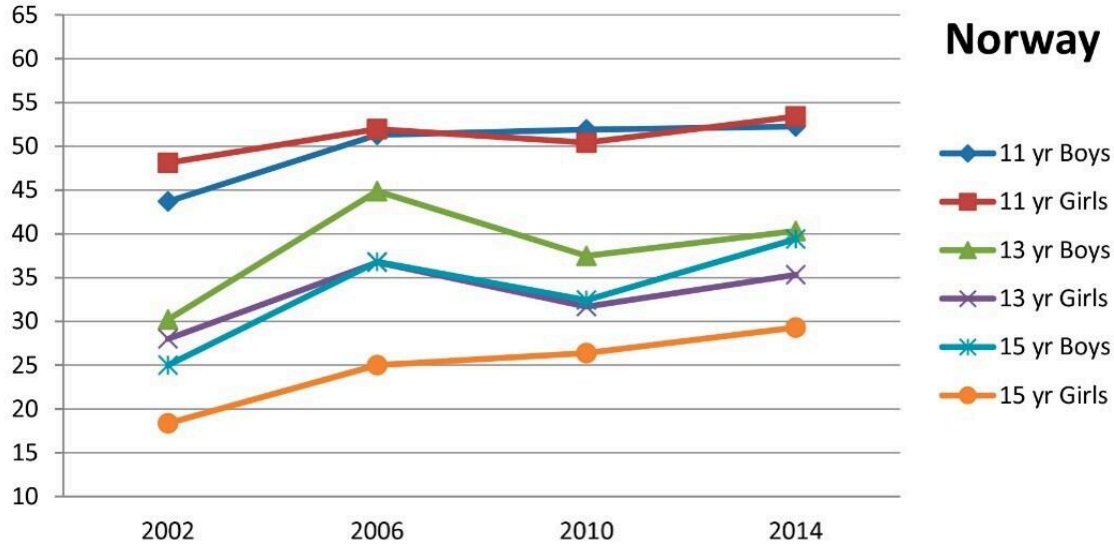

Figure 3d. Prevalence of high life satisfaction[a] among Norwegian adolescents over time by age and gender (%)

[a]High life satisfaction indicated by students answering 9 or 10 on the Cantril Ladder

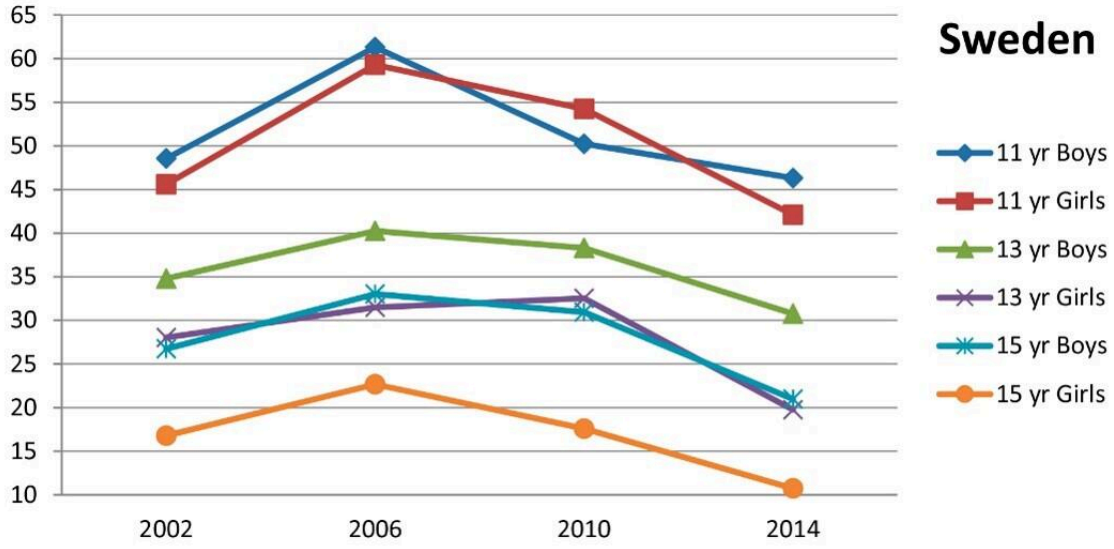

Figure 3e. Prevalence of high life satisfaction[a] among Danish adolescents over time by age and gender (%)

[a]High life satisfaction indicated by students answering 9 or 10 on the Cantril Ladder

Figures 3a to 3e show the development over time of the prevalence of high life satisfaction in the five Nordic populations, separately for 11-, 13- and 15-year-old boys and girls. The strongest prevalence of high life satisfaction across groups by gender, age, country and survey year was among 11-year-old Swedish boys in 2006 (61.3%), and the weakest prevalence of high life satisfaction was found among 15-year-old Swedish girls in 2014 (10.8%). Across all countries, the differences in prevalence by gender ranged from 0.1% (11-year-olds in Denmark in 2006 and 13-year-olds in Finland 2014) to 13.3% (15-year-olds in Sweden in 2010). In Norway and Sweden the gender differences in high life satisfaction (lower prevalence of high life satisfaction among girls than among boys) seems to expand with increasing age group across all time periods. Similar patterns are seen at some time periods in the other countries. Differences by age, measured by the prevalence differences among same-gender individuals at 11 and 15 years old, respectively, ranged from 5.6% (Danish boys in 2006) to 31.4% (Swedish girls in 2014). Overall, there were large age differences in the prevalence of high life satisfaction in all countries, while gender differences were generally smaller, but increased with age in some countries.

Figures 3a to 3e show that overall, the development of the prevalence of high life satisfaction across surveys in the age and gender specific groups showed similar trends within each country. Exceptions were 15-year-olds boys in Finland and Iceland, who showed a more positive development than the overall trend in the country. Trend analyses confirmed these results (data not shown).

Discussion

Our study shows that at the country level, at any point in time over the 12-year

period studied, more than every fourth adolescent in the five Nordic countries investigated were very satisfied with their life when we define high life satisfaction as scoring 9 or 10 on the Cantril Ladder. However, relatively large changes in the development of prevalence levels occurred at the country level over the 12-year period of the study. Denmark and Finland showed a steady, significant decline in the prevalence of high life satisfaction over the years. Sweden showed an increase in prevalence levels from 2002 to 2006, a small decline up until 2010 and a strong decline from 2010 to 2014. Iceland had only three surveys (2006, 2010 and 2014), but showed large, significant changes in prevalence levels with lower prevalence in 2006 and 2014. Although following the same pattern as Sweden from 2002 to 2010, Norway was the only country showing a significant increase in the prevalence of high life satisfaction over the 12-year period. When comparing the development in age- and gender- specific groups of adolescents across the five countries, it becomes evident that although country differences are relatively large, the largest prevalence differences are across age groups. In all countries, high life satisfaction is most prevalent in 11-year-olds, and in almost all surveys 15-year-old girls have the lowest prevalence of high life satisfaction. In Norway and Sweden in particular, we observed a greater decrease in prevalence of high life satisfaction among girls than among boys with increasing age group. Generally, across all countries studied, most age and gender groups contributed to the developmental trend of adolescent high life satisfaction over time.

Cavallo and colleagues dichotomised Cantril Ladder scores as 0–5 for low life satisfaction and 6–10 for high life satisfaction (Cavallo et al., 2015). This is a conservative approach that classifies more than 80% of children with high life satisfaction. To understand how to create a better life for adolescents, we need to be more ambitious about what level of life satisfaction we should endorse as high. Using their classification, Cavallo et al. concluded that very small, mostly negative, changes had occurred in the Nordic countries, especially when considering the relative changes i.e. the percentage of change compared to the high prevalence of (scoring >80%) a very good life satisfaction. Furthermore, Norway was the only Nordic country showing a positive change over time.

Even if each country followed a representativeness-generating sampling procedure, there will always be a certain, unknown probability of non-response bias at the school level, which may differ between the countries. In addition, the cluster sampling procedures used may have produced different but unknown levels of precision in the different countries. This implies that the significance figures presented here should not be regarded as authoritative, but as possible yet qualified estimates. That said, as a standardised approach to measurement is used in all HBSC study countries, it is unlikely that the observed differences can be attributed to measurement differences. The challenges of language differences and cultural response bias is also considered to be smaller in this study than in other cross-cultural comparisons due to the strong similarities between the Nordic countries, as well as the care taken to check translations of the questionnaire

(Currie, Gubhainn & Godeau, 2009). The HBSC study includes schools attended by children who are able to answer questionnaires without help. As such, the study does not represent children with special needs who are unable to attend an ordinary school and answer a questionnaire. Thus, this study represents trends in high life satisfaction among children in ordinary public and private schools. The extent to which differences in school policies between countries might possibly introduce bias in these comparisons is unknown.

The conclusion of our paper is that there are large negative changes over time in the prevalence levels of high life satisfaction in four of the five Nordic countries, and a relatively large positive change among Norwegian adolescents. Cross-national differences in life satisfaction have also been shown in a large international study of 15- to 24-year-olds, The Multiple Indicator Cluster Study (MICS)(UNICEF, 2015). The study compared another group of countries with relatively comparable socioeconomic and cultural characteristics, namely five former Eastern European countries (Lim, Cappa, & Patton, 2017). It used a measure of life satisfaction with five answer categories and dichotomised the variable using the highest level: very satisfied vs. all other categories. They found large prevalence differences in high life satisfaction across the five countries, from 22.1% in Ukraine to 63.1% in Bosnia and Herzegovina.

Both individual- and contextual-level factors have been highlighted in the explanation of high life satisfaction in adolescent populations (Liebkind & Jasinskaja-Lahti, 2000; Moor et al., 2014). Generally, the prevalence of high life satisfaction is lower in girls compared to boys, and lower the older the adolescent or youth (Levin et al., 2011; Lim et al., 2017). Consequently, our results were weighted by gender and age to leave country comparable estimates. The age- and gender-specific analyses conducted in this study for each country confirmed this finding, but drew attention to the fact that age differences in prevalence levels of high life satisfaction were generally much larger than gender differences.

In studies of adult populations, and in all European and North American adolescent populations involved in the HBSC, except Greenland, socioeconomic differences have been found in life satisfaction, leaving individuals of higher affluence with a better level of life satisfaction (Currie et al., 2008; Schyns, 2002). However, individual-level differences are small in affluent countries, and socioeconomic differences seem to do better at explaining cross-national differences rather than intra-country differences (Diener & Biswas-Diener, 2002; Levin et al., 2011; Schyns, 2002). Economic level (GDP) and economic differences (GINI) at the country level are associated with the mean level and the prevalence level of high life satisfaction in adolescent populations, especially among adolescents of low affluence (Levin et al., 2011). Research is needed to investigate to what extent country-level economic developments contribute to the large changes across the Nordic countries over the 12-year period, and whether these developments contribute to explaining the adverse trends that occur in some of the countries.

At the individual level, health behaviours – such as screen time, physical activity and substance abuse – and family circumstances – such as socioeconomic affluence, family composition, parenting style and strain in the family relations – are all factors that have been shown to be associated with life satisfaction of the adolescent (Bjarnason et al., 2012; Chen, Matthews, & Boyce, 2002; Hrafnkelsdottir et al., 2018; Lim et al., 2017; Proctor, Linley, & Maltby, 2008). Social relations, and especially relational strain in the form of bullying, are other important factors associated with adolescent life satisfaction (Chu, Saucier, & Hafner, 2010; Przybylski & Bowes, 2017).

When studying relatively similar countries, the individual-level factors associated with having high life satisfaction may be of less importance in explaining the country-level differences, especially when studying trends over time. A range of contextual factors have been shown to be associated with the prevalence of child and adolescent life satisfaction, among these socioeconomic and gender equality, acculturation, cultural values and factors related to school (Chu et al., 2010; Jose, Ryan, & Pryor, 2012; Lim et al., 2017; Looze et al., 2018; Proctor et al., 2008; Tov & Diener, 2009).

Life satisfaction is important as an indicator within the science of positive psychology focusing on identifying strengths, is important in its own right, or as a buffer against the development of mental problems (Veenhoven, 1988, 2012). Our study causes concern about the negative development of the prevalence of high life satisfaction among adolescents in most of the countries, but also leaves a hope for the possibility of positive changes, when observing the positive trend in Norway, especially from 2010 to 2014.

Our study provides no clear explanation for the reported changes in high life satisfaction, but in the main, gender- and age-specific analyses pointed to the oldest girls as having the lowest level of high life satisfaction, with declines over time in all countries except Norway. Further analyses that include the development within and across countries of the above-mentioned factors should be conducted in order to try to understand the large prevalence differences across countries and over time in the Nordic welfare states.

In all Nordic countries there has been a strong public health focus on the issue of child and adolescent health and well-being, but even so, large differences exist in the ability among these countries to form adolescent populations with high life satisfaction. Norway may provide some of the answers needed to change the decline in the prevalence of adolescents with high life satisfaction in the other Nordic countries.

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5. Privatisation of residential care for children and youth in Denmark, Finland, Norway, and Sweden

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Abstract

Few studies have investigated the privatisation of residential care for children and youth, and no studies have compared, mapped, and discussed the care markets that have developed in the Nordic countries. Here, we map and discuss the role of providers of residential care for children and youth in Denmark, Finland, Norway, and Sweden. In addition, we explore the driving forces behind the current situation in these countries. Although these countries have significant level of privatisation, they have several differences in terms of the participation of the public sector and how market shares are divided between, for example, for-profit companies and non-profit organisations. These differences are discussed as a result of the historical positions, for example, of non-profit organisations as well as differences in the way the countries adapted New Public Management and procurement regulations.

Introduction and aim

Out-of-home care (OHC) for children and youth is a far-reaching intervention that targets children that are maltreated by their parents, and adolescents with severe antisocial behaviour problems. In the Nordic countries, just as elsewhere, the organisation of such care is varied and includes both family foster-care and residential care. Over recent decades, the field of residential care for children and youth has been subjected to significant changes. In all the Nordic countries, residential care is now bought and sold in markets. However, the development of these markets and how they function today differ somewhat between the countries. This article sets out to map and discuss the markets for residential care for children and youth in Denmark, Finland, Norway, and Sweden. With a comparative approach, the article provides a picture of the mix of providers of residential care in the Nordic welfare states and highlights factors that have contributed to the somewhat different developments.

The Nordic countries are known for their comprehensive welfare states, and references are often made to a Scandinavian/Nordic welfare model, a model that emphasises universalism, solidarity, and decommodification. The welfare services in the Nordic countries are largely publicly funded and citizens are traditionally granted equal access to the services (Cox, 2004; Esping-Andersen, 1990). However, since the late 1980s, the traditional Nordic welfare model has been under significant pressure to reform (Cox, 2004). In most Western countries, including Nordic countries, reforms aligned with the New Public Management (NPM) movement have impacted the way welfare services have been offered (Hood, 1995;

Pollitt & Bouckaert, 2011).

Although the NPM movement has affected all Nordic countries, each country implements NPM and governs its welfare provisions differently. For example, the level of outsourcing of services and the role of different types of providers, for-profit, non-profit and public sector organisations, differ both between countries and welfare sectors (Sivesind, 2017; Stenius & Storbjörk, 2020). As will be shown in this article, the reforms have also affected residential care for children and youth – albeit, also in this case, to different extents.

Compared with other care markets, that of residential care is comparatively small and targets a marginalised group. Due to the residual character of the services in this field, the marketisation has largely gone under the radar, both in public debate and in research. Nevertheless, we know that both Finland and Sweden have seen an increase in outsourcing of residential care and a significant increase in the proportion of for-profit actors (Lundström et al., 2020; Porko et al., 2018). In Norway and particularly Denmark, the development has been somewhat different. To our knowledge, no studies with a comparative perspective have analysed differences between the Nordic countries. The aim of this article is therefore to explore and compare the market shares of different types of providers of residential care for children and youth in Denmark, Finland, Norway, and Sweden and to explore the driving forces that may underlie the (sometimes) diverging paths in the different countries.

Marketisation and control

As indicated above, the tendency towards increased marketisation of the field of residential care must be understood against the background of reforms inspired by the NPM movement. From the beginning of the 1980s (earlier in some countries and later in others), the advantages of market solutions were emphasised by politicians inspired by neo-liberal economists and public choice theory. Fed by growing pressures on public finances, increased marketisation was perceived as a solution to the allegedly inefficient and expensive public sector (Petersen & Hjelmar, 2014). Consequently, new actors were granted access to previous state monopolies in order to introduce competition (Le Grand, 1991).

In the field of residential care for children and youth, the increased marketisation – combined with concerns regarding the welfare of placed children – spurred initiatives and regulations intended to increase the control of the markets. For example, reforms regarding the monitoring of residential care were implemented. Sweden established a centralised inspectorate responsible for licensing and inspecting residential care in 2013 (Pålsson, 2018). In Denmark, Finland, and Norway, similar albeit more regional arrangements were developed (for more information on monitoring and licensing in the Nordic countries, see Pålsson et al., n.d.). When it comes to controlling the behaviour of sellers and buyers of care, all Nordic countries have adopted the EU directive on public procurement (including

Norway under the EEA treaty), but how the directives are applied to social services differ between the countries (Segaard & Saglie, 2017).

Overall, the control mechanisms (i.e. rules on procurement, regulations regarding market entry, etc.) may influence the mix of providers. Research has shown that differences in the adoption of EU directives on public procurement have contributed to differences in other parts of the welfare markets in the Nordic countries (Stenius & Storbjörk, 2020; Sivesind, 2017). Procurement and licensing policies and procedures have, at least in Sweden, been shown to favour larger companies over smaller establishments (Pålsson & Shanks, 2020). Such differences may contribute to explaining provider variations in residential care among the Nordic countries. In addition, historical divergences in the residential care markets in the different countries are also likely to be of importance in this respect.

Child welfare in the Nordic countries

Denmark, Finland, Norway, and Sweden have many similarities with regard to how child welfare is organised. In all of these countries, child welfare services are embedded in more or less comprehensive welfare systems, built on e.g. ideas of universalism. Basic needs of all citizens should – ideally – be secured by general welfare systems and the citizens, irrespective of their economic status, should be entitled to e.g. child, unemployment, and sickness benefits, and old age pension. In contrast to the general welfare regimes, the child welfare systems are selective services. Local authorities are responsible for meeting the needs of those that require additional support, and the child welfare services have the ultimate responsibility for investigating children's needs, to offer help and support and to provide protection for children who need it. This includes interventions without consent from children and parents. The work in child welfare is undertaken by professional social workers and guided by national child welfare legislations (Pösö et al., 2014). Only a small proportion of children and youth come into contact with the child welfare services, and of those that do and are subsequently subjected to an intervention, the majority receive some form of in-home treatment. In general, the Nordic model of child welfare has been described as family oriented – i.e. child maltreatment is mainly considered a family dysfunction (Gilbert et al., 2011). In line with a family orientation, the preferred choice of intervention is that of least intrusion, and interventions are as far as possible voluntary and decided in cooperation with the parents. If in-home services have been (or are believed to be) insufficient and a child needs to be placed in care, foster care is normally preferred over residential care (Pösö et al., 2014).

Although the child welfare services in the Nordic countries share many features, there are also noticeable differences between the countries. For example, the proportion of children placed in residential care and family foster care differ between the countries. In Finland, half (50%) of the children in care are placed in either residential care units or so-called professional foster homes. The latter

facilities care for around 9% of all placed children and are by law defined as family foster care but are in practice similar to small residential care units (RCUs) as they may have employees and must be licensed (Finnish Institute for Health and Welfare, 2020). In Norway, only around 9% of the placed children reside in residential care (Statistics Norway, 2021), whereas the proportion in Denmark and Sweden is 33% and 22%, respectively (Lausten & Andreasen, 2019; Swedish National Board of Health and Welfare, 2019). The number of children placed in foster/residential care naturally affects the size of the residential care markets.

Due to differences in statistics, legislations and definitions, it is difficult to compare the proportion of children in residential care in the Nordic countries with that of other countries. The proportion differs greatly, from a few percent in some countries to nearly all in others. However, even in an international perspective, Norway places a small proportion of children in residential care, while Denmark, Finland and Sweden are comparable to some other European countries, such as Italy, Scotland and Spain (Thoburn & Ainsworth, 2015).

Methods

This study was initiated by a Nordic research network regarding privatisation and competitive tendering in the personal social services in the Nordic countries. The authors collected data in their respective countries.

The Danish data are based on a national register of all social services including RCUs for children and youth kept by the Ministry of Social Affairs. The Finnish data on private producers are based on the National Supervisory Authority for Welfare and Health (Valvira) register. Valvira's register includes non-public service units with a license. These data were combined with a list of municipal service providers' units provided by the State Regional Administrative Agencies and state-owned units provided by the Finnish Institute for Health and Welfare. The Norwegian data were collected from Statistics Norway, and the Swedish data are based on the national register of RCUs, which is kept by the Health and Social Care Inspectorate (IVO). The Swedish register covers all units licensed to run RCUs. Publicly owned facilities do not need to apply for a license in Sweden, but they do need to report their units to IVO and are therefore included in the register. All data was collected during 2020. Unlike the rest of the countries, Norway does not keep registers on units but on the number of beds provided by different providers. As the other countries' data on beds is more unreliable than that on units, the share of beds in Norway is compared with the share of units in the other countries. This should not affect the possibility to compare Norway with the other countries; previous research has shown that the proportions of different provider types are similar regardless of whether beds or units are counted (Meagher et al., 2016).

This article focuses on RCUs that have a treatment-orientation and target children placed by child protection units rather than establishments that a) function like

housing for minors without extensive treatment needs, or b) target children with disabilities. In accordance with this, the data from Finland, Norway, and Sweden do not include units/beds primarily targeting unaccompanied asylum-seeking minors (often placed in establishments without treatment orientation) nor children with disabilities. However, due to differences in legislation, the data from Denmark include units both for unaccompanied asylum-seeking minors and children with disabilities, as there are no straightforward means to distinguish these facilities from the rest. However, there are no indications that the share of different providers is significantly affected.

The RCUs/beds are categorised into three categories based on ownership:

- Units/beds owned by for-profit companies, e.g. limited companies, general partnerships, etc.
- Units/beds owned by the public sector, i.e. by municipalities, either in the form of municipal companies or in the form of ordinary municipal services and by the state.
- Units/beds owned by private non-profit organisations, e.g. associations and foundations.

The field of residential care has many grey areas, so comparisons between countries are not easily performed. As noted above, legislation and available statistics may differ somewhat between countries. However, although this means that exact numbers should be interpreted with caution, the bigger picture presented here is still valid.

Findings

Proportion of different types of providers in the countries

Finland and Sweden clearly have significant similarities in terms of market shares of different types of providers (Table 1). For-profit companies dominate the market in both countries (around 80% of the units), and the role of non-profit and public organisations are relatively small in both countries. In Finland, the non-profit sector owns a somewhat larger share of the units compared to Sweden (8% and 3%, respectively); in Sweden, the public sector owns a larger share of the units compared to Finland (20% and 10%, respectively). Finland has a larger number of RCUs than Sweden, which likely corresponds to the greater proportion of children being placed in this type of care, and the relatively high proportion of small establishments, i.e. professional family homes. Of the privately produced residential care in Finland, about 37% of the units are such establishments (Porko et al. 2018, 18). Overall, however, the similarities are greater than the differences. As we will see below, there are also significant similarities in terms of how the residential care fields have developed in the two countries.

In this comparison, Denmark appears to be something of an outlier. Around half of the RCUs in Denmark are owned by non-profit organisations (46%), while the role of for-profit companies is relatively marginal compared to the other countries (22%). In addition, the public sector owns a larger share of the market in Denmark (32%). Denmark has a large number of RCUs, which is probably a result of the size of units and that the data also include facilities for asylum-seeking children and children with disabilities. Norway stands out in the respect that comparatively few children are placed in residential care. The level of privatisation in Norway takes a middle position: 35% publicly owned beds, 45% that are owned by for-profit companies, and 20% owned by non-profit organisations.

Table 1. Share of RCUs (%) for children and youth owned by different providers in Denmark, Finland and Sweden, and share of beds owned by different providers in Norway (all *percentages may not total 100% due to rounding*).

	Share of units 2020 (%)			**Share of beds 2019 (%)**				
	Denmark N=1090	Finland N= 778	Sweden N=501	Norway N=1702	For profit companies	22	83	78	85
Non-profit organisations	46	8	3	22					
Public sector	32	10	20	34					

1. The development of residential care markets in the different countries

Having established some of the differences and similarities in terms of market shares of different providers in the countries, we will now turn to the development of the markets in the countries and the driving forces behind this development. As one noticeable difference between the countries is the position of non-profit organisations, this will be given specific attention in the descriptions below.

Denmark

Private providers have for a long time been important actors in the Danish field of residential care. Until the 1970s, the private RCUs were owned mainly by large non-profit/philanthropic organisations, which together with the public sector provided most of the residential care. Since the 1960 and 1970s, social pedagogy – i.e., professional activities that combine social and educational approaches

(Timonen-Kallio & Hämäläinen, 2019) – has thrived in Denmark (Jakobsen, 2014). Facilities based on this approach – i.e., social pedagogical homes (many of which are small-scale non-profit units) – emerged as an alternative to the traditional institutions and still play an important role in the residential care market in Denmark (Bengtsson & Jakobsen, 2009; Egelund & Jakobsen, 2009).

In the Structural Reform of 2007, the autonomy of municipalities in Denmark was enhanced as the responsibility for and financing of the specialised social area was moved from regions to municipalities (Nørrelykke, Zeeberg & Ebsen, 2011). The reform aimed to introduce market-like mechanisms in all policy areas. In addition, the reform included implementing the Social Services Gateway (Tilbudsportalen), a website that stores information regarding all social services. The purpose of Tilbudsportalen is to ensure comparable and transparent information about all social services offered to the municipalities. Municipalities are only allowed to purchase social services listed at Tilbudsportalen.

The changes in child welfare continued with the "Child's reform" in 2011, which aimed to prioritise kinship or foster family placements rather than placements in institutions (Socialstyrelsen, 2011). Consequently, the share of children and young people being placed in residential care has gone from roughly two-thirds in 2011 to one-third in 2020.

In 2014, the supervision of residential care was reformed (Social- og Indenrigsministeriet, 2020). The Social Supervisory Authority, which includes five regional offices, was established to ensure uniform licensing and supervision of all social services. From this point, all RCUs had to be licensed through the supervisory authority to access Tilbudsportalen. There are additional regional framework agreements, but these are used mainly to support specialised institutions for specific needs and for secured institutions.

Non-profit organisations have always had a strong position in Denmark. From the late nineteenth century, philanthropic movements have been involved in child welfare services. Despite many changes on the policy level and the change following the Structural Reform of 2007, the non-profit organisations have kept their strong position in the market.

Finland

Until the 1980s, residential care in Finland was provided by a few large non-profit organisations together with municipalities and the state. At the end of the 1980s, the field started to change as partnerships between non-profit organisations and municipalities weakened and new actors entered the field. In 1988, the share of private producers was only 23%; by 2018, they accounted for about 80%. In the 1980–1990s many foster families changed their status to companies offering services such as professional family homes. In the 2000s, more private companies began offering foster and residential care services. In the 2010s, the private service production became more centralised as large companies bought smaller units

already operating (Porko et al., 2018). The situation on the market has constantly changed, and in 2020 the largest company owns nearly 40 care units.

Finnish administrative history has seen few sudden and major reforms. Rather, the changes have been gradual. A significant step towards market logics was taken in the 1980s as the old administrative system was deemed too complicated, centralised, and detailed. The reforms that took place between 1984 and 1995 focused on increasing municipal autonomy and deregulation. Municipalities were given freedom to purchase services from private producers. Also, the state subsidies system was reformed in the 1990s with the goal of increasing the incentives for municipalities to arrange services in a more economically efficient way. As Finland experienced an economic depression during the 1990s, the interest in new service-providing arrangements increased (Niemelä, 2008; Niemelä & Saarinen, 2008).

Finland's efforts to join the European Community was also a relevant factor in the development of the residential care market. In 1994, Finland passed its first Procurement Act to justify its fulfilment of obligations related to the European Economic Area. At that time, the government and the Ministry of Finance were strongly motivated to bring market mechanisms to the public sector. Finland's first Procurement Act was deliberately made comprehensive by national decisions. Social and health services were covered by the act entirely regardless of their purchase value (Särkelä, 2016).

The status of non-profit organisations as service producers in social and health significantly changed in the 1990s and 2000s, and the development towards corporations has been significant in child protection (Särkelä, 2016). In the Procurement Act of the 1990s, profit-seeking corporations were placed on the same level as non-profit organisations. According to Särkelä (2016), this was never a proclaimed goal of the decision-makers, but the role of the non-profit associations was not considered in the reforms. Some former non-profit organisations changed to corporations and many left the market altogether (Lindholm, 2016). The growth in numbers of for-profit units is also likely to have been influenced by the fact that professional family homes were mostly established as private limited companies rather than non-profit foundations or associations.

Another important driving force for the reduced position of non-profit organisations has been the changing status of the Finnish Slot Machine Association (RAY). This government-supervised and owned non-profit gambling association was essential for the funding of Finnish social and healthcare non-profit organisations, as the association has been considered to be part of Finnish "indirect" public administration through which funds from gambling were allocated to non-profit organisations in the social and healthcare sector (Myllymäki & Tetri, 2001). According to a law passed in 2001, public funds could only be given for activities that did not significantly distort market competition. This led to the association starting to withdraw from the financing of social and health services.

As a result, the non-profit sector, which had been a traditional municipal partner, began to weaken (Särkelä, 2016).

Norway

Private non-profit organisations have been active in Norway's child welfare sector for decades. For-profit RCUs first entered the field in the 1980s, initially as collectives for substance users. The 1992 Child Welfare Act omitted the obligation to license RCUs, a condition specified in the 1953 Act. Allowing private for-profit companies into the market was supposed to create healthy competition and greater variation in available places, the same arguments used for privatisation of other sectors. As a result of the reform, many small and large private initiatives found an opening in the child welfare market. Although they were not licensed, all private RCUs had to be part of a county's plans for institutions in order to be used, but over time this was not considered sufficient. When the state took over responsibility for the institutions from the counties in 2004, licensing of private providers was again made mandatory (Backe-Hansen et al., 2011).

The state taking over responsibility for the provision of residential care was part of the centralisation of specialised child welfare interventions. It created the basis for establishing the Directorate of Children, Young People, and Families (Bufdir) and defined five regions instead of 19 counties as the operative level. Oslo remained outside of this system. During the first few years of its existence, the Directorate and the regions were primarily responsible for operating the RCUs. Now, Bufdir's responsibility has increased as it is also responsible for developing routines, standardised procedures, and overall planning of the institutional sector, including procedures for licensing and monitoring.

Several important trends seem to have driven Norway's development of child welfare over recent decades (Backe-Hansen et al., 2011; Grünfeld et al., 2020; Melby et al., 2020), many of which are similar to those of other countries. In the 1990s there was a more or less ideologically-based drive to invite for-profit actors to provide child welfare services, especially residential care. The desire to reduce expenditure for residential care reduced the number of publicly owned RCUs, which had higher staffing costs than the privately owned RCUs. Coupled with the wish to reduce expenditures, a view of residential care as a "last resort" became predominant, systematically reducing available places since 2004.

The obligation to ensure equal possibilities for competition through public procurement regulations (EEA regulations) was also important in the development of the Norwegian field of residential care. The procurement procedure is seen as a bureaucratic and complicated procedure prioritising larger companies because of the infrastructure needed, so many smaller units have disappeared or been bought by larger companies such as Stendi (formerly Aleris). However, unlike the other countries, Norway has taken measures to increase the rate of non-profit places. Such organisations now have their own negotiations with Bufdir, which allocates a

number of guaranteed places to the institutions (see FOR-2016-08-12-974). The negotiations take place approximately every two years, with the option to prolong the contract. In addition, institutions negotiate directly with regions or even some municipalities.

Oslo chose to remain outside the central system; Oslo's 15 boroughs were given full economic responsibility for using institutions. When a placement is required, the boroughs contact the central unit responsible for public institutions (Barne- og familieetaten, BFE) as well as private providers. At the same time, the central unit is responsible for licensing and approving institutions.

Sweden

In Sweden, the field of residential care has gone from being dominated by the public sector in the 1980s to being dominated by for-profit companies in later years. This development has gone through different phases. In the 1980s, political decisions opened the market for new actors and substantial deregulation took place. As in the other countries, the motives included enabling innovation and diversity and coming to terms with inflexibility and ineffectiveness (Lindqvist, 2014). During the first decade, most of the new businesses that entered the market were small and often owned by former foster parents or former employees in the public child welfare sector. By the end of the 1980s, close to half of the total number of beds were operated by such private owners. Another important driving force was changes in the financing of residential care; in the 1990s, financing of residential care was moved from the state and regional level to the municipalities. Market principles such as outsourcing were promoted (Government Bill 1992/93:43), and when the public procurement act came into force, also in the 1990s, it changed incentives and opportunities for actors to enter the market. During this period, larger companies became increasingly more common, and the small family-like units became less competitive. This development continued into the 2000s (Meagher et al., 2016).

Large for-profit providers that had been in operation in other parts of the welfare system (e.g., elderly care) now turned their eyes to residential care for children and youth – "[a] well-funded lightly regulated service with profitable business opportunities'" (a.a. p. 14). Since the beginning of the new millennium, the most noteworthy change in the Swedish field of residential care has perhaps been the expansion of such large for-profit providers (care corporations) (Lundström et al., 2020).

When the field of residential care in Sweden was opened up to new providers, the policymakers' intention was not to hand the market over to private providers; neither did they foresee this development. Rather, the policymakers intended that private businesses would complement, not replace, public providers (Meagher et al., 2016). Nevertheless, that was what happened. For the municipalities, this development meant that in many cases it become easier and cheaper to purchase

services than to provide them in-house, especially when demands for specialised treatment became more common. Moreover, smaller municipalities may find it difficult to accommodate the needs of varied treatment approaches.

One striking difference between the countries is the position of non-profit organisations, especially when Sweden is compared to Denmark. In the 1930s, non-profits had a strong position in Swedish residential care, and their diminishing role must be understood with respect to modernisation connected to the emergence and development of the welfare state beginning in the 1940s. Small non-profit units that could not live up to standards went out of business. Therefore, when the field was opened up in the 1980s, non-profits had a weak position and "the rules of the game" were constructed to benefit private companies rather than non-profit organisations. For example, the legislation on procurement tends to favour price rather than the added value that non-profits (at least in theory) might add (e.g. catering for minority groups and being driven by other incentives than for-profit companies) (Lundström & Wijkström, 2012).

Discussion

In this article, we set out to compare the market shares of different providers of residential care for children and youth in Denmark, Finland, Norway, and Sweden and to explore the driving forces that may underlie the diverging paths in these countries. The comparison has outlined similarities as well as differences between the countries.

As a background to the understanding of the residential care field, it is of relevance to consider some features of the countries' OHC arrangements. In all Nordic countries, foster care is the preferred choice of placement. However, there are considerable differences in the proportion of children placed in the different placement forms, which naturally affect the size of the residential care market. In this sense, it appears that Norway is on one end of the spectrum (with its comparatively small share of children placed in residential care) and Finland is on the other.

Clearly, the reforms in line with the NPM movement – i.e., increased outsourcing of welfare services – have been a driving force in the forming of residential care markets in all the countries. However, our findings show that there are substantial differences between the countries in terms of level of privatisation and share of different types of providers. In Finland and Sweden, the for-profit sector has been growing since the 1980s and today dominates the field. Although Norway also opened up the residential care market to for-profit providers in the 1980s, Norway's public and non-profit sectors have retained a reasonably strong hold. In Denmark, as the growth of for-profit companies has been slower, for-profit providers still have a marginal role and non-profit providers maintain their strong position.

In Finland, Norway, and Sweden, the major driving forces for privatisation were the deregulations during the 1980s and 1990s, which opened the field to private providers. These regulations were meant to encourage innovation in treatment approaches and cost-effectiveness through competition. The goal was not to hand the services over to the for-profit sector, although this was the result, particularly in Finland and Sweden. Parallel to deregulation, Sweden and Finland decentralised the financing of services (i.e. from the state to the local level). Denmark did not go through the same changes in the 1980s and 1990s, as private actors were an important part of the Danish market already at this stage, although largely in the form of non-profit actors. As for decentralisation in terms of financing (from a regional to municipal level), this took place in 2007 in Denmark. In Norway, the development took a different direction when funding of residential care was centralised in 2004.

There are notable differences with respect to the role of non-profits in the countries. Both Denmark and Norway have a strong representation of non-profit providers. A reasonable assumption for this is that history matters or, put differently, that path dependence is of significance. Both countries have a strong and long-lasting tradition of using non-profits, either rooted in social pedagogy or in traditional philanthropy, and these types of organisations still play a significant role. In comparative studies focusing on other welfare areas (child and elderly care), similar tendencies have been noted, and the differences in the role of providers have been suggested as partly rooted in the developments after World War II (Sivesind, 2017). At this time, Sweden prioritised public provision of welfare services, whereas Denmark was more open for alternative (non-profit) arrangements. By the 1980s, Sweden had developed a large public sector which became a target for critique focusing on ineffectiveness and bureaucratization. In the privatisation process that followed, many for-profit companies entered the welfare markets. Unlike in Denmark, where the non-profit sector already was considered a viable alternative to the public sector, the non-profit sector in Sweden did not have a foothold and was not able to withstand the competition from for-profit organisations, nor to muster much political support. Norway also opened up to for-profit providers in the 1980s but experienced less need to cut costs by outsourcing, and there were also strong protests against privatisation by e.g. Norwegian unions (a.a.). As noted, Norway is the only Nordic country that has attempted to strengthen the position of non-profits by giving them priority in the procurement processes. In Finland, the diminishing private non-profit producers paved the way into the market for private producers.

One of the most important changes in the residential care market during the 2010s has been the establishment of large companies in the field of residential care. Multinational companies with businesses in other care areas in Finland, Norway and Sweden – e.g. Humana, Ambea, and Aleris – have gained a foothold in the field of residential care mainly by acquiring smaller units. Many of these corporations originate from Sweden, probably partly as a result of the country's favourable

conditions for (large) for-profit companies. For example, large corporations seem to have benefited in the procurement processes (Pålsson & Shanks, 2020), which may be one reason for their growth in both Finland and Sweden, countries that apply rigorous procurement regulations on residential care services. As noted above, Norway has for this very reason taken measures to prioritise non-profits in procurement processes. How Denmark's "Tilbudsportalen" affects the market share of large companies is unknown, although corporations have so far been less successful in Denmark.

As noted, the markets in Finland, Norway, and Sweden were established as a result of state decisions during the 1980s and 1990s. During the 2000s, more or less strong attempts to re-regulate the market can be observed in all Nordic countries, for example, in the form of the establishments of inspectorates that are responsible for licensing and inspecting residential care. The most obvious example, however, is Norway, which through Bufdir steers the market through the use of rules on establishment and which has set up targets for the share of non-profits. On the other end of the spectrum, we find Sweden and Finland with their relatively low-level requirements for entering the market and with their loyalty to the EU Public Procurement Directive.

Future research, limitations, and grey areas

To our knowledge, this article is the first attempt to map the Nordic markets of residential care for children and youth, an underexplored research field. We know that trends in the UK are similar to trends in Finland and Sweden (Jones, 2015), but overall there is little knowledge about international trends in child welfare. This stands in contrast to the knowledge about the impact of NPM on other welfare areas, which have been explored to a greater extent. One reason for the scarce knowledge regarding child welfare and particularly residential care is the residual character of such services. Interest in residential care seems to have reached the general debate and the political sphere only when scandals regarding the delivery of these services are publicized (e.g. occurrence of substance use, violence and suicide in the facilities).

As we see it, the organisation of child protection is important not only for children and families who need the services but also for social workers who provide it. Today, the market of residential care in the Nordic countries is fragmented, so it is difficult for stakeholders to get an overview. It is also a market in which the mechanism of "consumer choice" is limited, as is the user's possibility to change provider should they be unsatisfied with the care. Furthermore, there is an almost total lack of knowledge about the quality and effects of care given by different providers. Thus, we do not know what an optimal mix of providers is or even if the type of provider is related to the type of treatment provided or, most importantly, to quality of care. More research on the users' – in this case, the children's – possibilities to make their

voices heard in these organisations, and on these markets, is needed.

While writing this article, it became obvious that there is a lack of commonly understood concepts and ways of reporting basic facts in this area. For example, the difference between for-profits and non-profits is not always clear-cut. However, and most importantly, there are grey areas when it comes to defining residential care, both in relation to (professional) foster care and in counting beds and units. Additionally, residential care assigned through child welfare services target somewhat different groups of children in the Nordic countries.

Despite conceptual and methodological difficulties, this crude analysis of residential care in the Nordic countries adds knowledge to the existing body of research on marketisation of welfare services. Most importantly, however, this analysis points to the importance of comparative research about an area involving far-reaching societal interventions in the family sphere.

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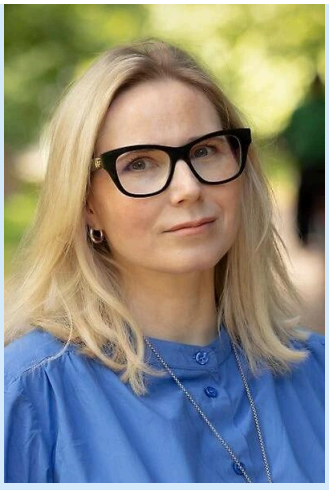

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What has the journal Nordic Welfare Research meant for you?
- The journal is an important platform for fostering academic discussion and producing high-quality research on issues relating to welfare questions in the Nordic countries. I have guest-edited an issue of the journal and have also contributed as an author to some articles.

6. How is the Nordic welfare state doing? Contemporary public constructs on challenges and achievements

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Abstract

Public constructs of the welfare state are vital for the continuous assurance of the system's validity, sustainability and accountability. This study produces descriptive cross-country snapshots of how the welfare state is construed in contemporary

Danish, Finnish, Norwegian and Swedish mass media discourse as an object to relate to. The analysis shows that in Denmark a core question concerned the welfare state's reliability and accountability to citizens, who have the right to the services that they have paid for through taxes. The problems and solutions were often portrayed as pertaining to economical prioritizations. In Finland, the ability to maintain stability and provide opportunities was framed in a historical light and as supra-generational to its character. In Norway, the legacy of the welfare state was built around notions of solidarity and a sense of community. The declining public incomes from the extraction of oil was a reality for the welfare state to navigate in. In Sweden, more than in the other countries, emphasis was put on the welfare state as a project of values such as solidarity and equality. The contents in each of the four materials can be seen to reflect their origins in operational milieus in which the welfare state is the premise for all public and democratic institutions, including the mass media.

Introduction

As an object and a concept to relate to, the welfare state has taken different shapes in different Nordic countries depending on historical events and political and administrative traditions. While this has been illustrated in, for example, conceptual historical analyses (Edling, 2019a), there is little research on how the welfare state figures as an object of reference in contemporary public discourse.

The mass media partakes in a public conversation that upholds and justifies country-specific welfare state cultures (Pfau-Effenger, 2005). It is part of a public sphere where the welfare state is construed and comes into being as an object for citizens to relate to. It is also a place where the welfare state materializes as an object of negotiation in the context of a country's political canon (Mutz, 2001). Public constructs of the welfare state are vital for the continuous assurance of the system's validity, sustainability and accountability.

This study is concerned with the notion of the welfare state in everyday media discourse in four Nordic countries. The aim is to produce a series of descriptive snapshots of how the welfare state materializes as an object of concern and as a point of reference in contemporary media reporting in Denmark, Finland, Norway, and Sweden. It is concerned with mean and mainstream media content from 2014–2020, i.e. the type of content that the average media consumer is likely to come across online. The study aims to shed light on the contemporary values and principles that surround the welfare state in contemporary media content.

In producing descriptive snapshots of contemporary public constructs, the study differs from other previous attempts to identify how the welfare state comes into being through communication. These studies have framed the question from an institutional and organizational perspective (e.g. Engelstad et al., 2017), looked into historical circumstances (for example, Edling, 2019a), or they have examined

politicized significations of belonging and citizenship (such as Koivunen and Lehtonen, 2011).

My research questions are: How does the Nordic welfare state appear as a concept and an object to relate to in the contemporary mass media discourse in Denmark, Finland, Norway, and Sweden? The conclusions will highlight the findings in terms of general views on the contract between citizens and the system.

The media and the welfare state

In the Nordic countries, the media has traditionally fostered democratic conditions, active civic participation, and equality among citizens. Nordic newspapers have been politically affiliated and self-regulated, and state intervention has been high on a structural level (Nord, 2008, p. 98)[1].

A recent monograph by Engelstad and colleagues (2017) identifies systemic building blocks which help to communicate the nature of the Nordic welfare model. These markers include normative patterns of power struggles; freedom of expression; institutional fields comprising the public sphere; modes of integration in institutional fields; and access to the public sphere (Engelstad et al., 2017, pp. 18–19). This is in line with a general consensus regarding the media's role as an important pillar of the welfare state both in its democratic and civic functions and as an educator and scrutinizer of the system (for more, see Syvertsen et al., 2014; Jensen and Lee, 2019; Hellman, 2021).
Syvertsen and colleagues (2014) have introduced the concept of a *media welfare state* claiming certain characteristics that sets Nordic media markets apart from other. The concept is used to distinguish contemporary Nordic media systems as functioning in a unique marriage between the social democratic welfare regime and the classic democratic model of a corporatist media system (see Hallin and Mancini, 2004). It entails an understanding of communication service goods as public goods; freedom from editorial interference and great editorial autonomy; cultural policy and economic support for media pluralism; and preference for consensual solutions through collaboration between state, media, communication industries, and the public (Syvertsen et al., 2014)[2]. Presenting the Nordic welfare states as unique media system contexts arguably dissolves an ambivalence between structural state dependency (public service companies, public press supports) on the one hand, and journalistic interdependency and high professionalism on the other. The media welfare state concept can be used to affirm classic Nordic exceptionalism in a positive manner: the welfare state and the

1. While Denmark is in some senses an exception, the media landscapes have come to resemble each other even more in the past decades (see Nord, 2008)
2. The concept is contested. For example, Ala-Fossi (2020) has contested the notion of the media welfare state simply by concluding that there is no such thing as a welfare state anymore.

media can be seen to support each other's best parts. But does the intertwined relationship result in media content that always tend to lean towards supporting the welfare state in itself? The truth may not be so simple.

Like in other parts of the free world, journalism in the Nordic countries has served as a critic and watchdog of the political and societal elite (Christians et al., 2009), and it has also functioned as a political institution of its own (Allern & Black-Ørsten, 2011). A recent study by Jensen and Wenzelburger (2021), which incorporates cases from the Nordic countries, suggests that media attention to welfare state reforms varies in scope and prevalence in accordance with previous election results and the reputation of the government in power.

Closely related to the question of how the welfare state as a phenomenon works in synergy with mass media is how the media co-construe and mediate the welfare state as an object to relate to in its content. While the democratic functions and characteristics of the Nordic media systems have been the topic of theoretical discussions, there is a great lack of systemic insight into how the Nordic media in its content contributes to construing the Nordic welfare state as a concept and an object to relate to (see Lindell & Hovden, 2018).

We know that even if the conceptions of the welfare state vary between the Nordic countries, they all entail similar views on the ingredients of the contract between citizens and state that implies certain collective social responsibility (Edling, 2019). Sometimes the concept of a Nordic *ethos* has been used for describing certain core values upheld in the system's institutional, welfare cultural and political expressions. This *ethos* has figured as a normative – almost static – backdrop in social scientific diagnoses of welfare service cuts, new procurement models, and consumer emancipating policies (see Ahlqvist and Moisio, 2014; Eriksen, 2018; Sulkunen, 2009).
All four countries under study have their own sociocultural variants of welfare state concepts. In research that paints the meaning of historical uses of certain welfare state-associated concepts and words with a broad brush, the language use is explained through historical documentation in a realist sense (Petersen & Petersen, 2019; Kettunen, 2019; Haave, 2019; Edling, 2019b). This line of research sees welfare state concept uses in a dynamic of contestation, challenge of dominance, counter concepts, as instruments in political movements, and in the hands of actors with differing interests.

In this study, I turn to contemporary contexts and concepts related to the welfare state and the welfare society in four Nordic countries – Denmark, Finland, Norway, and Sweden. The aim is to produce overview snapshots of the typical welfare state notions (use and meaning contexts) that meet the Nordic media consumer.

Concept use

Before proceeding to the empirical part, a note on the use of concepts: the phenomenon I study can be defined as "the media text construction of a societal system that preserves and guarantees the welfare of Nordic citizens". Even if the concepts of the "the Nordic welfare state" and "the Nordic welfare society" differ in scholarly definitions (Robson, 2018), this difference is not made in the public discussions in the Nordic countries under study. The overlap in connotation between welfare state and welfare society is well documented, and it has been recommended that an artificial analytical difference should not be overemphasized as it does not correspond to the words" actual mundane uses (Petersen & Petersen, 2019; Kettunen, 2019; Haave, 2019; Edling, 2019b). The English concept of "welfare state" corresponds to various use functions. One is Esping-Andersen's (1990) basic Scandinavian welfare model, in which the large tax-funded public sector plays a pivotal role in guaranteeing the citizens' welfare. Another use variant corresponds to the English term of a "welfare society system", denoting a jurisdiction that provides welfare in a cooperation between sectors, institutions, and actors in the regime of the state (see Lin, 2004). In the media discussions under study, the above accounted-for meanings overlap and are interchangeable. The welfare society and the welfare state are used in parallel connoting a Nordic societal contract with certain obligations and expectations by the public sector and the citizens. I refer to this broader phenomenon with the concept of "welfare state and welfare society", abbreviated WFS.

Data and methods

The material was collected through aiming to map contemporary WFS-related concepts in the public domain in Denmark, Finland, Norway, and Sweden. The data was retrieved from media outlets in the four countries through different search concepts. To guarantee a sufficiently inclusive signification which would nevertheless allow comparisons between datasets, I used the following main concepts: *velfærdssamfund* in Danish, *hyvinvointiyhteiskunta* in Finnish, *velferdssamfunn* in Norwegian, and *välfärdssamhälle* in Swedish. Table 1 lists the search terms and the number of hits before excluding overlaps and irrelevant items. All searches were conducted at the beginning of March 2020, at a time when the coronavirus crisis was not yet the leading news item in the Nordic mass media.

Table 1. Search terms for material collection.

	SEARCH TERMS AND HITS (*before exclusion of items*)
DENMARK: *Politiken*, *DR* 2019–March 2020	velfærdssamfund (203 + 63 hits); nordiske velfærdssamfund (63+5 hits)
FINLAND: *HS* (and from Swedish material: YLE, *HBL, Vasabladet, Ålandstidningen*) 2014–March 2020	hyvinvointiyhteiskunta (101 hits); pohjoismainen hyvinvointiyhteiskunta (37 hits)
NORWAY: GoogleNews No[1] 2014–March 2020	velferdssamfunn (100 hits); nordisk velferdssamfunn (4 hits); nordiske velferdssamfunn (2 hits); nordiske modell (9 hits)
SWEDEN: GoogleNews Se[2] 2014–March 2020	välfärdssamhälle (100 hits); nordiska modellen (89 hits)

[1]ABC Nyheter, Aftenbladet, Aftenposten, Agenda Magasin, Altaposten, Bergensavisen, Bergens Tidende, Dagbladet, Dagen, Dagens Medisin, Dagens Næringsliv, Dagsavisen, Digi.no, E24 Næringsliv, Fædrelandsvennen, Fagpressenytt, Finansavisen, Firda, Fiskeribladet, Folkebladet, Forskning.no, Fredriksstad Blad, FriFagbevegelse, Gausdal Kommune, Hallingdølen, Hammerfestingen, Helgelands Blad, Hitra Frøya, Itromsø, Journalisten, Khrono, Lindesnes, Morgenbladet, Næringslivets Hovedorganisasjon (NHO), Nationen, Nettavisen, NITO- The Norwegian Society of Engineers and Technologists, NordForsk, Nordhordland, Nordlys, Norsk Bonde- og Småbrukarlag, Norsk Rikskringkasting (NRK), Østlands-Posten, Rana Blad, Ringerikes Blad, Stavanger Aftenblad, Strilen, Sunnhordland, Sunnmørsposten, Tønsbergs Blad, TU, TV 2, Uniforum, Utrop, Vårt Land, Verdens Gang (VG) & Yrkesorganisasjonenes Sentralforbund (YS).

[2]Aftonbladet, Alba.nu, Arkitekten, Curie, Dagens Nyheter, Dagens Samhälle, Eskilstuna-Kuriren, ETC, Expo, Expressen, Fastighetstidningen, Folkbladet, Forskning.se, Göteborgs-Posten, Hallands Nyheter, Katrineholms-Kuriren, Kristianstadsbladet, Kyrkans Tidning, Mynewsdesk, Proletären, Smålandsposten, Södermanlands Nyheter (SN), Svenska Dagbladet, Sveriges Television (SVT), Sydöstran, Sydsvenskan, Världen idag, Västerbottens-Kuriren (VK-Bloggen) & VXOnews.

In order to produce meaning-based descriptive snapshots of the typical WFS notions and their content contexts, it was important to include typical mean and mainstream media content. This could be achieved either by a sample logic that integrated many different media outlets or by opting for sampling fewer outlets and focusing on more mainstream sources. Due to the differing availability of online media content-assembling services in the four countries, I had to settle for different strategies. In Sweden and Norway, the text corpuses were gathered through the Google News services and therefore stem from several different outlets: daily press, tabloids, regional papers, and monthly journals by stakeholder organizations. Google does not provide the same news geo-linguistic service for

Finland and Denmark, so the media items that represent these countries stem from a handful of typical, widespread, mainstream media outlets.

Google's news aggregator hoovers news from tens of thousands of sources all over the world, and search terms pass through all texts, not only in accordance with registered key words. The outlets that want to get their content registered mark their online content for the service to hoover. Denmark and Finland do not figure as geo-linguistic logics in the Google News service. This may be the result of not enough media outlets ticking the use for the service, or because there is some sort of media sector principle opposition to the assembling service, or because it is hindered through national copyright laws (see Ingram, 2019).

The Danish dataset stems from online archives of two major mainstream media outlets: the daily newspaper with the largest readership, *Dagbladet Politiken* (from now on *Politiken*) (Stoll, 2020), and the public service TV and radio internet platform DR.dk. Even if *Politiken* is a left-of-centre daily, it was safe to assume that this mainstream newspaper with the largest readership contained welfare state-related notions and language use that are normalized and widespread in Denmark. DR.dk is the online platform for the public service company Danmarks Radio (DR), established in 1925.

The Finnish material was collected from the country's largest independent daily newspaper, the politically unaffiliated *Helsingin Sanomat* (from now on *HS*) (Statista, 2018). As the Swedish Google News platform follows the Swedish-language material ticked for the assembling protocols, an additional small corpus of texts published in Swedish-language Finnish media outlets appeared through the Swedish material gathering. This material, which comes from mainstream Swedish-language Finnish news outlets such as the public service broadcasting company Svenska YLE or mainstream dailies *Hufvudstadsbladet* and *Vasabladet*, was also integrated into the Finnish dataset.

The Norwegian data (listed in Figure 1) represents a total of 57 different Norwegian media outlets and was collected through the Norwegian version of Google News.

The Swedish material was collected through the Swedish version of Google News and comes from a total of 29 media outlets (listed in Figure 1).

All materials were published between 2014 and March 2020 except for the Danish data, which only covers the period from 2019 to March 2020. This was due to the substantial and lengthy Danish reporting, which was both exceptional and unexpected (accounted for below and in Table 1). The Danish material was collected last. It started to grow disproportionately in comparison with the other materials, so a decision was made to restrict the sample period in order to have the same amount of manageable materials. This also called for controlling whether the political affiliation of the *Politiken* had skewed the Danish material in a way that one could no longer argue that it represented typical Danish mainstream media

content on WFS representations and concepts. The text length and the prevalence of material on the WFS were controlled with the same search terms in the archive of the second largest, more right-wing, mainstream daily *Berlingske*. As the control suggested the same prevalence level of the concept and text length in both outlets, it could be concluded that the Danish mainstream press texts are much lengthier than in corresponding outlets in Finland, Norway, and Sweden. The "welfare state" and the "welfare society" are also much more often referred to in the reporting. The online text materials from the public service TV and radio internet platform DR.dk were included to further balance the material towards a mean and mainstream nature. The mainstream average nature of the *Politiken* material was controlled also against the DR material and did not deviate in terms of WFS-related language use and reporting contexts.

Due to language barriers, this study unfortunately had to exclude Icelandic materials.

The different material gathering strategies give rise to questions regarding the datasets' comparability. The materials are, however, not treated as comparable in the primary analysis. Instead, each text corpus represents for that country typical meaning-making contexts and language-based constructs surrounding the concept of the WFS. Each data set needs to be seen in view of the main aim of painting a picture of contemporary WFS-related concepts in circulation in the country under study and the contexts in which they appear in the average daily media content that reaches mass audiences. Only when the snapshot descriptions were gathered and mapped out did I spell out the typical traits in each of them.

The material was evaluated as serving very well the purposes of the study, because the focus was on the ways in which WFS can be claimed to be currently referred to and negotiated publicly as a phenomenon to relate to. (For a discussion on textual sources for a general study of concept uses and constructs, see Ifversen, 2003). The material from each country does not primarily represent the speaker (the different media outlets), but serves as examples of typical, timely, and popular notions surrounding the WFS in each country at this time in history. If I had focused more explicitly on the daily political struggles or the ways in which the WFS is politicized in media contexts, more efforts would have had to put in to ensure more exactly comparable materials and, in such a case, the four corpuses would have followed other sample strategies. The country-specific characteristics in this study are discerned in terms of the contexts that the WFS concept is used and how the WFS figures as a point of reference. Zooming out on country-specific snapshot descriptions, the material was evaluated as being as valid as it could be, given the circumstances of acquiring materials and the available resources of the study.

After the raw material was obtained, overlapping and irrelevant pieces were excluded. The total number of press items selected for the study is listed in the two columns on the far right in Table 2. The large Danish material (from the years 2019–2020) comprises a total of 262 items; 115 items make up the Finnish corpus; 85

pieces the Norwegian material; and 118 pieces the Swedish dataset.

Table 2. Number of pieces coded as threat and success framings.

	Threats	Successes	Other	Total items	Amount of material
DENMARK *Politiken*, DR 2019–March 2020	117 (45%)	31 (12%)	114 (43%)	262 (100%)	755 pages of text / 289,537 words
FINLAND *HS* (+ Swe: YLE, *HBL*)	39 (34%)	32 (28%)	44 (38%)	115 (100%)	211 pages of text / 86,763 words
NORWAY GoogleNews No	51 (60%)	11 (13%)	23 (27%)	85 (100%)	169 pages of text / 78,218 words
SWEDEN GoogleNews Se	36 (30%)	28 (24%)	54 (46%)	118 (100%)	192 pages of text / 73,636 words
TOTAL	242	100	209	577	1327 pages

The material for each country as a whole was first read through twice. During the first round, I initially tried to separate the WFS concepts' use functions between system references and daily political meaning contexts (see Hellman 2021). During the reading, a better coding scheme appeared inductively: classifying the texts as framed by WFS-related threats and success. The framings of threat and success were listed for each item in a code book which was transferred in an Excel file as a three-code system (threat, success, other). As the main point in the media narrative is always either positive or negative, it was possible to tick a main framing for each news item. The prevalence of these stories as a main framing in the material as a whole is displayed in the left-hand columns in Table 1. Overall, stories of threat were prevalent in 42% of the whole material from all countries, whereas success stories were prevalent in 19% of the texts. Other framings were "neutral" and informative in relation to the WFS (mentioned in passing or as a side-track with no significance to understanding the WFS).

The second reading uncovered the contexts in which the threats and success stories appeared in terms of the systemic premises for the WFS. In this, I strived to identify

an underlying sense of a Nordic ethos. This can be viewed as the "ethos" or an axiological striving towards a right way for the WFS to function and exist (see Hellman & Room, 2015; Doležel, 1998). Each dataset fell into its own qualitative thematic entities that included different notions of the WFS. These were separated into meaning-based codes in order to mark the places where WFS concepts appeared. These codes are listed for each country in the results section of this article.

In the third and last stage of the analysis I spelled out the descriptive snapshots of how the WFS figured in all four corpuses. These are accounted for in the results section and are summarized at the end of the article in Table 3.

Readers should bear in mind that even if threats and successes do not typically figure in the same item, their separation is artificial. One cannot exist without the other: without an assumed value and success of the WFS system, the threats and challenges expressed carry no real weight. In the threat stories, the welfare system is presented as being in danger and under pressure to change in view of its assumed value (ergo "success").

In the results section I have, for reasons of analytical transparency, put into parentheses references to media items which contain the claims or characteristics that I speak about. All texts are available online at the time of the publishing of this article.

Results

WFS terms

The choice of search concepts had to follow the logic of striving to discern a phenomenon as similarly as possible in all four countries (i.e., "the system of the Nordic welfare state"). The search term trials offered interesting insights into the WFS concepts and notions in circulation in the Nordic countries under study.

As already mentioned, the Danish mass media sources referred to the WFS concepts much more frequently than other Nordic media outlets. A search of the newspaper *Politiken*'s archives with the term *velfærdssamfund* yielded 203 articles for the period from 2019 to 20 March 2020. The total number of hits in its digital archive using this search term was 3,948. To control whether this was due to the leftist leanings of the newspaper, the same search was conducted for the conservative *Berlingske* daily newspaper. The result was almost identical, producing a total of 3,664 hits. It therefore seems that the concept of *velfærdssamfund* is used to a greater degree in Danish public discourse than in the other Nordic countries. The concept of *velfærdsstat* (welfare state) appears much less frequently in the Danish media outlet: it only yielded 32 hits in the whole archive of *Politiken*, and even fewer in that of *Berlingske*.

In the Norwegian version of Google News, news.google.no, the search for *velferdssamfunn* returned 100 hits in late February 2020. A saturation point for how many hits the service provides for each search seems to have been reached at around a hundred items. The publication years for these hits were 2014–2020, so even if the outlets may have varied in news.google.no over time, the hits are much less prevalent than in Denmark. The combination of "Nordic" and "welfare state" gave poor results: *nordisk velferdssamfunn* (4 hits); *nordiske velferdssamfunn* (2 hits); *nordisk/e modell* (9 hits).

In the Swedish version of Google News, news.google.se, the prefix "Nordic" appears very rarely in references to the welfare state: different variants of the search terms *nordiska välfärdsstaten* and *nordiska välfärdsmodellen* yielded just one article. It is more common to talk about "the Swedish welfare state" (*det svenska välfärdssamhället*). Furthermore, in the year 2014 the Swedish Social Democratic Party copyrighted the concept of *den nordiska modellen* ("the Nordic model"), which was mentioned in 61 pieces published between 2014 and 11 March 2020. In order to check the Swedish use of the term in comparison with the numerous hits in the Danish news outlets, the term *välfärdssamhälle* was fed into the archives of the Swedish dailies *Svenska Dagbladet* (*SvD*) and *Dagens Nyheter* (*DN*). In *SvD* this search yielded 313 hits during the period from 2001 to March 2020 (and one from 1996). In *DN*, there were 693 hits between 1992 and March 2020. Not only did the two dailies have similar prevalence rates, but the WFS concept was clearly used much less frequently in Swedish media outlets than in the Danish mainstream dailies.

Another cultural and linguistic difference is the use of "welfare state" in Swedish and in Finnish: a search for "welfare state" (*välfärdsstat*) on news.google.se yielded 66 hits between September 2019 and March 2020. Many of these texts had been published in Swedish-language media outlets in Finland that employ a Finland-typical broad signification of the concept of the welfare state. *Hyvinvointivaltio* ("welfare state" in Finnish) is a reference to a system and society that functions as a backdrop for all types of political stories. Of all WFS-related terms, it is by far the most prevalent in Finnish, yielding 297 hits in the *Helsingin Sanomat* archive alone in the one-year period from May 2019 to May 2020. This exceeds even the numbers in the Danish media outlets, but the search term had to be abandoned in the gathering of the Finnish material as the "state" (*valtio*) in the Finnish welfare state concept would still often refer to the state sector and not to the system as a whole. *Hyvinvointiyhteiskunta* corresponded more to the connotations of the search terms in the other languages, and was therefore applied in retrieving the context sought for.

Denmark

In the analysis of the Danish material, both the threat and the success stories ordered themselves into overlapping thematic meaning-making categories of

stable and reliable service provider; *financial fraud and abuse*; *monetary either/or constellations*; *worrying structural developments*; *marginalization and inequality*; and *other (*e.g. *green welfare*, *city planning)*. If not specified as stemming from the Danish Broadcasting Corporation DR, all references come from the *Politiken* newspaper.

The construct of the inclusive and stable caretaker function of the WFS was articulated in reports on the newly appointed Danish Prime Minister Mette Fredriksen's opening address in the parliament in June 2019. In a DR account she maintains that "people must be able to depend on the presence of welfare society when and where they need it" (Nielsen & Gram, 2020). Another DR account draws attention to the reliability of stable and accessible service provision as part of a transaction contract between the state and the citizen. Fredriksen points out that elderly people who have paid for WFS their whole life must know that it is there for them when it counts (Brandt, 2019b). Members of the opposition were reported to be critical of Fredriksen's way of presenting the WFS, pointing out that she was not in a position to solve its *tillitskris* (crisis of trust) by "eliciting romantic images of a Denmark of the past" (C. Jensen, 2019). What the opposition suggested, according to the reporting, was an emphasis on the importance of a true sense of membership of society in order for people to feel that they wanted to take part in the social contract of the WFS (Hussein & Hansen, 2019).

A feature in the Danish material was the construct of the WFS in terms of monetary transaction exercises: the foundation for a strong WFS was said to rest on a responsible economic policy (Frederiksen, 2019). The solution to its challenges was often presented as part of an exercise of moving around means for various purposes. For example, savings in the cultural sector could be presented as a zero-sum game between other expenses areas such as the health and care of the elderly (Benner, 2019). Many problems were portrayed as solvable simply through more judicious spending (Ingvorsen, 2019 in DR). In DR, the economic planning of the service system was seen as in need of "development" (Boier, 2019; Brandt, 2019a) and "adjustments" (Rysgaard & Heiredal, 2019), while *Politiken* spoke of "construction" (Møller, 2020) and "improvement" (Petersen, 2019).

A distinctive reason for the economic burden of the WFS that was repeated on several occasions was the economic abuse of welfare, which was portrayed as endangering the sustainability of the Danish welfare state. A DR piece stressed the importance of ensuring that "everyone is paying" (Lindqvist, 2019), and discovering social fraud came up frequently in both media outlets (e.g. Bengtsen et al., 2019). This type of "abuse of welfare society" (Astrup, 2020) was seen partly as a result of all EU citizens being eligible to receive unemployment benefits through the unemployment insurance fund (*A-kasse*) (Thomsen, 2019). The Danish broadcasting corporation reported that the costs of social security fraud amounted to an annual total of 500 billion Danish kroner (Topp, 2019), each instance of fictive employment costing the state treasury up to 200,000 kroner (Skaaning & Bengtsen, 2019). An

article in *Politiken* demanded prison sentences for people embezzling funds from the Danish state (Ritzau, 2019c). Organized crime of this kind was said to have immediate repercussions for many people and "our welfare society" (Ritzau, 2019c), and tax evasion was reported to "hollow out the foundation for the welfare state" (Sorgenfrey, 2019). According to figures from Danish Statistics, citizens owed the state 117 billion kroner in unpaid bills, value added tax, and other taxes (Ritzau, 2019a), leading to "a welfare state fiasco" (Allentoft, 2019). Members of the government said that the security network was in need of some serious mending (Fuglsang, 2019a). The solution, they said, was to apprehend those who wasted public resources and to reset priorities in public spending.

As expected, demographic developments and the increasing dependency ratio were singled out as causing great dilemmas and challenges to sufficiently covering the expenses (Rasmussen, 2020): "in 2030 the number of Danish people aged over 80 will be 161,000 higher than today, and this is why we are now witnessing welfare descending into chaos" (Rasmussen, 2019). This, as DR also argued, had lowered living standards (Olsen, 2019) and, according to *Politiken*, was stretching the capacity of healthcare services (Koch & Rasmussen, 2019). In a news item retrieved from DR, "several billions of kroner" were said to be needed to redress the balance (Nielsen, 2019) together with raising the retirement age to increase the size of the tax-paying labour force (Flensburg, 2019). In the words of Prime Minister Mette Fredriksen: if the country wants to overcome its problems without raising taxes, it will be necessary to prioritize resource use in a different way (Larsen, 2019). The need for a taxpaying workforce was referred to in a DR piece on downshifting: will the WFS system survive if resourceful people choose to work only part time? (Christensen & Nielsen, 2019).

The weak, vulnerable, and marginalized members of society figured in the material as reminders of "the bankruptcy of our welfare society", as was stated in a piece retrieved from DR (Skaaning & Skov-Jensen, 2019). For example, dental and oral diseases among vulnerable citizens were reported to expose the level of health inequalities in the adult Danish population (Stæhr, 2019): more than 100,000 Danes do not have their own GP (Fugl, 2019). The reporting brought attention to the marginalization of prostitutes and sex workers (Danielsen & Larsen, 2019); together with the homeless they were described as "the reverse side of welfare society" (Gejl, 2019). Youth homelessness is another clear sign that the WFS should do more to reach out and capture those "who stumble through their life" (Christiansen, 2019).

Major shortcomings in services for the elderly were identified in a piece on DR (Bengtsen et al., 2019), and local authorities were demanded to invest more money in lonely older people (Kristiansen et al., 2020; Madsen & Andersen, 2019). An article published by the DR (Holst & Ostertag, 2019) pointed out that the WFS can make big savings by reaching out to older people and helping them with meals and cleaning in their homes (Holst & Ostertag, 2019). The competition for resources was

expressed by immigration critics in terms of "we need to help older people before foreigners" (Andersen, 2019).

Another major contractual breakage noted in the WFS responsibilities were the flaws in childcare and education. Several media items in 2019 emphasized the need to adjust the number of children relative to the number of adults working in day care so as not to make day care centres mere "parking spaces" (Knorrenborg, 2019; Winsløv, 2019; also in DR: Øllgaard, 2019). This was believed to require minimum norms and standards (Fuglsang, 2019b; Jessen et al., 2019), pedagogues, and education (T. K. Jensen, 2019).

As a complement to the pictures of a declining WFS system, the success stories functioned as reminders of what was at stake, typically referring to the benefits and strengths of the Nordic WFS. The stories of the successes of the system were much rarer, found only in 12% of the Danish material. In these, it was established that "the fantastic Danish welfare society" (Besenbacher, 2019) needed to be preserved (*Danmarks Radio*, 2015) and defended (Ritzau, 2019b). It was pointed out that the Danish WFS had a relatively secure and well-organized labour market (Jensen et al., 2019), that it maintained safety and order in society (Michaëlis, 2020; Skotte, 2020), and provided strong legal protection (Jerichow, 2020). "Welfare society has given opportunities to large numbers of people and made Denmark strong", Prime Minister Mette Fredriksen was cited in a piece from the Ritzau news agency (Ritzau, 2019b).

The core principle of a welfare society based on solidarity is that the fit and healthy "must look after themselves and by so doing look after the old, sick, and frail" (*Politiken*, 2020). In an article on the US presidential hopeful Bernie Sanders, *Politiken* observes that his policies seek to create a strong and progressive state modelled on the Scandinavian approach (Barsøe & Dragsted, 2020). The New Green Deal advocated by the US Congress Representative Alexandria Ocasio-Cortez is ultimately aimed at creating a Scandinavian welfare society (Brovall, 2019).

An article published on the DR platform on the movement of highly educated East Europeans into Denmark (Kielgast, 2019) concludes that "We need to become better at advertising Denmark as a good place to work. We need to be better at promoting Denmark in the countries that are training large numbers of skilled people" (Kielgast, 2019). Marketing Denmark to a foreign workforce includes rehearsing the strengths of the WFS:

We have an effective welfare society. We have a good balance between work and leisure, and this is a great country to live in. It's the kind of place skilled employees are looking for, and it's something that can make them settle and carve out a life for themselves. (Kielgast, 2019.)

In an article on public housing, the news agency Ritzau (Ritzau, 2019a) reports that Denmark's 560,000 public housing units account for around one-fifth of the

country's total housing stock: "We are a part of the Danish welfare society and thereby a central part of the Danish community", says the CEO of BL-Danmarks Almene Boliger (Danish Federation of Non-Profit Housing Providers) and continues: "It is unique that we have mixed residential areas and that in this way we're able through the welfare society to broadly address people's housing needs."

Copenhagen was also reported to set out to become a centre for developing new solutions, the leading city authorities say: "We [in Copenhagen] have created an entirely unique welfare society" (Bostrup, 2019a). In a piece on how Copenhagen schools are planned, it is maintained that "the welfare society must be measured based on its ability to make room for those with special needs." (Ifversen, 2020.) The state of good fortune can also cause speed blindness. Author and social analyst Niels Overgaard is cited: "The Danish people are living in a paradise on Earth: the high levels of stress and depression we are seeing can only be an indication of a complete blindness to our privileges", he concludes (Skov, 2020).

One of the WFS visions portrayed in the Danish media accounts is that of the green welfare society, which requires striking a balance between welfare and green values (Kaufholz, 2019). Green welfare implies solidarity with the next generation (Pedersen, 2019). In order to strengthen WFS it is necessary to strengthen the social contract because the "social contract is the welfare society itself", says an interview with Minister of Labour Peter Hummelgaard Thomsen (Lund & Teglskov, 2019).

Finland

In the analysis of the Finnish material, the threat and success stories entailed meaning-making categories of *structural societal developments*; *supragenerational stability and possibilities*; *partisan and ideological disagreement*; *tensions between welfare and economy*; and *other* (*taxes*, *poverty*, *support*).

The framing of threats faced by the welfare society appeared in 34% of the Finnish texts (39/115). Most frequently these texts referred to the constant rise of the dependency ratio. The fact that Finland has long been situated below the population reproduction rate (*HS*, 2019) was portrayed as harming its ability to compete internationally (Luukka, 2016), and it was reported to put a great burden on the young adult working population that needs to come up with solutions and pay for the growing public expenditure (Muhonen, 2020). In an article on two lawyers that have volunteered to help asylum seekers, the situation was described as leading to major public cuts and to wrecking the WFS system (Lehtinen, 2017). What symbolizes this wreckage in the Finnish press are the so-called bread lines (*leipäjonot*) in which society's poorest stand and wait for handouts (Römpötti,

2014)[3]. Public spending cuts were reported in all sectors, also in culture and art (Saarikoski, 2016).

The supragenerational nature of the WFS figured both in its success stories and as framing worrying trends. In a public discussion on the decreasing Finnish nativity, this supragenerational nature of the Nordic WFS was acknowledged by stressing that it may soon be running into trouble (Siltamäki, 2019). The same press story emphasized that unless new taxpayers turn up in sufficient numbers, the funding base will descend into crisis. An editorial in the *Helsingin Sanomat* called for a value discussion (*arvokeskustelu*) and presented an alarming picture: "Finland is ageing more rapidly than most other Western countries. At the same time the birth rate has dropped to an exceptionally low level. How can the funding of the welfare society be safeguarded in this situation?" (*HS*, 2018.) Both the portrayal of the severity of the situation and its solution were framed as a watershed issue between the political right and left. In the words of a right-wing politician, the Social Democrats do not understand the need for systemic change: "The Nordic welfare state model is not a collection of invariable institutions such as 100% public health centres, centrally mandated, across-the-board pay increases, carved-in-stone retirement ages, constant unchangeable social security benefits, or industries protected against competition." (Palojärvi, 2016a.) Time and again in the media items, the general public is reminded that the Finnish welfare system depends on working people who have to foot the bill for service provision (Hämäläinen, 2019a). Under the centre-right government of Juha Sipilä in 2015–2019, the political right-wing faction saw public austerity policies as part of a solution to the growing dependency ratio. In the Finnish data that covers these years, the dependency ratio appears as a threat on both sides of the political divide. For those on the left, the austerity policy and the marketization of welfare services represent the biggest threat to the WFS: "the welfare state is being run down" (Arola & Nalbantoglu, 2018); "welfare is partly dead already" (Hämäläinen, 2019b):

The welfare state used to be based on everyone participating in the [WFS] building project. Now that the society's safety net is nearly gone, we no longer have the kind of common good that work can produce. The value produced in workplaces slips away to business managers and foreign banks through the stock exchange. (Kytölä, 2016.)

Media stories on the successes and achievements of the WFS are more prevalent in the Finnish material (28%) in comparison to the three other countries' corpuses. "Finland is the world's safest country", says a *Hufvudstadsbladet* article (Landor, 2019). An editorial argues that "Everyone agrees welfare society is a good deal" (*HS,* 2017). Time after time it is observed that the Nordic model is superior (e.g. Berg, 2018). "No system is perfect, but ours is a pretty good one", concludes an

3. For research about the "bread lines" as a public connotation of its own, see: Siiki, A. M. (2008). Myllypuron ruokajono – esimerkki hyvinvointiköyhyydestä. In S. Hänninen, J. Karjalainen, K. Lehtelä, & T. Silvasti (eds.), *Toisten pankki. Ruoka-apu hyvinvointivaltiossa* (pp. 127–161*)*

editorial in the *Hufvudstadsbladet* (Ginman, 2015).

Within the framing of success, the WFS is portrayed as a fortunate circumstance for citizens. In an HS interview with Rajkumar Sabanadesan, a Sri Lankan who arrived in Finland as a refugee 25 years ago, he is quoted as being "particularly grateful that he came to a Nordic welfare state", which guarantees the universal right to education and healthcare. He exemplifies: "Our son recently had pneumonia and then developed a collapsed lung. He received excellent care worth tens of thousands of euros at Tampere university hospital, but the cost to our family was only some 40 euros a day." (Vainio, 2020.) In her interview with HS, the terminally ill politician Maarit Feldt-Ranta looks back at her life and notes:

Without the Nordic welfare society my life would have been completely different from what it was. This ethos of equality of opportunity is mind-blowing /--/ The Nordic welfare state, the people's home, this is the greatest thing that any society anywhere in the world has created. The decision on comprehensive schooling is the best decision that Finland has made in its 100-year history. In politics I've always thought of each decision-making in terms of its implications for the welfare society. Will it improve, cherish, endanger it? (Pallaste, 2019)

In the Finnish material, being born in a welfare state/society was portrayed as a winning lottery ticket or as an opportunity to be grateful for. A left-wing politician who comes from a working-class family in Oulu has this to say: "Life was always tight for us financially, but the welfare society enabled me to have an education. I hope this will be possible for youngsters in the future as well." (Räisänen, 2019.) Pirkko Mattila, a newly appointed Minister of Social Affairs and Health, says she represents what the Nordic WFS can produce: "Perhaps my life is an illustration of what's worth defending: I represent regional equality, I've had schooling, received child welfare benefits, I've enjoyed free health care and education free of charge" (Palojärvi, 2016b).

Even if the solutions to the challenges of the growing dependency ratio were a partisan and politicized WFS question, the value of welfare per se seems to gather great consensus over the political spectrum. Conservative politician Petteri Orpo says he has "great respect for welfare society, equal services, equality of opportunity, and a safe society" (Junkkari, 2018). "We must not let the welfare society collapse", the Swedish People's Party demanded ahead of the previous government programme (Pohjanpalo, 2015). Former President of the Republic, Social Democrat Martti Ahtisaari, wants to see the Nordic model exported globally (Sipilä, 2014), and Li Andersson, leader of the Left Alliance, is cited during a visit to New York: "The Nordic model has time and again demonstrated its strength and its success in international comparison" (Östling, 2019).

Even though WFS is in part represented as a great leveller, there are less frequent examples in the Finnish material than in the Swedish dataset, for instance (discussed later). An article on how politicians interpret the meaning of poverty

(Viljamaa & Raeste, 2015) observes that a fair tax system based on the ability to pay reduces income differentials and spreads out welfare. It also helps to maintain such key structures of welfare society as welfare services and social security. "We should be proud and defend the Nordic welfare state that aims to reduce social differences and to give every individual the best possible foundation for life", says the leader of the Swedish People's Party. (Viljamaa & Raeste, 2015.) Antti Rinne, leader of the Social Democratic Party, speaks about a friend who got cash from social security in order to buy a pram: "This was what the young family needed, and at the time they didn't have the money. This is what welfare society has been created for: it provides support when support is needed and helps people back on their feet", Rinne writes. (Peurakoski, 2014.)

Norway

In the analysis of the Norwegian stories of WFS-related threats and successes, I discerned overlapping meaning-making categories of *developments that needs attention*; *sustainable welfare*; *out of money*; *better than other systems*; and *other* (e.g. *climate*, *business development*, *immigration*).

Well over half of the Norwegian texts (51/85; 60%) portrayed the WFS as being under threat or in need of salvation, or at least readjustment. *Dagsavisen* cites a left-wing politician: "The welfare state is being dismantled at record pace" (Vestveit, 2019). On several occasions the WFS is argued as being "at risk" (e.g. Askilsrud, 2019 in the local newspaper *Ringerikes Blad*). In the Norwegian material, too, the dependency ratio plays a central role. A letter to the editor in *Østlands-Posten* says that the "underfunded welfare state" has to come to terms with dwindling oil revenue, while "nursing homes will soon see their expenses spiral" (Melleby, 2019). The core problem of there being "more and more elderly people and fewer young people" is recognized in a union organization journal (Madssen, 2019).

The developments call for a need to work towards a "sustainable welfare state". This concept is mentioned over 30 times in the Norwegian material (*bærekraftig* literally means "strong enough to hold"). Coined by Erna Solberg, Prime Minister from the conservative Høyre party, a "sustainable welfare state" appeared in different variants throughout the dataset (e.g. *bærekraftig velferd* in Lunde, 2019; also *berekraftig velferd*; *et bærekraftig Norden* in Galtung and Poleszynski, 2020; and *et bærekraftig og sterkt velferdssamfunn* in Orten, 2020). The use and connotations of this term, such as describing the WFS as becoming weaker or collapsing, also attracted some criticism. In a piece in *Dagbladet*, the term is denounced as code for the governments' *bærekraftsbløff* – sustainability bluff (Kristjánsson, 2019).

Concerns about the survival, sustainability, and strength of the WFS mostly revolved around the funding of the services, and can be summarized in the expression of "being out of money", much used to describe the decreasing pot of oil money at the disposal of the state of Norway. The sustainability of the *bærekraftig*

WFS must be ensured without leaving it to future generations to foot the bill (Nyland, 2020). In a reply to a letter to the editor in the multicultural journal *Utrop*, migration is portrayed as a threat to the welfare of the nation state's citizens (Fosli, 2020). A sustainable WFS needs to enforce a restrictive migration policy, says Høyre politician Torbjørn Røe Isaksen in a chronicle in the online newspaper *Nettavisen* (Isaksen, 2018). While representatives of Høyre see that migration is required in order to guarantee the survival of the WFS, they stress that migrants have to be installed in jobs and occupations where they are really needed (Sanner, 2019). "We need migrants', announces *Folkebladet*, proceeding to paint a threatening scenario (Henriksen, 2019): "And when parts of a well-working welfare state begin to fall apart, things can start to unravel very quickly. There are plenty of historical examples, especially in small communities along the Norwegian coast."

The conservative Høyre party of Norway is criticized for cutting welfare funding, but Heidi Nordby Lunde, a Høyre politician, responds to the criticism in the Christian online daily *Vårt Land* by saying that the realities mean that the government has to prioritize because the system is coming under mounting pressure:

The number of old-age pensioners will triple over the next ten years, and at the same time income from the oil industry will continue to fall. Child birth rates are lower than before, and by 2040 some municipalities will have fewer than two economically active people for each retired person. In addition, one in ten Norwegians receives invalidity benefits, and Norway has the world's highest sick leave rate. (Lunde, 2019.)

In order for society to be able to stand up for the sick and the frail, "we need to take action, and do so while we still have the scope we need to make moderate changes and preserve sustainable (*bærekraftig*) welfare" (Lunde, 2019). Norway needs to get ready so that sustainable welfare can be guaranteed (Walnum & Karlsen, 2019). To this end it is imperative that people work closely together (Stokkebø, 2018). The key is to create jobs that will provide the necessary resources for sustainable welfare (Huuse & Wedén, 2016): "If we want to save Norway as a welfare state, we need to change the whole society", says Solberg in a piece published on vg.no (Haugan, 2019). A sound economy relies on creating more jobs. This will help to make Norway a more secure country (Solberg, 2019).

Welfare has to be protected by industry, technology, and engineering, says a piece in the news section of NITO, Norway's leading organization for engineers and technology students (*NITO*, 2020). The main forum for the employers' organization declares that "business pays for the welfare state" (Moss, 2018). Elsewhere, it is noted that the key to welfare is working life: access to the right kind of professional skills and groups is paramount (Yrkesorganisasjonenes Sentralforbund, 2018). It is suggested that senior citizens should work longer (Ask, 2017), supporting the thought that increased productivity and a productive workforce will finance the WFS (Solberg, 2017; Syversen, 2017).

The triumphs and achievements of the WFS were discussed in 13% of the Norwegian texts, where the WFS was portrayed as a source of national pride: "Norway has been voted the world's best country to live in for a number of successive years", announces a commentary regarding the future WFS (Larsen & Skjærpe, 2018). Norway's successful WFS is based on solidarity and cooperation (Kaltenborn, 2019), and relies on trust and a sense of community (Hauglie, 2019). This is reflected, for instance, in the prevention of crime through "a welfare state which allows for social mobility", says a piece in *Aftenposten* (Vestrum, 2020).

A headline in the local paper *Tønsbergs Blad* calls upon Norwegians to ensure that the country "remains the best country in the world" (Løvaas, 2019). On the government agenda, the foundation for the WFS is the private sector: "When Høyre speaks about a sustainable welfare state, it means sustainable /--/ perhaps most importantly in terms of economic sustainability" (Løvaas, 2019). Reporting on "50 years of the oil adventure", *Aftenposten* observes that the sea oil drilling rig Ekofiske's discovery of oil in late 1969 "was the start of an adventure that has made Norway the richest country in the world, with the best welfare society" (Listhaug, 2019).

The political left is also keen to claim ownership of the development of the Norwegian WFS: on the 100th anniversary of the first major victory for the Labour movement, Labour politician Bjørnar Skjæran says in *Folkebladet* that he is proud to be part of the people's movement which "transformed Norway from a poor class-divided country into the world's best welfare state" (Skjæran, 2019).

Brexit has the potential to pave the way to deepening Nordic cooperation, *Aftenposten* maintains. If the Nordic countries choose to work more closely with the Baltic countries, Scotland, and Ireland, they could also reach out to Canada, which shares many similarities with the Nordic countries in terms of climate, natural resources, industry, and "high material living standards and a well-built welfare state". (Galtung & Poleszynski, 2020.)

Sweden

The threat and success stories in the Swedish material entailed overlapping meaning-making categories of *saving and protecting the welfare*; *inequality*; *changing values*; *restructuring the WFS*; and *other* (e.g. *crime*, *work culture*).

A total of 30% (36/118) of the texts applied the framing of challenges and threats. The main focus was on work and the workforce, often from the point of view that negative developments within the WFS involve greater inequalities among different groups in society. Two ecology professors at Gothenburg University contend in *Göteborgsposten* that there should be reduced immigration if Sweden intends to maintain welfare standards and that high levels of immigration could lead to increased exclusion in society. However, they also stress that immigration is

necessary in order to take care of the ageing population, which is framed as the foremost economic problem for the welfare state/society (Andersson & Götmark, 2020). The share of the working population should be growing, not waning, and there is a growing welfare gap and increasing exclusion among poor pensioners, notes a columnist in the evening paper *Expressen* (Gröning, 2018). The dependency ratio is thus given great attention also in the Swedish material. Welfare faces "major challenges due to the growing proportion of people approaching their 80th birthday" (*Dagens Nyheter*, 2019). Analysing the principles of social and health insurance in *Svenska Dagbladet,* a representative of a private security business speaks of "welfare funding" as the most obvious challenge ahead (Erlandsson, 2019). A letter to the editor by a local women's group in the Left Party discusses the trajectories in female-dominated occupations, declaring that "the security represented by welfare has disappeared" and that "the quality of care available to people depends on the content of the wallet" (Vänsterpartiets kvinnogrupp i Ronneby, 2020).

Both a politicized value debate and an emphasis on a changing value climate which is diluting welfare are more prevalent in the Swedish media material than in the corpuses of the other three countries. In the online journal *Alba*, concerned with "culture, science, and society", a chronicler states that "Everything we've become used to in connection with welfare society is now called into question /--/ the collective notion is taken over by individualism" (Wigerfelt, 2020). The good times belong in the past: journalist Malin Siwe writes in *SvD* that once upon a time there was the impression that the Swedish WFS was "well organized and efficient" (Larsson, 2019). Today, life is organized around freedom of choice under the guidance and direction of venture capitalists, says former editor Lasse Henriksson in *Aftonbladet* (Henriksson, 2019: "How Swedish welfare was destroyed"). The marketization of welfare society is a threat to its very founding pillars, says Stockholm's Social Democratic shadow city commissioner in the socially critical *ETC* magazine (Bjuggren, 2019). Elsewhere, it is observed that "[b]elief in welfare society and democracy is being lost" (Swedin, 2019). There are commentaries about the "economization of welfare society" (*SvD*, 2016) and the "deconstruction and privatization of welfare society" (Svenning, 2019). To a greater extent than in the other datasets, the Swedish material portrays market forces and capitalism as a threat. *Aftonbladet* (Karlsson & Redar, 2019) makes the point that growing income differentials are a threat not only to the economy and growth, but also to the way in which "we have chosen to organize Swedish welfare society". "Swedish welfare" is a phenomenon that is being hollowed out and found to be endangered (Mazetti, 2020; Svensson & Nilimaa, 2018). This welfare, according to the contributor, should be funded from tax revenues "in a smarter way" (*Dagens Nyheter*, 2020b). The erosion of the WFS is presented as a value choice with a great impact on safety and well-being.

Some 28 texts, or 24% of the Swedish material, frame the WFS as successful or victorious. Here, equal opportunity plays an important role: similarly to the Finnish

corpus, the Swedish media sees the WFS as a backdrop that has meant equal opportunities for all people. Social Democrat politician Annelie Karlsson writes in *Dagens Nyheter* that "the process of building the welfare society has been carried out with the goals of increased equality, solidarity, and universal freedom in mind" (*DN*, 2020b). There is no doubt that the Nordic Social Democrats are keen to "own" the WFS concept: newly installed as Finland's Prime Minister, the Social Democrat Sanna Marin says in an interview with *Dagens Nyheter* that she has the Nordic welfare society to thank for who and where she is today (*DN*, 2020a).

The Swedish dataset shows that the values of equality and solidarity serve as welfare society's normative background reference, as in a letter to the editor in *Aftonbladet* concerning the age limits for accessing personal assistance for those who need help in their homes and daily lives: "when we talk about being able to lead a decent life, age limits are out of place in a welfare society" (Tallberg, 2018). The magazine *Världen idag* presents a WFS where solidarity has become internalized in the people: "Without people who grew to believe in [the child], the people's home project [*folkhemmet*] and social welfare society would hardly have been possible. It took hard-working, loyal people willing to pay high taxes for the welfare of less fortunate citizens." (Adolfsson, 2019.) This pride in the nature of Swedes as a people reflects an emphasis on a togetherness among people connected through the common project of welfare. The church newspaper *Kyrkans Tidning* (Dalevi, no date) represents welfare as a project that ties in with Christianity. Free healthcare and maternal and paternal leave are given as examples of Christian phenomena. The Swedish church should understand and affirm its theological roots, and ought to appreciate the way in which these roots are interwoven with the Swedish WFS, the text concludes.

Descriptions of the Nordic model are anchored in the frame of the WFS and its fundamental principles:

The Nordic model, with its strong welfare element, ambitious principles of equality, and the supremacy of high-quality education for all, has created a society that combines vigorous growth and a high degree of social mobility. This has been a contributing reason for Sweden's welfare historically and it is key to overcoming global competition in the future. (Olovsson, 2015.)

Discussion and conclusions

This study has mapped out snapshot accounts of the notions and contexts in which the welfare state/society figures in contemporary mass media in four Nordic countries. These are the glimpses of significations likely to meet ordinary citizens when they encounter the WFS as a notion and concept in different contexts as they scroll their online news feeds or turn on the TV or the radio.

Table 3. Summary of descriptive snapshots: how WFS is portrayed in the four media materials

	Ethos / societal contract underscored	**WELFARE STATE CONSTRUCT**
DENMARK	FOCUS ON SOCIETAL CONTRACT: Reliability and accountability to citizens, who have the right to services and welfare they have paid for.	**THREATS AND VILLAINS:** poor planning and prioritization of public expenditure, financial fraud, growing dependency ratio, embezzlers, people who haven't paid ("elderly before foreigners") **WEAKNESSES EXPOSED:** in the vulnerable groups that are not reached and covered. "The reverse side of welfare society" **SOLUTIONS TO CURRENT CHALLENGES:** Right prioritizations of economic transactions and efforts, tackling financial fraud **STRENGTHS:** can be used to attract certain kind of work force
FINLAND	FOCUS ON BENEFITS AND OPPORTUNITIES GIVEN TO THE PEOPLE: Supragenerational stability and provider of opportunities and possibilities.	**THREATS AND VILLAINS:** Increasing dependency ratio, lack of working tax payers **WEAKNESSES EXPOSED:** Declining birth rate, ageing population, inability to care for citizens, cuts in all sectors, bread lines **SOLUTIONS TO CURRENT CHALLENGES:** Portrayed in left–right struggle surrounding austerity policies **STRENGTHS:** More texts underlined the model's greatness than in the other datasets. Expressed in gratitude, winning the lottery to be born in a Nordic WFS

NORWAY	FOCUS ON THE LEGACY: Built on solidarity and sense of community. Strong enough to persist against great challenges over time.	**THREATS AND VILLAINS:** decreasing oil income, ageing population, migration (also solution) **WEAKNESSES EXPOSED:** sick leave rates highest in the world, greatly decreasing funding for services (message: "we're out of money") **SOLUTIONS TO CURRENT CHALLENGES:** right type of migration, creation of jobs, private sector engagement **STRENGTHS:** has given opportunities and – with the help of oil money – built up the world's richest county
SWEDEN	FOCUS ON VALUES: Equality and solidarity woven into the system	**THREATS AND VILLAINS:** ageing population, immigration, changing value climate (capitalism, individualization, marketization, economization, privatization) **WEAKNESSES EXPOSED:** less equality, less protection of the weak, growing income gaps **SOLUTIONS TO CURRENT CHALLENGES:** immigration, better and fairer division of resources **STRENGTHS:** equal opportunities, solidarity, *Folkhemmet*

On the basis of these accounts it is possible to draw some interesting conclusions regarding how the WFS appears as a concept and an object of reference in the four countries' public spheres. In Table 3, the more prominent traits in the media constructs are summarized and concluded for each of the four countries. The logics that pertain to the social contract and the welfare state constructs in each dataset are listed as characteristics for each country's media material.

The storyline of threats is relatively similar in all four countries and aligns with a common vision of a Nordic ethos and ontology of a "state of the arts". This mainly concerns the ways in which changing realities have led the welfare state/society to breach its contract between the state and the citizens.

The core stakes are summarized for each country in the second column from left in Table 2. A WFS that does not live up to its promises to its citizens was the core question that permeated the Danish material. The solutions are often framed in economic terms: a tougher approach to welfare embezzlement and fraud, correct prioritization, and a correct division of expenses would orient Denmark towards a more stable and reliable system. The focus of the societal contract thus becomes a dilemma of accountability to citizens both in core tasks and the economic prioritization of these tasks.

In the Finnish material, the WFS was primarily painted through its positive basic function as a source of stability and provider of opportunities to citizens over time. More than the other national datasets, the Finnish corpus applied the framing of success and listed many examples of why one could be a grateful citizen in the Finnish WFS. This is much in line with previous research on the young Finnish WFS; its adoption of the Nordic welfare state model has been crucial to emphasize due to both geopolitical pressure and the national political system (see Kettunen, 2019; Hellman et al., 2017). A Finnish peculiarity is a general consensus, albeit a party-politicized WFS construct.

The Norwegian material focuses on the historical WFS legacy and the ways that it has been built on solidarity and a sense of common interest and community. The sentiment of resources running dry as a result of the increasing dependency ratio was underscored by the maintenance of the country running out of oil money. The core question of the survival of the welfare state/society revolved around whether it was strong enough to persist. This was also echoed in the "sustainable welfare" concept that was uniquely prevalent in the Norwegian contemporary political discourse.

In the Swedish mass media, the WFS was more than in the other datasets framed as a value project of equality and solidarity suffering from ideological erosion. Concepts such as capitalism, individualization, and privatization were used to describe this larger contemporary trend. Fairness and inclusion were values that the Swedish citizens were seen to have the right to demand from a functioning

WFS. The system in itself was more politicized in partisan terms than for example in the Finnish material. Right-wing factions were considered to position themselves as questioning the values of the WFS, while the left-wing supporters were deemed to defend it.

All media materials can be argued to incorporate a support for the WFS in their widespread consensus on the value of the WFS system per se. Still, they incorporated discussions on realities as changing and involving tensions and contradictions. In light of these circumstances, the contents can be seen to reflect their origin in a media welfare state context, in which the (welfare) state is the operational milieu and premise for all public and democratic institutions, including mass media. A sociohistorical discussion on how the country-specific framings and stories have come to differ and what it means in terms of where the countries' strategies are headed seems a logical next chapter to this study.

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7. 'It's like they are doing injustice': A single-mother perspective on family homelessness in Sweden

TOVE SAMZELIUS

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Abstract

Single mothers with a foreign background and their children are a growing group within the homelessness population in Sweden. However, they are also more likely to live in "hidden homelessness" than other groups and are therefore less visible in official counts, a factor that contributes to misrepresentation and misrecognition of their living circumstances. In recent years, this invisibility has been exacerbated through new guidelines that delimit target groups, including families with children, and put stronger emphasis on the individual's responsibility to solve their own housing situation regardless of structural constraints. This article outlines the

experience and impact of those changes as articulated by single mothers affected by homelessness and housing exclusion in the greater region of Stockholm. The findings presented show aspects of experiences of homelessness and encounters with social services that tend to be invisible in official accounts in Sweden. They further illustrate the difficulties and harmful impact on vulnerable women and children of a system that primarily focuses on exit and individual deficiencies.

Introduction

Until recently, in Europe, there has been a widespread assumption that children and their carers are looked after by social services in the event of homelessness. However, there is a growing body of research that indicates that this idea may be wrong and that both family homelessness and women's homelessness may be more common than previously thought (Pleace, 2019). Families with children are now the fastest growing homelessness population in many European countries (Baptista et al., 2017). Across all countries, single mothers and their children make up a significant proportion of this population (Baptista, 2019). It could be argued that family homelessness consolidates all our society's gender issues in one place. Underlying factors are the rise in female-headed households in poverty, the expansion of the low-wage economy, lack of affordable housing, female migration, an inappropriate response to victims of domestic violence, and inadequate social services (Bassuk, 2015).

Despite its women- and child-friendly image, Sweden is no exception to this development. Over the past 20 years, research has highlighted emerging gendered and racialised patterns of family homelessness and poverty in the country (Nordfeldt, 2012). The latest official homelessness count estimated that some 14,000–15,000 children experienced homelessness during the week that the counting was done. The number of families with children categorised as being in 'acute homelessness' had increased by 60 per cent in six years. Households headed by a single mother with an African or Middle Eastern backgrounds were significantly over-represented within this group (Socialstyrelsen, 2017). Further, the number of families that were at risk of homelessness or faced inadequate living situations is unknown.

Official counts of homeless populations are critiqued as constructs that tend to favour a certain type of knowledge. Those who remain out of sight during counts or live in places or circumstances that elude official definitions of homelessness, remain undercounted (Brush, Gultekin & Grim, 2016). Single mothers with children are one of the groups that are most likely to be excluded from official counts (Baptista et al., 2017). This is because women who are mothers tend to navigate the system differently and might more proactively try to prevent absolute (or acute) homelessness (Watson & Austerberry, 1986). They are also more likely to proactively seek to avoid acute homelessness due to the negative impact it has on

their children. This 'ongoing struggle to survive', or 'fight to keep going', is a form of agency that Ruth Lister (2004) has described as 'getting by'. The efforts made by mothers in this situation tend to go unnoticed and, as Lister argued, 'the cloak of invisibility surrounding getting by tends to be lifted only when it breaks down and the situation becomes classified as a "problem"' (p. 130). How 'the problem' is interpreted and understood by people in positions of power will in turn have an impact on how it is addressed.

The failure to recognise differences between genders can lead to a misrepresentation of the experience of homelessness and a misrecognition of the needs of different groups (Pleace, 2016). Changes to policy and assessment models can also impact the numbers of officially homeless (Fitzpatrick & Pawson, 2016). Since Sweden's latest official count, the number of families with children that are counted as homeless has decreased in some of the country's largest cities. However, rather than being the result of improved services and pathways to housing, these changes primarily appear to be a result of new guidelines that delimit target groups and put a stronger emphasis on the individual's responsibility to solve their own housing situation (Runqvist, 2021).

In this article I discuss homelessness and housing exclusion through the lens of everyday experiences of marginalised single mothers. The analysis presented is focused on how they 'get by' in the face of adversity, and on how they describe their experiences of 'breakdowns' and subsequent interactions with social services. By placing the experience of these mothers at the centre of the analysis, the aim is to offer a deeper understanding of the potential impact of policies and guidelines that exclude, or limit, marginalised mothers and their children from accessing support and pathways to more stable housing arrangements.

Background and analytical framework

In response to rising costs for temporary accommodation, municipalities in Sweden's largest urban areas now apply a categorical distinction between what is sometimes referred to as 'structurally homeless' and 'socially homeless'. Most families with children are placed in the category of 'structurally homeless', which is described as those whose main problem is difficulties in accessing housing due to low incomes, and who have no 'social problem' that requires any special support (Samzelius, 2022a). The guidelines for providing housing assistance to homeless people that have been adopted in several municipalities underline that the social services are not responsible for organising accommodation for 'structurally homeless' people. They might, however, be eligible for temporary accommodation in emergency situations. Importantly, there is no other local or national authority that accepts responsibility for the supply and allocation of housing for families placed within this category either. Nor is there any 'social housing' allocated based on need, as is the case in many other European countries. Instead, there is an

expectation that those excluded from support should solve their own situation on the general housing market, regardless of the structural issues that caused their homelessness and social exclusion in the first place (Samzelius, 2022b).

Although not necessarily made explicit, one consequence of these shifts is that 'homeless women (born abroad) and their children by now are judged to be less "deserving" than, e.g., homeless single men (born in Sweden) with substance abuse or mental health problems' (Sahlin, 2020, p. 43). Sahlin further argues that this development is 'at odds with the historically strong social norm' in the Swedish welfare state 'that women – especially mothers – and children should be protected by society' (Ibid.). This happens at a time when economic inequality is growing in Sweden and when poverty levels among single migrant mothers is significantly higher than among other households with children (Salonen, 2021).

The focus on individual responsibility and withdrawal of support present in Swedish responses to homelessness is reflective of core changes that have characterised neoliberal reforms in many advanced welfare states. Individuals are increasingly required to take responsibility for their own circumstances and to provide for themselves and their families independently, mainly through labour-market participation (Mik-Meyer & Villardsen, 2012). Addressing the gendered impact of welfare reforms, it has been highlighted that women, especially low-income and single mothers, are at risk of losing the state's gendered protection (Weigt, 2010). Material deprivation and a scarcity of resources are also recurrent themes in research involving single mothers with experience of homelessness (Baptista, 2019).

In the case of Sweden, it has been pointed out that restrictive measures in social security law and retrenchment of welfare support 'risk intensifying existing inequalities related not only to gender, but also to ethnicity and social class' (Wennberg, 2008, p. 365). Previous Swedish research concerning single mothers in receipt of social assistance has further raised concerns regarding the inadequacy of the organisational structure and regulation of social services in meeting the needs of this group (Stranz & Wiklund, 2015). It also points to the difficulties that can arise within a system that primarily focuses on the correction of individual deficiencies without taking structural constraints into account, and the negative influence this might have on how parenting capacity is assessed. Similar concerns are highlighted in research that analyse ongoing policy changes and redefinitions of target groups eligible for support from social services in the event of homelessness (Sahlin, 2020; Runqvist, 2021; Samzelius, 2020).

In this article I depart from a critical approach to poverty that sees it as a 'dynamic social process through which people gain, lose and re-gain access to essential resources and material objects' (Sharam & Hulse, 2014, p. 297). This is also an approach that aims to transcend the dichotomy between individualist and structuralist approaches. It offers an analytical framework that locates agency in the context of the individual's social position 'in relation to wider forms of stratification and social relations of power' (Williams, Popay & Oakley, 1999, p. 2).

This allows for a focus on the agency of individuals, like the mothers in this study, that are facing poverty and hardship, but 'without losing sight of the ways in which their agency is constrained by lack of material resources and power' (Lister, 2004, p. 127). Lister (2004) has developed a model distinguishing different forms of agency that can help us to better represent choices, actions and strategies used by people in poverty.

I primarily focus on the form of agency that Lister has described as 'personal'. This involves ways in which agency is used to 'get by' in everyday life to cope with the difficulties presented, and, on 'getting out', or strategies used to try to change the situation. The notions of coping and of resources – both in terms of access to them and deployment of them – are central as they can 'help to illuminate the ways in which getting by when in poverty involves the exercise of agency' (Lister, 2004, p. 132). However, as Lister has also pointed out, this is an aspect that tend to be invisible in official accounts of poverty, and, as I discussed earlier, in accounts of family homelessness in Sweden. It is only when fragile housing arrangements 'break down' that the situation of these families come to the attention of the authorities and might officially be counted as homelessness.

The study: Context and methodology

The analysis presented in this article is based on data originally gathered as part of a PhD project that was published as a monograph (Samzelius, 2020). I have revisited the empirical material, applying a more focused and slightly different theoretical lens. Furthermore, the original study involved marginalised both single mothers and frontline welfare professionals. It also included social service journal notes and other written materials that the participants shared with me. In this article, I have limited my analysis to data gathered through in-depth interviews and ethnographic observations involving 17 single mothers with migrant backgrounds who had experiences of being homeless with children. The data collection was carried out in the greater Stockholm region during 2018 and 2019. The research procedure was approved by the regional Ethics Review Board in Lund, and the study conforms to internationally accepted ethical guidelines.

Fifteen of the participants came to Sweden as adults and had arrived between 2003 and 2013. Two came as children in the late 1990s but had led transnational lives and lived abroad for periods of time as adults prior to returning to Sweden. All but one had either Swedish citizenship or indefinite leave to remain. They were officially residents of five different municipalities and four administrative districts within the city of Stockholm. Some of the mothers changed their official municipality or district of residence during the research. The mothers and their children had journeyed between different forms of 'hidden' and 'official' homelessness for between two and nine years, which included spells in hostels, hotels, with friends or family, as lodgers, in privately sublet flats, in flats sublet

through social services or in residential care settings.

All families had moved across large spatial distances within the region of Stockholm, generally at the outskirts of the city, and between areas with high levels of deprivation, or industrial estates or campsites where some of the emergency shelters in the region are located. During the time that the research was carried out, most of the participants had ongoing or intermittent contact with social services due to their housing troubles. Eight of them were in receipt of social assistance for subsistence, while the remaining nine either worked or were in receipt of maternity benefits. One woman had qualified for unemployment insurance. Some had also been in receipt of student loans.

The participant mothers were recruited through organisations that meet homeless families in their day-to-day work. All participants spoke good enough Swedish, English, or French (languages that I am fluent in) to engage with me in conversations, which helped in establishing relationships and trust. However, some participants opted to have an interpreter present when we conducted recorded interviews. Working with interpreters and in a multilingual research environment in qualitative research may of course have methodological implications. However, although the linguistic skills and qualifications of an interpreter are important, a "technical fixity" does not necessarily strengthen the credibility of the interview data (Ingvarsdotter, Johnsdotter & Östman, 2010). For me it was important to work with interpreters that had a good understanding of the project and a respectful approach towards the participants. Therefore, I used skilled interpreters already known to me and who were able to be there throughout the project.

Some of the mothers actively called me to share experiences from meetings and invited me to come along to visit 'housing options' suggested by social services and to other events. They also sent me pictures of hostels and other 'housing options' they had visited, and shared documents such as court decisions or letters from social services. In this way, they dynamically shaped the research process. Without their active involvement in the process, my data would not have been as rich. Those informants also offered me the opportunity to capture their experiences by 'being there' and becoming familiar with parts of 'their worlds' first hand (Gubrium & Holstein, 1997).

All recorded interviews were transcribed by myself and became the starting point for my analysis, which was originally done from a content-theme perspective (Berg, 1998). I also created case profiles documenting key features of each mother's life story, which helped me to visualise key emerging themes. In this article I was interested in areas of their stories that capture how they were 'getting by', how they tried to 'get out', and on 'breakdowns' (Lister, 2004) related to housing emergencies that led to contacts with social services. In re-reading the empirical material, I have therefore focused on those themes.

Results and analysis

The analysis is presented in three sections. In the first section I focus on how the mothers are 'getting by' and trying to 'get out', drawing on different resources available to them when trying to solve their family's housing needs. In the second section, I discuss the notion of 'breakdowns' – in what kind of situations are the mothers deciding to turn to social services to ask for help? Finally, I discuss experiences of interactions with social services.

Getting by

The mothers that took part in this research journeyed between different forms of 'hidden' or 'official' homelessness with the children for many years. The main reasons for not being able to secure stable housing on the regular market was low income, rules stipulated by landlords (level or type of income, number in a household etc.), and not enough points/years in local housing queues. The strategies used to try to solve the housing situation through other means were: 1) asking around in social networks, including ethnic networks, and in religious establishments; 2) searching internet sites and social media adverts; and 3) asking for help from social services as a last resort.

All the research participants used a combination of these strategies at different times depending on the situation. Asma, a mother with two young children who became homeless after a divorce, describes one such setting as follows:

It was really difficult. Many children and two mothers in just three rooms. We used to sleep in the living room – me and the children. I bought two mattresses and I used to sleep on the sofa.

Being forced to double up in crowded apartments with family or acquaintances, sometimes even strangers, in some of the most deprived neighbourhoods of Stockholm, due to a lack of other options was common. Asma paid 2500 SEK for the arrangement described above. Others reported paying as much as 7500 SEK for a room, but the most common fee was between 4–5000 SEK.

Asma was one of the mothers that primarily asked around in her social and ethnic networks. In this way she found rooms as a lodger with other single mothers, or women whose husbands were abroad. However, those arrangements usually only lasted a few months, either because she found the arrangement difficult or because she was asked to leave. Asma also told me about the situation of other mothers she knew:

They stay with a criminal cousin or with a family with teenagers that are criminal. I saw many flats where there is hashish and drugs and they live there because they don't know what to do. The person with a first-hand contract abuses the family

that has nowhere to live […]

The most common strategy was, however, to both ask around in social and ethnic networks, and to use the internet and social media. Mounia, also a mother with two children, had experience of both. Through social and ethnic networks, she found different time-limited and temporary arrangements, for example flats that were let on a short-term basis when a household was in a moving process. In Sweden, it is common that people that live in rental flats end up having to pay double rent for two to three months. Letting one of the flats during this time eases the cost burden. Mounia also described arrangements where she had been offered a room in exchange for doing household chores like cleaning and cooking. On one such occasion she was living with a Swedish family in the basement of their large house. The family had contacted her after seeing that she was searching for a place to stay online. Another time, Mounia and her daughters, stayed for several weeks in the back of a basement mosque, after turning to an imam from the same country of origin for help.

Although short-term arrangements like the ones described by Asma and Mounia fall within the boundaries of what is defined as one of four categories of homelessness in Sweden (Socialstyrelsen, 2017), they are only counted if known to, and registered by, local social service offices. This was, however, far from always the case. Alice, a mother of one child with special needs, became homeless after leaving a violent relationship. Initially she received support from social services, with sheltered accommodation and social assistance. When she started to study to improve her career prospects within the care industry, she had to move from the sheltered accommodation as she had a student loan. Alice and her child moved in as lodgers with another single mother with two children who lived in a two-bedroom flat. After a few months they were asked to leave. They continued to move between different lodging arrangements for several years. Alice found most places through adverts on the internet and said that she felt that most people only wanted money, and many refused to sign a contract:

Most people who rent out a room do not want to sign a contract, which I find strange. They want the money in cash […] And they change their mind all the time. One day they can suddenly say: 'My friends are coming; you have to leave as soon as possible'.

This was a common experience described to me by the research participants. Without a contract, it was not possible to apply for housing benefits or to ask for financial assistance from social services. Living under such circumstances meant that the families had no tenancy rights and no right to public support.

When temporary arrangements break down

Although the mothers managed to 'get by', using agency and different, albeit severely limiting resources available to them, their housing arrangements were

never sustainable or secure. Alice described what she would normally do when she had to find a new place to live:

First, I usually call friends. Then I go to Blocket [an internet marketplace] and call them one by one. I also write and write…I usually write a little about myself and then I send it off. Sometimes they call, some don't respond at all…after some time I usually find something.

Alice spoke both Swedish and English, which facilitated communication with strangers and made it easier to access temporary housing outside of social or ethnic networks. She had also taken a strategic decision to study which she hoped eventually would help her to 'get out' of the predicament she found herself in.

Mike Titterton (1992) has argued that personal, social, and material resources can be of significance for an individual's situation and for how they cope with very trying situations. Cultural resources, such as language skills, can also help people to make sense of their situation and gain access to information. Alice avoided contact with social services as she was determined to finish her studies. She knew that she would be asked to actively look for work if she asked social services for help with temporary housing.

All other research participants had resorted to contacting social services at some point due to a housing emergency. Gloria, a pregnant mother of one child, had ended up renting a sub-let flat after separating from her partner. When the landlord found out, she was asked to leave but was unable to find somewhere else to stay. She described what happened:

We went to social services, but they refused to see me. They told me I must use the money in my bank account and find a hotel on my own. The only hotel I found that night was [name of hotel]. I found that at midnight. During all that time I was trying to get help, they just told me they wouldn't help me. I even had to sleep in a basement two nights with my baby. I had told them I had slept in the basement and even so they said there is nothing we can do for you. They told the guard in the reception area that, 'If she comes back, you should not let her in'.

Reflecting on what happened to her and several other mothers she met in the council building, Gloria said, 'I don't know if it is to try to put people off. Maybe they think that people have somewhere to live and that they are lying or something'. For those mothers like Gloria who were unable to find friends or family willing to help, sitting in the social service reception area was described as an act of desperation. Eventually, Gloria was granted emergency assistance for temporary accommodation. However, the response in cases where the mother was deemed unentitled could be heavy-handed. Several mothers described how security guards had been used to remove them and their children from a social service office. Others described how they had been stopped from applying for assistance over the phone.

Asma and her children had to leave a room she had rented as a lodger with only a day's notice. She went to social services to ask for help but was told to call back the following day:

When the interview was finished, she said, 'Unfortunately, we are not the housing exchange. Who told you to contact social services? You are irresponsible and unplanned…'

Like Alice, Asma was studying to improve her opportunities to find work, and her student loan meant that she had an income. However, moving around with two young children was affecting her health. When she was denied support, she turned to family and friends for a temporary roof over her head. On one occasion she turned to an aunt that lived two hours out of Stockholm. She left her children there while travelling to Stockholm to continue with her course. Eventually, after three years of moving around, the situation became unsustainable, and her mental health deteriorated. Asma was unable to manage her studies and lost the right to financial support from the Board of Student Finance (CSN). Through an internet forum she found an organisation that helped her with advocacy, and after several years she eventually received support from social services with temporary accommodation. Although she would have liked to finish her course at this point, she was told that it was a requirement to actively look for work, which she would not be able to do if she was in full-time education.

Interactions with social services

As the mothers were trying to solve their situation, there was a complex pattern of movement through precarious housing, 'hidden' homelessness and emergencies that arose when they were asked to leave a temporary arrangement at short notice. In general, it was only these emergency situations that had potential to be classified as a 'problem' and lead to temporary support through social services, thereby making the situation visible.

The right to support is assessed on a case-by-case basis, and, as described in relation to Asma's and Gloria's situations, it is often linked to the family's financial resources rather than their direct need for shelter. This is because emergency accommodation is paid for through the means-tested social assistance scheme, which is regulated through the Social Service Act. The right to apply for social assistance is regulated in the first paragraph of chapter 4 in the Social Service Act, which states that:

Individuals unable to provide for their needs or to obtain provision for them in any other way are entitled to assistance from the social welfare committee for their livelihood and for their living in general. The individual shall, through social assistance, be assured a reasonable standard of living. The assistance shall be designed in such a way as to strengthen his or her resources for independent living.

The actual conceptualisation of notions like 'reasonable standard of living standard'

is interpreted by municipalities and their employees (Kjellbom, 2009). On the one hand, this allows for freedom for social workers to match clients' needs with services. On the other hand, it also permits considerable variation in assessments and decision-making procedures between different municipalities and in relation to different clients (Hjort, 2019). However, since the 1990s many municipalities have introduced stronger activation requirements, and sanctioning measures if a client is judged as not making enough effort to become self-sufficient.

The mothers in this study had to show that they were 'actively trying to solve their situation'. One mother with two children called Sophia described her experience:

They told me all the time that I had to look for somewhere else to live. They were putting pressure on me and asked why I couldn't find somewhere to live. But how easy is it to find somewhere in one week?' I told them, 'If you can do it please let me know!'

Sophia was asked to look for 30 flats per week all over Sweden. Other mothers told me about requirements of 20 per week or 20 per month. They had to list their searches and hand them to their social worker on a weekly or monthly basis. Some were asked to hand over log-in details to private internet accounts and others to take screenshots and send to their social workers. Some were strictly supervised while others were just asked how the house search was going or encouraged to look by themselves. Many described the tasks assigned to them as meaningless and aimed at control rather than help. A mother called Yasmin, who had three children, described that she had to attend a 'house-searching school' once a week. However, she did not feel that it was of any support, but rather designed as a way of controlling:

The house-searching school is just used as an excuse. They say, 'Well we have offered them help. They don't want to move anywhere else. Now they have to leave...' That is the only reason why they have it. All they want is for us to disappear as they see us as hopeless cases. They don't want us here...

The discretionary elements of social service working practices were described as confusing and disempowering by the mothers. They found it difficult to know what to expect and sometimes they did not know what was required from them.

Sara, a mother with one child, was sanctioned twice for not accepting housing offers made by social services. In the first instance, she was told to move to a sublet in a small village three hours away from Stockholm, and the second time to a villa shared with single men in another municipality. Sara explained what happened the first time:

They said I had to apply for flats three hours from Stockholm, but I was scared. I said, 'I can't do it and what about my child? Can you please help me?' They said no. I was scared and couldn't cope. The place in the village was only a temporary contract so I said no. Then social services threw us out from the hostel. Me and my

child were travelling around on the tube, and we slept in different places. I had to leave my clothes in my teacher's room. It was too much to carry around. Then my teacher booked a hotel for me. She was paying for it. She saw me and my child in the centre and that we were upset so she booked the hotel. Then after that, social services put me in a hostel again, but they say they will not pay for a flat. I have to look for places on Blocket. They say I have to look by myself.

Sara said she did not know they could throw her out, and several mothers had similar reflections – they did not understand the rules. Several participants described situations where social workers were unable to answer their questions, and where they were given contradictory advice, and how different municipalities or city districts appeared to apply different rules.

The loss of housing and housing emergencies were often seen as confused with the loss or absence of parenting skills, which was felt by the women as an assault on their integrity and a lack of recognition and respect for their core identity as mothers (see also Cosgrove & Flynn 2005). When I asked Leila, a mother with three young children, if there was something specific she thought was important to bring up, she said:

Well, you know, I didn't know that it was a normal thing that they could put your children against you. I thought that was really scary. It was what surprised me in any case. Even with my own caseworker. It was always like, 'Oh, the children can be put in care'. It was always brought up in one way or another. I thought it was horrible. It was getting so bad that I went to see a psychologist. You know, I went to see a psychologist…or a therapist…because I was suffering from anxiety and that…I had sleeping problems because of this situation. This is also the backstory you know. This was the symptoms of what I was going through at that time.

None of the mothers had their children removed during this research, but it was a constant worry that had a major impact on their families' lives. Several mothers described feelings of powerlessness, but also felt that the situation was unjust. Those feelings were summed up by Gloria as follows:

It is upsetting. It's like they are doing injustice…I don't know…I don't know… You tell yourself you don't even want to live anymore. Then you look at your child and that is what keeps you going, you know.

Gloria, like Leila, felt that she was treated with distrust and disrespect in her encounters with staff at her local social service office. Feelings of being denigrated and dehumanised are reflective of findings from international research that focus on single mothers' experiences of encounters with welfare services (see e.g., Liegghio & Caragata, 2016). They also felt that the efforts that they did make, both in terms of caring for their children under extremely difficult situations and attempts to solve their housing situation went unnoticed and unrecognised.

Concluding discussion

The stories shared by the single migrant mothers that took part in this research highlight aspects of the experience of family homelessness that are not captured through official data or statistics. Over several years, these families gained, lost, and re-gained access to different forms of temporary accommodation. However, it was only during shorter periods when they were receiving support through social services that their housing problems became visible. Yet, as pointed out by Sahlin, 'most municipalities aim at reducing the number of homeless individuals, but not necessarily through housing provision' (2020, p. 50).

The findings presented in this article suggest that a strong focus on 'gatekeeping' (not granting people access to services) and 'exit' might support a reduction in the number of individuals counted as homeless, but without necessarily ensuring that their situation is improved. When exiting temporary accommodation provided through social services, the mothers and their children generally went back to unstable housing arrangements. Eventually they came back to social services when there was another 'breakdown'.

When unstable living circumstances like those shared in this article are made invisible, there is also a risk that the extent and nature of the housing problem in Sweden becomes misrepresented, and that the needs of vulnerable women and children remain unrecognised. Currently, no statutory agency is assigned the responsibility to offer long-term support or to identify realistic pathways to housing for families that find themselves excluded from the Swedish housing market. Social services therefore become a last resort, but without adequate tools, their interventions might become counterproductive, and have a detrimental impact on children.

The category 'structurally homelessness' indicates a recognition that the underlying cause of housing exclusion and family homelessness is structural. Yet, interventions offered to those accepted as eligible for temporary accommodation are primarily focused on individual activation. Rather than putting the housing situation at the centre, attention is shifted to individual effort and capability. Without a recognition of the ways in which the mother's agency is constrained by a lack of resources, by powerlessness, and by systemic barriers, a focus on 'individual responsibility' and 'failed parenting' risks leading to 'individualized blame'. However, from the mothers' perspective, the focus on individual blame was perceived as unjust and counterproductive. Their insights could be paramount for the development of policies and practices that aim to prevent and mitigate, rather than exacerbate, family homelessness and housing exclusion.

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- We are both historians, so the journal is a valuable way for us to engage with researchers from other fields working on the welfare state. We also find the transnational, Nordic aspect hugely valuable.

8. Varieties of marketization

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Abstract

The article develops a new framework for the study of market reforms in Nordic welfare states based on a division between "markets", "quasi-markets" and "pseudo-markets". The two latter types of marketization have been the most common, and the article exemplifies them by revisiting the early 1990s Swedish school reform, "Friskolereformen"—which instigated a quasi-market for publicly funded schools run by both for-profit companies and non-profit actors—and the Norwegian hospital reform, "Foretaksreformen" of 2001—which created what we call a pseudo-market, in which public hospitals were reorganized to mimic the structures of capitalist enterprise. By discussing the different reforms in relation to justification, the type of welfare state sector, and the political orientation of the government implementing the reform, our study sheds new light on similarities and differences in marketization processes in the Nordics. Particularly, we find that the justification for the reforms differed, with the Swedish reform being justified in ideological terms and the Norwegian in technocratic terms. Contrary to some literature, we hold that marketization has fundamentally altered Nordic welfare

states and the relationship between capital and society in the Nordics, and we suggest that our framework could be used for future comparative studies of market reforms.

The concept of a "Nordic model" has always pointed toward the combination of a competitive market economy and a substantial welfare state, indicating that the two can coexist. Such a state of affairs is not given, however, and there is a degree of tension between capitalist and non-capitalist dynamics within the model. Despite much-discussed pressure from globalization (Bergh & Erlingsson, 2009; Fellman et al., 2008; Koivunen et al., 2021; Mjøset & Cappelen, 2011), the Nordic welfare states have not been dismantled in the decades following the 1973 oil shock and the ensuing economic and political changes, which have been described as a process of neoliberalization throughout the world economy (Duménil & Lévy, 2004; Harvey, 2005; Mudge, 2018). Bar a few exceptions (Pontussen, 1992), there has therefore been a tendency to emphasize *continuity* in the Nordics, and many researchers have, for example, noted that the welfare systems remain "generous" (Ellingsæter et al., 2020; Pedersen & Kuhnle, 2017; Sørvoll, 2021, p. 26). However, as far back as in the early 1990s Esping-Andersen noted that "a focus on spending may be misleading" when attempting to understand welfare regimes under capitalism (1990, p. 20). Recent historical scholarship (Andersson, 2020; Innset, 2020) emphasizes that the marketization reforms of the late twentieth and early twenty-first century constitute a *break* with the past, and we argue that this is related to the changed dynamic between capitalist and non-capitalist logics that these marketization reforms entail.

In line with this recent literature, the goal of this article is to contribute to the study of "the turn to the market" in the Nordic welfare states by introducing a typology of different forms of marketization based on a distinction between "markets", "quasi-markets" and "pseudo-markets". Using this framework, we can address questions relating both to similarities and differences across the Nordics in the period since the 1970s and, also, to the different ways in which marketization reforms have changed the particular relationship between capitalism and the welfare state that constitutes the Nordic model. How can we account for the varieties in marketization across the Nordics when it comes to different, previously non-marketized sectors, the degree of capitalist logic that has been implemented, and the nature and form of market creation?

Much previous research seeks to evaluate the consequences of marketization in specific sectors such as residential care for children, the system of unemployment benefits, and the school system (Hartman, 2011; McKowen, 2022; Shanks et al., 2021; Tranøy, 2006). In addition, efforts to systematize and theorize marketization processes have brought many new insights concerning, for example, the role of institutional evolution (Ebner, 2015), and preferences and strategies of political parties in relation to control of production and allocation of resources (Gingrich, 2011). The framework elaborated upon in this article offers a broader perspective.

In particular, we extend the marketization concept to what we call "pseudo-markets" to highlight the impact of a distinctly capitalist logic in spheres that might not appear to be markets at first glance. This, we believe, offers new possibilities to understand the market turn in the Nordics. Like Gingrich (2011), our framework is inductive and rooted in empirical observations of the reforms (rather than being a more deductive, context-independent framework as, for example, proposed by Ebner, 2015; see also Altreiter et al., 2023).

We use two case studies of marketization processes from Norway and Sweden that allow us to elaborate on the typology and tease out critical components. The Swedish reform of the school system ("Friskolereformen") in the early 1990s will serve as our example of a quasi-market. Although this reform has been subject to much scrutiny, previous scholarship has arguably been most interested in discussing its effects on the quality of education (Dahlstedt & Fejes, 2019; Henrekson & Wennström, 2022; Vlachos, 2011) and has to a lesser extent explored the structure of the marketization reform itself and how it relates to other types of marketization. The Norwegian hospital reform ("Helseforetaksreformen") of 2001 will serve as our example of a pseudo-market reform. Similarly, this reform has been criticized in normatively framed research on its perceived negative effects (Veggeland, 2013; Voldnes, 2014). Other analyses have remained unwilling to interpret it as a type of marketization, relating it instead to various paradigms of "management by objectives and results" and referring to it as a "mixed and complex system encompassing different kinds of logic" (T. Christensen et al., 2006, p. 113). While such approaches are not incorrect – and "Helseforetaksreformen", like many other New Public Management (NPM) reforms, contains elements from several traditions and schools of thought (Gruening, 2001) – it nonetheless risks conceptualizing this major transformation as merely a technical adjustment. Our view is that both reforms form part of a common overarching trajectory that has changed the nature of the Nordic welfare states and as such the relationship between capitalism and society and between the public and private sector, especially in terms of power and resource allocation.

Quasi-markets and pseudo-markets

As an analytical concept, "marketization" is used in a variety of ways. While early definitions mainly referred to processes within state-owned enterprises (van der Hoven & Szirácki, 1997), recent research focuses more on the overarching creation and strengthening of market competition, either through private business or governments (Greer & Umney, 2022, p. 6). Our use of the term relates specifically to changes in the public sector, and the Oxford Reference definition of marketization as "the progressive exposure of the public sector to market forces" is useful for our purposes. Based on this definition, we make a further distinction between three forms, thus creating an overarching framework for how to think about the nature

of marketization reforms: 1) market, 2) quasi-market, and 3) pseudo-market. The first, "market", entails full-fledged privatization in which a formerly public entity is moved from the public sphere to the private sphere in terms of ownership and control. Consider, for instance, the reorganization in Norway of the real-estate assets of many public agencies and state-owned enterprises into a separate state-owned real-estate company, Entra, which in the period between 2014 and 2020 was sold to private investors in its entirety[4]. This is more common with state-owned enterprises than in the "soft services" of the welfare state, however, and this paper is thus mainly concerned with the two other forms.

From the perspective of economic theory, the general aim behind these two alternative forms of marketization—i.e., quasi- and pseudo-markets—coincides with that of privatization proper, namely, to achieve higher efficiency or quality of services. This is anchored in a belief that the market and its associated logic and mechanisms—such as the price mechanism and competition—constitutes a superior mode of resource allocation (Mirowski & Nik-Khah, 2017), a view which has roots in the early neoclassical economics of the nineteenth century but grew to prominence within the economics profession after the 1970s. (Offer & Söderbergh 2016). Nonetheless, concerning crucial public responsibilities, such as education and health care, an all-important role is left for the state, both in terms of funding and as an ordering and controlling entity. With "quasi-market", we refer to various schemes that introduce private actors, both non-profit and for-profit, to carry out publicly funded welfare services, often in competition with public entities that are reconceptualized as former monopolists. There are several ways in which, for example, tenders and voucher systems can be combined to create and organize a quasi-market (Le Grand, 1991), and in the following, we will look at the case of the reform of the Swedish school system in the early 1990s. Some researchers have referred to such schemes as privatizations (Arreman & Holm, 2011), as it introduces private companies with profit motives into what used to be a fully public service.

Lastly, with "pseudo-market" we refer to the introduction of mechanisms and structures that aim to *mimic* a real market, but in which all or most activities are still carried out by public entities. This too can be done in a variety of ways, and in our chosen example, "Helseforetaksreformen", hospitals were reorganized as state-owned enterprises with internal structures and mechanisms designed to imitate those of competitive markets, for example, price signals and the adherence to corporate accountancy law, rather than the rules and regulations of public administration (Voldnes, 2014). Various mutations of what we call pseudo-markets are recognized as an aspect of NPM (Hood, 1991), and we insist that they can beneficially be studied alongside reforms turning welfare state services into quasi-markets and markets. The borders between these forms of marketization are not

4. Press release from the Ministry of Trade 26.11.2020: "Staten har solgt seg ut av Entra": https://kommunikasjon.ntb.no/pressemelding/staten-har-solgt-seg-ut-av-entra?publisherId=14943704&releaseId=17896411

always clear-cut or static, and one of our examples will show that a pseudo-market can gradually change into something more similar to a quasi-market. Nor is there always a clear line between what we call a pseudo-market, on the one hand, and other NPM reforms, an issue that we consider in our concluding discussion. There can be ambiguities and changes over time in public entities that have been reorganized internally to harness the efficiency of some sort of market competition, but the case of "Helseforetaksreformen" is chosen because the creation of state-owned enterprises signals that a capitalist logic is to permeate the organization from the top down.

When analyzing our two examples, we will pay special attention not only to what type of market reform was instigated but also to the political processes leading up to the reform and how they were justified. Quasi-markets and pseudo-markets change the relationship between capitalism and the welfare state, but in different ways. In a quasi-market, what was once "decommodified" and part of a sphere outside of capitalism is brought into a market system with competition. In a pseudo-market, the service remains both paid for and delivered by a public sector organization without a profit motive, but the logic of capitalist enterprise is copied and brought into the welfare state. Since the relationship between welfare states and capitalism is seen as constitutive of the Nordic model, we are especially interested in how the reforms that changed this relationship were justified. What sort of arguments were brought forward in the processes leading up to the reforms? Our discussion will then offer some remarks on how different forms of marketization have impacted the relationship between capitalism and the welfare state in the Nordics.

A market for schools

On September 12, 2022, the day after the Swedish general election, several newspapers reported a sharp rise in the stock market price for the country's largest privately owned school company, Academedia[5]. In the election campaign, the governing Social Democratic Party (SAP) had promised to work for a ban on the extraction of profits to private owners in the school system. However, the election was won by the right-wing/conservative coalition, hence the positive reaction on the stock market. The example illustrates an enduring topic of controversy in Swedish political debate in recent decades: the free school reform in the early 1990s, as well as closely adjacent reforms, and their consequences.

In the wake of these reforms, which concerned all stages of primary and secondary education, the Swedish school system was radically transformed, with as many as 30 percent of pupils in upper secondary education today attending private schools,

5. See for example https://www.dn.se/ekonomi/kurslyft-for-friskolekoncern-efter-valet/; https://www.svd.se/a/VPbVm3/academedia-rusar-pa-borsen-efter-valet-2022. Retrieved September 12, 2022.

of which almost 90 percent are operated by for-profit companies such as Academedia. Only in 2022, a whole range of new books was published on the subject, reflecting its persistent topicality (Henrekson & Wennström, 2022; Kornhall et al., 2022; Kornhall, 2022; H. A. Larsson, 2022). In particular, several studies focus on *explaining* current problems with the Swedish school system, which are often traced back to the free school reform (Dahlstedt & Fejes, 2019; Gustafsson et al., 2016; Henrekson & Wennström, 2022; Vlachos, 2011; Wennström, 2020). Other studies focus on political actors but tend to leave out the wider economic-political debate and the broader historical context (Gingrich, 2011; Klitgaard, 2007; Miron, 1993; Wiborg, 2015).

The free school reform was initiated in 1992 and was implemented quickly by a center-right government, but it has an important prehistory. Only a few years earlier, an SAP government had pushed through another important reform: the transfer of responsibility of the school system and employment of teachers from the level of the state to the level of municipalities, which has been pointed to as an important prerequisite for the subsequent changes (Lundahl et al., 2013, p. 503; see also Ringarp, 2011). In the early 1990s, SAP also proposed changes to provide fairer conditions for independent schools and to allow for more influence for parents and pupils. At this time, only one percent of pupils (not including upper secondary education) were enrolled in independent schools (SOU 1992:38, p. 12), and these schools were mainly confessional or with a special pedagogical profile.

These steps taken by SAP were not enough from the perspective of the opposition, however, and once a newly elected center-right government took office in October 1991, it moved swiftly with further reform of the school system. The watchword was *choice,* and the explicit goal was to introduce a "freedom of choice revolution" in the welfare sector (Riksdagens snabbprotokoll 1991/92:6, regeringsförklaring; see also Blomqvist, 2004). Within a short time two government bills (Prop. 1991/92:95; Prop. 1992/93:230) about extending the possibility to choose a school and increasing the number of independent schools were passed in parliament. Interestingly, the customary instigation of a governmental committee that would prepare the ground for important legislative changes was never created (Ringarp, 2017, pp. 43–46). In fact, the free school reform seems to have been the only major liberalization reform since 1980 that does not fit the Swedish style of consensus-oriented policymaking (Bergh & Erlingsson, 2009, p. 79).

What type of market was created as a result of the reform? In line with the new legislation, the educational sector was gradually turned into what we call a quasi-market, characterized by public funding, the public sector as "buyer" and school providers as "sellers" of education with the "users" (pupils) not having to pay for the service themselves, and competition between both public and private school providers (Le Grand, 1991, p. 1257). With the reform, Swedish municipalities were obliged to furnish all school providers that had been approved – and the rules for approval were lenient – with a sum for each pupil that was at least 85 percent of

the average sum for a pupil in the public school, with independent schools being permitted to cover the difference with fees. Later in the 1990s, an SAP-led government changed this to 100 percent in order to provide equal opportunities (Klitgaard, 2007, p. 182). The money followed the pupil, who could choose any public or private school in his/her municipality or another. In the other Nordic countries around 1990, only Denmark had a tradition of a relatively large number of independent schools, but these were all non-profit (SOU 1992:38, pp. 29–31, 139).

The general structure of the free school reform corresponded well with the proposition made by Milton and Rose Friedman (Friedman & Friedman, 1980), who developed and popularized the idea of school vouchers. A key difference to the Swedish context was, however, that the Friedmans proposed their idea against a background of severe problems with *inequality* in the US school system. For them, the voucher system and the competition it would spur was a means to increase the quality of school education across American society and provide poorer children with the chance of going to a good school (Friedman & Friedman, 1980, ch. 6). This was hardly the case in Sweden, where the whole school system was instead characterized by uniformity and relative equality in education, a fact which was also pointed to by the OECD as a key explanation behind the success of the Swedish educational system (OECD, 1992, pp. 7–8). The OECD also expressed concern about what the consequences of the radical change would be.

To understand the process behind the creation of the quasi-market for schools, we need to consider both the turbulent macroeconomic situation in the early 1990s, particularly the deep financial crisis, and the ideological preferences and interests of the historical actors. Despite the dire economic situation, cost-saving or efficiency were not key arguments when the school system was marketized. The government bill (Prop. 1991/92: 95, p. 9) mentioned that an increased number of private schools could lead to "more efficient use of resources" in the long term, and a later bill (Prop 1992/93: 230, p. 27) claimed that the reforms would lead to higher productivity. These were not the main arguments in the broader discussion, however, which revolved around more ideologically grounded ideas. It was instead the opposition (see for example the criticism from Social Democrats in Riksdagens Snabbprotokoll 1991/92: 127) and other critical voices who used accusations about austerity, claiming that the reform risked being used as a smokescreen to conceal cuts in resources to the public schools (Hennel, 1992).

The conservative party, Moderaterna, had sought to increase the level of choice in Swedish society since the 1980s, but the end of the Cold War and the ensuing prospect of bringing Sweden closer to Europe provided a new ideational climate and increased the scope to pursue more market-liberal politics (Nilsson, 2003, p. 101). In addition, an important internal factor in Sweden in the early 1990s was widespread discontent among parents, and not only among conservative voters, about a lack of influence and too few possibilities to impact their children's schooling (SOU 1990:44, p. 239). From this perspective, introducing more choice in

the school sector was a democratic reform that found its legitimacy in sentiments anchored in broad parts of the population. Representatives of SAP were nevertheless critical and argued that the reform had its origin in a "dogmatic desire" to privatize the public sector rather than in a genuine interest from parents (Motion 1991/92: ub62).

The center-right government pursued a radical and novel path that found its logic in an ideology that stressed the importance of individual free choice and the positive effects of competition. Beatrice Ask, Moderaterna's Minister for Schools, used the expression "freedom reform" in a bid primarily to brand the reform as a tool to achieve variety and diversity and to give parents and pupils the possibility to make their own choices (Riksdagens Snabbprotokoll 1991/92:127). She also stated that "this is a structural reform that once and for all will end the collectivistic ideas about a uniform school (enhetskola)" (Ask, 1992). In October 1990, Carl Bildt (the leader of Moderaterna) and Bengt Westerberg (the leader of the liberal party Folkpartiet) published a joint plan for key reform areas that the two parties would work toward together if they would win the election in 1991. In a key phrase, they stated: "What we want to do is, with a starting point in a system with joint financing, let the money follow the choices that the individual seeks. As such the benefits of the market are combined with the justice of the common responsibility" (Bildt & Westerberg, 1990). This formulation regarding the integration of market benefits into a public system serving a common justice captures the essence of this kind of marketization reform in which the market mechanism is trusted to be superior to state planning, but not completely.

In addition to the largely ideologically driven political process, another important factor concerns the blurry sphere of political experts and professional lobbyists that appeared in the immediate events that surrounded the free school reform. Recent research has pointed to the role of capital's attempts to influence "perceptions, organize actors and facilitate communication" as crucial to understanding the persistence of for-profit welfare providers in Sweden despite low support among voters, also to the right (Svallfors & Tyllström, 2019, p. 762). Since the 1990s, the political culture has changed and politicians, consultants, and experts move between the political and private-capitalist sphere in new ways (see, for example, Mudge, 2018, pp. 328–330). From the fall of 1991, the Ministry of Education's legislative proposals were drafted by a group of experts of whom several had a background in Moderaterna's youth wing, as well as in PR and advertising companies (Ringarp, 2017, pp. 34–37; see also Eiken, 1990). A few of them moved on in the 1990s and 2000s to become entrepreneurs in the quasi-market that they had earlier helped to create (M. Larsson & Plesner, 2023). In Sweden, the PR company Kreab has been pointed to as a hub for free-market ideologists with strong ties to organized Swedish business and Moderaterna. Kreab's owner was chairman of a private school at the time and one of the most visible public advocates for the free school reform (Emilsson, 1991, 1992; see also Eskilsson, 2005, pp. 132–137; Ringarp, 2017). Ideological conviction and

actors from the private sphere were thus joined together in the push to create a quasi-market.

Hospitals as enterprises

In the late 1980s and early 1990s, then Norwegian prime minister Gro Harlem Brundtland, herself a medical doctor and later the head of the World Health Organization, campaigned actively against the conservative party Høyre on a promise that Norway would never have private hospitals under the leadership of her social democratic Arbeiderpartiet. In a recent interview she considered the fight against privatization her main political victory in the field of public health (Lunde, 2021), and some thirty years later, Brundtland's promise holds true insofar as there are no full-scale private hospitals in Norway, despite the country having been run by governments of all stripes. That does not mean there has been no marketization, however, a key example being the wide-ranging "Helseforetaksreformen" of 2001, which reorganized public hospitals into state-owned enterprises (Ot. Prop. 66 (2000-2001)). As a result of the reform, the Norwegian state became the owner of five newly established regional health corporations on January 1, 2003, which in turn owned several subsidiaries, namely hospitals (Veggeland, 2013, pp. 11–13). The reform included a transfer of power from the regional level ("fylker", counties) to the central state. It was this aspect that was given the most attention in the short public debate surrounding this far-reaching reform (Jensen, 2013, p. 44), and it has also been the focus of subsequent research (Hagen & Kaarbøe, 2006; Magnussen et al., 2007). But the reform did much more than just transfer ownership of hospitals from one level of government to another, and the leader of Arbeiderpartiet, Torbjørn Jagland, called it "one of the most important reform documents since the war" and "a revolution in public management" (Slagstad, 2012, p. 1479.) It is indeed within the framework of public management that this reform has been studied, and political scientists have also discussed it as part of a paradigm of "management by objectives and results" (T. Christensen et al., 2006, p. 113). Hagen and Kaarbøe, for instance, study the reform by extending what they call "a basic principal–agent framework" to include "vote maximization in the principal's (central government's) goal function" (Hagen & Kaarbøe, 2006, p. 321). While we do not argue against such descriptions and modes of analysis and concede that many aspects of "Helseforetaksreformen" have a genealogy related to public management practices that predate neoliberalism (Grønlie & Flo, 2019, pp. 102–118), we claim that we also need to discuss the reform not only as a technocratic change within an otherwise stable Nordic welfare state, but rather as part of the broader trend of marketization.

An important precursor to "Helseforetaksreformen" was the introduction of "activity-based financing" in 1997, in essence, a type of voucher system in which "the money follows the patient" – a reform prepared under Brundtland's third government (1990–1996) and implemented under Jagland's short stint as prime

minister. This meant that the Norwegian central government began funding the different regions' hospital expenses partly on the basis of the numbers and types of treatments carried out and not only as lump transfers, as had been the case before (Hagen et al., 2001, p. 7). The ambition was to incentivize hospitals to carry out more treatments for less money, and once "Helseforetaksreformen" was implemented this prior system of financing became a cornerstone of the economic organization of regional health corporations.

What characterized the system created by Helseforetaksreformen? By changing the hospitals from being an integrated part of public administration on the county level, into corporations fully owned by the central state, the regional corporations that were created became independent legal subjects overseen by boards representing the owner, and the whole economic management was changed to mimic that of a private company (Jensen, 2013, p. 45; Voldnes, 2014). Unlike other companies, however, Norwegian hospitals had no products to sell, and their income remained generated by transfers from the state. Through the already established system of activity-based financing, hospital services provided to the public free of charge were therefore reconceptualized as products being sold to the state, which paid a certain sum for each hospital service (NOU 2003:1). The system is exceedingly complex and has been subject to constant revision since it first appeared, but its basic feature is to assign a price to each hospital treatment (Opstad, 2000, pp. 148–151). The incentives created by such a system have been widely criticized by medical professionals (Tøndel, 2007), but the main point here with regard to our different forms of marketization is that although no private companies were enlisted into the public health system through this reform, it nonetheless constituted a type of market reform, namely what we call a pseudo-market.

"Helseforetaksreformen" was instigated by the first government of Jens Stoltenberg from Arbeiderpartiet, which although short-lived was recently hailed by the weekly newspaper *Morgenbladet* as one of the most consequential in recent Norwegian history due to the breadth and number of reforms it carried out (Reinertsen et al., 2020). In just 18 months, Stoltenberg's government partially privatized the state-owned oil company Statoil and made it a publicly listed company, introduced a wide-ranging VAT reform, instigated inflation targeting under the auspices of a steadily more independent central bank, and created a "fiscal rule" for the use of revenue from North Sea oil exploration in public budgets that has been in use ever since. With the addition of "Helseforetaksreformen," there is a pattern to Stoltenberg's reforms, of attempting to make the Norwegian economy as such and the public sector in particular more efficient. Indeed, according to Hagen and Kaarbøe, "Helseforetaksreformen" aimed to solve "major problems in the Norwegian health care system: namely long waiting lists for elective treatment, lack of equity in the supply of hospital services, and a lack of financial responsibility and transparency." (Hagen & Kaarbøe, 2006, p. 2129).
A feature of many NPM reforms has been decentralization, but with the transfer of

hospital ownership from the regional to the state level, "Helseforetaksreformen" was arguably a centralizing reform in at least this respect, seeking to cut costs and gain control over the share of public expenditure going to health. An OECD report regarding health spending was given great importance in the build-up to pass legislation, and the reform was presented as a solution to a perceived spending crisis in public health care (Jensen, 2013, pp. 38–44).

The creation of a pseudo-market was thus presented as a technocratic measure not in need of the type of ideological arguments linked to concepts like "freedom of choice" with which other marketization reforms like the Swedish "Friskolereformen" had been connected. There is an ideological aspect to the belief in the positive benefits of introducing market competition or market-like mechanisms into the public sphere, and in this regard it is difficult to separate between the ideology of politicians and the ideology of experts in the case of Norway's market turn in this period (Innset, 2020). Stoltenberg himself was a trained economist, and the line between expertise and policymakers was blurry in Norway, something which had been the case since the rise of economics as a separate discipline in Norway in the interwar years, with a class of influential economist-politicians with close connections to Arbeiderpartiet wielding significant influence (Bjerkholt, 2000). In line with the development in other Western countries, Norwegian economists, who had been advocates of a type of Keynesianism and a system of at least partial economic planning in the postwar years, began advocating market-based solutions, privatization, and deregulation from the 1970s onwards (J. Christensen, 2017; Lie et al., 2016). A much-cited report to the government entitled "A better-organized state", written by a committee under the leadership of the economist Tormod Hermansen, laid the groundwork as early as 1989 for the transformation of government entities into state-owned enterprises (NOU 1989:5). A new law on state-owned enterprises was passed in 1991, and throughout the decade economist-led, marketization reforms were undertaken both in electricity, telecommunications, and rail transport (Thue, 1996; Thue, 2006 on telecommunications infrastructure; Herning, 2009 on rail transport).

Being both an economist and the country's prime minister, Stoltenberg epitomized the blurry distinction between politics and expertise in Norway, just at the time when both economics and politics had taken a turn toward the market (Offer & Söderberg, 2016; Mudge, 2018) Especially public choice theory was considered relevant for reforming the public sector (Innset, 2020, pp. 93–94; Tranøy, 2006, p. 11; for the importance of public choice theory in NPM, see Gruening, 2001), and leading politicians advocated such analyses as apolitical expertise. Norwegian economists of Stoltenberg's generation were not necessarily content with advising governments from positions within the civil service and politics, however, instead becoming market actors in their own right. While Hermansen became the CEO of the newly created multinational company Telenor, formerly the telecommunications utility, Stoltenberg acted as chairman for a private economic consultancy company called *Econ* in the early 1990s, which he later made good use of during his time in

power (Tranøy, 2006, pp. 138–141).

The reform was drafted by health minister Tore Tønne, who arrived at the position from a career in private enterprise, together with a specially appointed group of people, many of whom would later go on to make careers in the new hospital corporations (Slagstad, 2012). With support in parliament from both the major right-wing parties, Arbeiderpartiet had no problem passing legislation in June 2001, shortly after Stoltenberg's government had introduced it. According to Sturla Herfindal, "Helseforetaksreformen stands out in Norwegian administrative history, due to the radical changes in the affiliation form and ownership for the hospitals" (Herfindal, 2004, p. ix). He concludes his in-depth study of the process by stating that "rarely has the time between a program decision at a party's convention to a final decision in parliament been so short." (Herfindal, 2004, p. 170).

Discussion: A changed dynamic within the Nordic model?

Welfare states can be seen as part and parcel of a Nordic variety of capitalism insofar as the welfare state is an integral part of a social model which remains capitalist at its core. There is a mutual interdependence between what we in the introduction referred to as the capitalist and non-capitalist dynamics of the Nordic model, in which private enterprises and the publicly funded welfare states are reliant on each other for their continued existence. In this respect the Swedish "vårdcentralen" (health center), even before marketization, was always just as important for the capitalist system as Volvo. However, not only did leading social democrats conceptualize Nordic welfare states as spheres outside of capitalism that operated according to a different logic (Vestin, 2018), but the lived experience of Nordic welfare states has tended to contradict the idea that health centers are as capitalist as call centers. Our claim is that the compromise between the capitalist and non-capitalist dynamics of the Nordic model has been altered by marketization reforms such as the early 1990s "Friskolereformen" in Sweden and the 2001 "Helseforetaksreformen" in Norway. These were both introduced to improve services that remained fully funded parts of the welfare state, yet they nonetheless changed the relationship between capitalism and the welfare state which is foundational for the Nordic model. Rather than being something if not outside of, then at least different from capitalism, the welfare state, through these reforms became increasingly permeated by a capitalist logic, either through private companies running schools or through public hospitals being operated after a capitalist logic. Both reforms were implemented quickly, bypassing traditional processes and legislative procedures related to changes of such magnitude, something which can be observed also in other, far-reaching marketization processes, like that of the Norwegian electricity system in the early 1990s (Thue, 1996, pp. 104–105). Furthermore, both reforms were introduced following a transfer of power over the service in question from one level of government to another. In the Swedish case, the control over the school system was transferred from the

state level to the municipal level, and in Norway, the hospital system was transferred from the regional level to the central state. While these administrative changes were important in themselves, the change in the level of governance also seems to have facilitated the introduction of market reforms.

Apart from these important similarities, our two reforms and the processes leading up to them were indeed very different from each other. The reforms were within different sectors of the welfare state and throughout the neoliberal period the healthcare sector has been primarily referred to in terms of "costs" (OECD, 2015), while the educational sector concerns "investment" in human capital and has been a priority for OECD, regardless of the much-discussed "fiscal crisis of the state" (O'Connor, 1973). Where an expanding health sector has been seen as a problem for Western economies in global competition, the educational sector is seen as the solution. This may have contributed to making the reforms different in nature, but a general focus on the improvement of quality was notable in both cases. Furthermore, the type of expertise involved in the processes looked different, as were the ways in which the changed relationship between capitalism and the welfare state was justified. In the Swedish case, several experts came from the sphere of communication and PR, while in the Norwegian case, we notice the influence of economists both within and outside the state bureaucracy. The governments carrying out the reforms were also of different political orientations, with Sweden's Bildt government being formed by the conservative party Moderaterna, and Norway's Stoltenberg government being formed by the social democratic Arbeiderpartiet. In the Swedish case, ideology, manifested in well-used concepts such as "freedom of choice", was instrumental in arguments for the quasi-market reform. The Norwegian pseudo-market reform, on the other hand, was construed as purely technocratic and lent on expertise from economics and management rather than ideological mobilization.

What conclusions can we draw from the processes and arguments of our two cases and the different types of marketization that they represent? In the academic literature on welfare states, the concept of "decommodification" usually refers to the degree to which a welfare state manages to make individuals' livelihoods independent of the market. Esping-Andersen defined decommodification as a state in which "citizens can freely, and without potential loss of job, income or general welfare, opt out of work when they themselves consider it necessary." (Esping-Andersen, 1990, p. 23). Arguably, no Nordic welfare state ever fulfilled such a "minimal definition", but Esping-Andersen insisted that the social democratic regimes nonetheless came closer than the liberal and conservative variants. Scholars have argued that neoliberalism has set forth a process of recommodification since the mid-1970s (see, for instance, Huws, 2019), but since the Nordic welfare states in general—and the services we use as examples in this article in particular—remain publicly funded, the degree of decommodification, defined in this way, is arguably unchanged.

The term "decommodification" could, however, also, refer more directly to how welfare states have sought to move parts of the social world that were once sold as commodities in markets, out of the market. In this respect, both quasi- and pseudo-market reforms imply a form of pseudo-recommodification, since welfare services are reconceptualized as precisely that: "services"; a product or commodity which can be bought and sold, from a private company to a consumer (market), from a private company to a publicly funded entity (quasi-market), or from one public entity to another (pseudo-market). Quasi- and pseudo-market reforms do not represent a full recommodification or a return to the pre-welfare state era, however, since it is the welfare state and not the individual that pays for the pseudo-recommodified service. While it should be clear that both full privatizations to the market, and a quasi-market where the state pays all actors on the market—either for-profit companies or non-profit organizations—to provide a welfare service, changes the relationship between welfare states and capitalism, we argue that this is a feature also of a pseudo-market. Even though there are no capitalists involved, welfare services are nonetheless treated as if they were commodities in a bid to ensure rational and efficient calculation of costs. Boundaries between pseudo-markets and other types of management by objective and results which abound in public sector organizations are not clear-cut. Rather, they exist on a sliding scale, from NPM reforms where our concept of pseudo-markets is useful, to reforms that might not be best understood through that concept. In the case of the Norwegian "Helseforetaksreformen", however, the marketization aspect becomes especially clear through the reorganization of hospitals as state-owned enterprises.

Although the marketized public services we have used as examples in this article remain free of charge to the individuals using them, we argue that the introduction of capitalist logics, and in the case of quasi-markets even capitalist firms, should nonetheless be seen as an important change in the history of Nordic welfare states. The welfare state-aspect of Nordic model societies used to operate according to a profoundly different logic from that of the capitalist markets that also form part of the Nordic model; services were protected from market forces and offered on a non-market basis. Marketization reforms have changed this by reorganizing welfare states to mimic capitalist logics and dynamics. On the one hand this can be seen as a technical reorganization of the same system. On the other, however, it might also be seen as being at odds with or even undermining the very logic on which the welfare state is built—that is, the protection of certain services from market forces and offering them on a non-market basis. Marketization has shifted the balance between market forces and the non-market logic that characterized the welfare states of the postwar era. It remains to be seen whether publicly funded welfare states can continue to thrive absent the idea that other logics and dynamics than those of capitalist markets can and should be part of the compromise constituting the Nordic model, and marketization reforms therefore deserve further scrutiny.

In this article we have proposed a new typology of marketization that would aid

such studies. Both pseudo-markets and quasi-markets exist in a variety of sectors in the Nordic welfare states, indicating that neither marketization reforms in and of themselves, nor the specific type of marketization reforms chosen in each case, are sector-specific. Our examples include a right-leaning government introducing an ideologically justified quasi-market in Swedish schools and a left-leaning one introducing a more technocratic pseudo-market system in Norwegian hospitals. A pseudo-market system for schools would not be hard to imagine, however: In the Norwegian capital, Oslo, such a system was introduced by the conservative party Høyre in 1997, setting up a system in which public high schools compete for students, who all carry a specific amount of funding in a voucher system that does not include for-profit private schools (Malkenes, 2018). It also bears noting that when SAP took power in Sweden in 1994, the party neither reversed the "Friskolereformen" it had once opposed nor attempted to turn it into a pseudo-market without for-profit schools; instead, it implemented changes that did not alter the underlying marketized system (Klitgaard, 2007).

The change seems more likely to go the other way; from pseudo-market to quasi-market, exemplified by how Erna Solberg's conservative government, which came to power in Norway in 2013, introduced a quasi-market reform entitled "Fritt behandlingsvalg" in 2015 through which hospital corporations were instructed to contract out more treatments to private clinics and patients were given the choice between public hospitals and private clinics for several treatments, fully funded by the public hospital system (HELED et al., 2021). The accounting system of the hospital corporations operating in the pre-existing pseudo-market arguably simplified this process; thus, we can argue that the structures of the pseudo-market were used to create a quasi-market. The use of the word "fritt" (free) also indicates an ideological justification for the creation of market structures that include for-profit companies, which is not available to social democratic governments in the same way. While "third way" social democratic parties have not been averse to neoliberal reforms in general (Mudge, 2018), the example of "Helseforetaksreformen" and the changes instituted later through "Fritt behandlingsvalg" indicate that there is nonetheless a distinction to be made within a broader historical movement of marketization: Conservative parties can use ideological language to actively promote marketization reforms that explicitly change the relationship between capitalism and the welfare state, whereas social democratic parties instead resort to technocratic pseudo-markets in order reap the efficiency-inducing benefits of market structures.

It is only in recent years that the sizable profits gained in marketized welfare sectors by large multinational companies, have become an issue in debates about "vinster i välfärden" (profits in welfare) in Sweden, and similarly through the concept of "velferdsprofitører" (welfare profiteers) (Herning, 2015) in Norway. Formerly delivered almost exclusively by public entities, education has become a big market in Sweden, and notwithstanding Brundtland's successes in resisting privatization, so has healthcare in Norway, as researchers have noted a

considerable growth in the market for private health insurance (Westin, 2009), and a plethora of private clinics operated by for-profit companies. In our study of the implementation of "Friskolereformen", the prospect of an extensive presence of for-profit school companies, which emerged later in the 1990s and 2000s, was relatively absent in the debate. Among proponents, it is not surprising that freedom of choice and increased influence for parents and pupils were dominant arguments, but not even from critics were there many voices that envisioned the highly controversial market that developed later. If the profit motive was important for proponents of the free school reform, it was obscured, although it is arguably the main driving force of a capitalist enterprise, for which the reform paved the way. Certainly, for free-market advocates there is no contradiction in the profit-seeking of capitalists and concepts like diversity and freedom of choice; they are mutually constitutive.

As we have seen, however, the types of reforms toward a state of affairs in which expansive Nordic welfare states are sites of profit extraction for private capital, and the way the reforms have been justified, have been diverse and varied based on national contexts, different sectors, and political leaders of divergent political orientation. Future research could chart more marketization reforms in the Nordic welfare states, distinguish between quasi-markets and pseudo-markets, and investigate the degree to which different reforms are framed as ideological, technocratic, or use other forms of justification. The correlation between the type of marketization reform chosen, different sectors, justifications, and the political color of the government has the potential to generate new and interesting patterns that can further our understanding of these far-reaching changes in the relationship between welfare states and capitalism in the Nordic model.

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Today Freydís is a professor at the department of social work, school of social sciences at the University of Iceland.

Right now she and a Finnish colleuge are finishing revising an article about care leavers in the nordic countries, who have experienced homelessness or risk of homelessness. They have explored their experience of transitions and rootlessness. The next project she will work on is a book chapter she has been asked to write, about marriages in Iceland. The book is planned to be published in a World marriage handbook.

What has the journal Nordic Welfare Research meant for you?
- I think that the Nordic Welfare Research is an important journal, since it has the Nordic focus in social and welfare research which is very important. In my opinion, Nordic Welfare Research is a journal of high quality.

9. The lived experiences of former foster care children in Iceland

FREYDÍS JÓNA FREYSTEINSDÓTTIR, HEIÐUR SÆVARSDÓTTIR AND BIRGITTA RÓS LAXDAL

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Abstract

This study aimed to illuminate the experiences of former foster care children in Iceland through both quantitative and qualitative methods. Participants aged 20 to 25 completed a questionnaire, with responses from 71 individuals yielding a 38% response rate. Additionally, ten in-depth interviews were conducted with individuals aged 18 to 77 who had experienced foster care or alternative placements during childhood. The findings revealed significant educational disparities: former foster youth were less likely to complete secondary education, apprenticeships, or higher education compared to their peers. Furthermore, a markedly higher proportion were reliant on disability benefits or financial assistance than the general population in the same age bracket. Mental health challenges were prevalent among participants, with many experiencing psychiatric issues during their time in

foster care and later in life. A substantial number had contemplated or attempted suicide. Interestingly, fewer than half reported receiving adequate support while in foster care. Qualitative insights indicated that many participants had endured severe maltreatment and difficult circumstances before entering foster care. They also expressed concerns about a lack of information regarding their foster families. The overall experience of foster care varied based on factors like adaptation to the foster home, relationships with foster parents, and the quality of professional supervision and support. This research highlights critical areas for improvement in the foster care system, aiming to enhance the lives of future foster care children in Iceland by addressing the challenges identified in the study.

Introduction

Care leavers are at a disadvantage concerning various social issues and health issues (Kääriälä & Hiilamo, 2017). They have usually suffered from maltreatment and trauma in their childhood and have been removed from their home before being placed in foster care (Miller-Perrin et al., 2021). Many of them also have had to leave care as young adults without sufficient support (Daly, 2012).

Young adulthood is a demanding life stage that requires various transitions. The tasks of early adulthood in the life cycle include gaining independence as an adult and being able to manage a household, holding a job, and forming relationships with other adults, including with a partner. These roles can be disrupted when there is insufficient parental support (Fulmer, 2016). Thus, risk factors such as maltreatment in childhood (Miller-Perrin et al., 2021) can influence a later stage in the life cycle such as young adulthood (McGoldrick et al., 2016).

The issue of care leavers has undergone very little research in Iceland. Due to the lack of studies in this area in Iceland, the UN committee on the rights of the child has twice demanded that studies be conducted on care leavers in Iceland (Umboðsmaður barna, 2020). The Ministry of Education and Children asked the principal author of this study to conduct it, and provided the financial support to do so. Given the lack of previous studies, we wanted to look at the situation for care leavers in Iceland. The research questions in this study were the following: 1) What are the lived experiences of care leavers of child protection interventions and their time in foster care? 2) How do former foster care children fare in their adult lives following the end of foster care?

First, studies on care leavers conducted in other Nordic countries will be discussed. Following this, studies on care leavers from other countries will be examined. Then studies on care leavers in Iceland will be discussed, before concluding with a discussion of the child protection system in Iceland.

Previous research

Nordic studies on care leavers

Nordic studies have shown that even though children in the Nordic countries do enjoy a high level of welfare, care leavers are at a disadvantage in many areas in their adult lives compared to the general public (Kääriälä & Hiilamo, 2017).

Care leavers face disadvantages

In the Scandinavian countries, previous studies have shown that care leavers face various types of disadvantages compared to others (Fylkesnes et al., 2021; Kääriälä & Hiilamo, 2017; Vinnerljung et al., 2006; Vinnerljung et al., 2015). Even though the degree of welfare is generally high in the Nordic countries, care leavers have been shown to be in a worse position on average than the general population, even after adjusting for various factors, such as demographics, social factors and psychiatric factors related to their biological parents. The position of boys is worse than for girls. Furthermore, those who entered care in their teenage years are in a worse position than those who entered foster care earlier. The type of care seems to matter. Children who have been in foster care attain higher educational and employment positions compared to children who have been in institutional care. The support that they receive as adults from the welfare system following foster care has a positive influence on their positions in adulthood (Kääriälä & Hiilamo, 2017). Care leavers in Norway wished they had had more involvement and consultation regarding their cases (Fylkesnes et al., 2021).

Care leavers, low academic performance, and consequences

Recent studies in the Nordic countries indicate that poor academic performance in childhood among foster care children might be one of the factors causing misfortune later in life (Forsman et al., 2016). Such studies have shown that poor school performance in childhood among care leavers is related to health problems as well as social and economic problems in adulthood (Kääriälä & Hiilamo, 2017). This has been interpreted to be a result of difficulties in education that lead to them attaining lower educational levels and fewer employment possibilities in society (Vinnerljung et al., 2015). Care leavers are more likely to have lower education (Laxdal & Freysteinsdóttir, 2023; Vinnerljung et al., 2015), to be unemployed, and to receive financial benefits or disability benefits (Kääriälä & Hiilamo, 2017). In addition, they are more likely to have lower income compared to those who have not been in foster care (Kääriälä & Hiilamo, 2017; Laxdal & Freysteinsdóttir, 2023). Results of studies that have been conducted in the Nordic countries have shown that about 10% of care leavers accept disability benefits, which can be traced to unequal educational opportunities and lower educational levels than among the general public. In comparison, only 2% of the general public receive disability benefits (Vinnerljung et al., 2015).

Care leavers in the Nordic countries generally have lower grades when graduating from elementary school compared to their peers. Moreover, they have been found to be more likely to finish only required education compared to their peers (Kääriälä & Hiilamo, 2017; Vinnerljung & Hjern, 2011).

Furthermore, low academic position is believed to be a high-risk factor among care leavers for various problems (Vinnerljung & Hjern, 2011), such as criminal behavior (Vinnerljung & Hjern, 2011). It has been shown that there is a correlation between low grades in school and crime rate among care leavers in young adulthood (Berlin et al., 2011).

Care leavers and risk behavior

Care leavers are more likely to engage in risk behavior than their peers (Vinnerljung et al., 2005). One study that was conducted in Sweden showed that over a third of young male care leavers had shown criminal behavior compared to 5% of their peers (Berlin et al., 2011). Other risk behaviors care leavers are more likely to engage in are, for example, drug abuse, self-harm behavior, and giving birth during their teenage years (Vinnerljung et al., 2005). It has been shown that care leavers in Finland and Sweden are more likely to become parents as teenagers than their peers. Non-prosperous educational outcomes have been shown to be a high-risk factor and thus increase the possibility of becoming a parent as a teenager (Brännström et al., 2016).

Care leavers and mental health

Both physical and mental health is likely to be of a lower quality among care leavers than among others (Vinnerljung et al., 2005). Moreover, a relation has been found between foster care arrangement and suicidal behavior (Kääriälä & Hiilamo, 2017). Repeated placements and rootlessness in foster care can lead to an increased suicidal risk for children in foster care (Taussig et al., 2014).

Studies from other countries on care leavers

Studies from abroad have shown that the transformation following foster care can be difficult for foster care children, since they need to grow up and become adults rather quickly and are usually less prepared for adulthood than their peers (Greiner & Beal, 2017). Former foster care children usually do not have access to the same support as their peers who have been raised by their parents. Thus, they need a sufficient plan and both practical and emotional support (Daly, 2012). This preparation is often insufficient, since they experience too little involvement as well as a lack of information about their foster family and the reasons for their placement (McTavish et al., 2022).

Children in foster care are seven times more likely to have experienced emotional, physical and/or sexual abuse compared to their peers (Stewart et al., 2023). Children who live in the context of poverty and low socioeconomic background are

many times more likely to be maltreated than other children (Miller-Perrin et al., 2021).

In addition, foster care children have pointed out that repeated moves cause rootlessness and have a negative influence on their educational opportunities. They believe that it makes it difficult for them to keep up in their studies (Strolin-Goltzman et al., 2016). As has been noted earlier, poor academic performance can increase the likelihood of bad outcomes later in life among care leavers (Forsman et al., 2016). Furthermore, studies have also shown that repeated school changes influence emotional well-being negatively, which can lead to behavior problems and difficulties concentrating on projects in school (Townsend et al., 2020).

Many children who are in foster care have experienced repeated trauma and therefore they can develop complex post-traumatic stress disorder (PTSD), which can be traced to the circumstances with their primary caregivers in their childhood. Such experience is likely to influence the child deeply in various areas during childhood (Greeson et al., 2011). Children who have been maltreated and are in foster care are more likely to have diagnosis of serious depression, PTSD, behavior disorders and attachment disorder (Engler et al., 2022; Regier et al., 2013).

As previously noted, children in foster care show significantly more serious psychiatric problems than others. Such symptoms can include anxiety, demanding thought patterns, communication problems and risk behavior. Moreover, suicidal behavior is more common in this group, as has been noted earlier (Stewart et al., 2023). Studies have shown that each time a child moves into a new home, the risk of suicidal behavior increases 68% (Taussig et al., 2014).

Former studies on care leavers in Iceland

As can be seen in this overview, a number of studies have been conducted in the other Nordic countries as well as abroad. However, studies on young people's transitions from care in Iceland are sparse. Only a few studies have focused on this issue. Before this study was conducted, one recent quantitative study had been conducted using a convenience sample. That study showed that many care leavers were encountering challenges regarding educational achievements, employment prospects, and housing. The majority of the participants had experienced psychiatric problems such as depression and anxiety. It may be possible to trace such psychiatric problems to insecure attachments in their early childhood, interrupted attachment when they were moved to a different home, or genetic factors. In addition, many of the participants had suffered from an eating disorder and/or alcohol or drug abuse problem. Furthermore, over 80% of the participants had experienced suicidal thoughts or had attempted suicide. Moreover, over 80% had needed and received professional assistance due to psychiatric problems following foster care (Laxdal & Freysteinsdóttir, 2023).

Another study was conducted over two decades ago. That study was qualitative

with the purpose of exploring the experience of care leavers. Prior to that, the few studies that did exist did not include the perspectives of the foster care children themselves or care leavers. The results of that study showed that most of the participants thought that the foster care arrangements had been necessary, but that child protection services had been distant in their childhood, with limited access to professionals and no regular visits by child protection workers while they were in foster care (Kristinsdóttir, 2004). These results are similar to the findings of the more recent study mentioned above that showed that visits by child protection workers were scarce (Laxdal & Freysteinsdóttir, 2023).

The Icelandic welfare and child protection system

The Icelandic welfare system provides support and benefits to the citizens, such as parental leave, public play schools, public health care and housing allowance, but the support and benefits are not as generous as in the other Nordic countries (Ólafsson, 1990, 1999).

Iceland's first specific child protection laws were passed nearly a century ago (Lög um barnavernd nr. 43/1932). They were based on the Norwegian child protection laws (Haugen, 2004). Before that there were few child protection clauses in various laws in Iceland. Recently, laws passed that emphasize early intervention to increase prosperity among children (Lög um samþætta þjónustu í þágu farsældar barna, 2021). These laws are likely to prevent child maltreatment since they emphasize early intervention (Miller-Perrin et al., 2021).

The child protection system in Iceland operates under specific laws and under the Ministry of Education and Children. Part of the system is run by the municipalities and service areas that different smaller municipalities operate. There are committees that operate in the municipalities where cases may be taken for certain decisions, such as if a child needs to be removed from the home. The child protection service areas receive child protection reports regarding either child maltreatment or risk behavior among children. The child protection services in the municipalities/service areas investigate cases following reports and make plans that include supportive services for a particular time with families when needed, following the investigations, with the purpose of changing the situation of the children involved so they will be sufficient, if children have been maltreated. That is only possible if the parental figures are willing to participate and cooperate with child protection services. If the parental figures are not willing to cooperate with the child protection services, a plan might be conducted without parental consent. Child protection interventions can be maintained after a child has turned 18 up to 20 years of age (Barnaverndarlög nr. 80/2002).

Part of the child protection services are operated on a country level through a governmental institution on child protection and families. That institution gathers information from the municipalities and service areas about the number of child

protection reports and types of maltreatment and risk behavior (Barnaverndarlög nr. 80/2002). That institution also runs specific supportive treatment services, such as multisystem therapy (MST), group homes and foster parents. Service areas need to apply for such interventions. Those who wish to apply to be foster parents are required to attend a workshop at that institution and go through evaluation to see if they are fit to be foster parents (Barna- og fjölskyldustofa, n.d.). Applications from child protection services at the municipality level for foster care placements ranged from 141 to 165 per year in 2020–2023. Most of these applications were for temporary placements. Applications for long-term placements ranged from 9 to 41 per year during those years (Barna- og fjölskyldustofa, 2024).

As previously noted, the aim of this study was to explore the living experience of care leavers in Iceland, both in terms of how they were doing in a variety of practical issues, such as education, employment and housing, and also to explore their experiences of care and child protection.

Method

The participants in this study were former foster care children. According to the Icelandic child protection laws, children can be in long-term foster care until they reach adulthood at 18 years of age, but that can be extended until they are 20 years of age (Barnaverndarlög, 2002). There are no general formal structures or processes in place regarding transitions out of foster care.

Design

This study has both a quantitative and a qualitative component (Rubin & Babbie, 2005). The idea was to gain information about various factors regarding this group, but also to gain insight into the group's lived experiences. In the quantitative part, there were questions about backgrounds, experiences of child protection services, their time in foster care, and the participants' status in adulthood. However, in the qualitative part of the study, the participants provided insights into their lived experiences of the time prior to, during, and following foster care.

Procedure

The quantitative part of the study: This study was conducted in 2023 following a request from the Ministry of Education and Children, as noted earlier. Permission for the study was received from the Data Protection Authority (no. 2023061064). Special permission was received for access to a list of names from the governmental Institute of Children and Families of former foster care children dating back to 1995. The researchers signed a declaration before they received access to that list from the institute. The list included names and social security numbers, including birthdates of all individuals (the population) 20–25 years of age

when the study was conducted. The participants were young adults who had been in foster care in either the long or the short term; the minimum time in foster care is three months (Barnaverndarlög, 2002). These names included former foster care children who had been placed into foster care through child protection services in Iceland during their childhood or their teenage years. The list included 230 names. Unfortunately, it was not possible to contact 49 through a phone or social media, and one individual had died. In order to try to reach all care leavers, it was decided to send an information letter by mail to all care leavers with a registered home address and ask them to participate. The letters were sent to 217 individuals who had registered addresses. Of those 217 letters, 30 letters were returned to the sender, leaving 187 individuals.

The letter included a link to an electrical questionnaire and an information letter describing the study, as well as a note outlining that by answering the questionnaire the participants were agreeing to participate. Information was given about the anonymous nature of the study, that individual answers could not be traced to individual participants, and that participants were free to skip any question without explanation or to stop participating at any time.

The qualitative part of the study: Two participants in the quantitative part of the study expressed interest in participating in the qualitative part of the study. The snowball sampling method was tried from those two participants, by asking them if they could point us toward other participants. This method can be particularly beneficial when participants are difficult to reach. Unfortunately, it did not work. Thus, it was decided to prepare an advertisement and put it on social media. It was an open advertisement that people were asked to forward. The purpose of the study was described and what participation would entail. Participants would need to be at least 18 years of age and have experienced being placed out of home during childhood or in their teenage years for an extensive period of time. Thus, the sampling method in the qualitative part was volunteer sampling (Blöndal & Halldórsdóttir, 2021). The interviews were conducted in a special meeting room that had been rented for the interviews. Six of them were conducted in person, but four of them were held online since those participants lived in the countryside or abroad. All participants in the qualitative part provided informed consent prior to the interviews.

Participants

The quantitative part of the study: The results of the quantitative part of the study are based on answers from 71 individuals who participated in the study by answering the questionnaire, thus the response rate turned out to be 38%. The participants were in the age range of 20–25 years and had the common experience of having been in foster care as children or teenagers. The participants had either been in long-term foster care, in short-term foster care, where the intention was that the child returned to the parent(s) (Reglugerð um fóstur nr. 804/2004), or in

sponsored foster care. Of the 71 participants, 56% were women, 42% men and 1% marked "other." Of the 69 participants who answered the question about their age, most of them (32%) were 21 years of age, but they were all in the age range of 20–25 years. More than half of the participants were single (52%), 21% were cohabiting, and 27% had a partner without cohabiting.

The qualitative part of the study: Ten individuals (six women and four men) participated in the qualitative part of the study. That part consisted of interviews with those individuals, who turned out to be in the age range of 18 to 77 at the time the interviews were conducted in 2023. Since the age range of the participants in the qualitative part of the study was large, it is important to bear in mind that the time when they were placed in care might have influenced their experiences. The Icelandic care system has indeed changed over the decades, with, for example, greater demands made of foster parents. However, all the participants left care at a similar age. There is a difference in the age ranges in the quantitative and qualitative data. Because of this, the results of the qualitative part of this study reflect a broader population than the results of the quantitative part of the study. In and of itself this does not, however, affect the validity of the results (Rubin & Babbie, 2005).

Measures and data

The quantitative part of the study: The questionnaire used in the quantitative part of the study was based on a questionnaire that had been previously created by one of the authors of this study and revised by another author, but few changes were made and few questions added by the other authors. The questionnaire consisted of 72 questions concerning background, experience of child protection services, the time in foster care and the status in adulthood. Examples of questions are as follows: What is your educational background? (background); Would you have wanted to gain more information about the foster family before you entered foster care? (experiences of child protection services); Was there someone at home when you came from school and asked you about your day and talked to you when you were in foster care? (the time in foster care); Have you been in prison since the foster care ended? (status in adulthood). The questions were analyzed using SPSS software with mainly descriptive statistics (Rubin & Babbie, 2005).

The qualitative part of the study: Interviews were conducted in the qualitative part of the study. An interview guide was created by one of the authors of this study and revised by another author, and concerned the time before, during and following foster care. The same questions were used for all participants, even though there was a large gap in the age range among them. The interview guide consisted of 29 questions in five sections. Examples of questions are the following: Marital status (background); Did your parents have any kind of problems such as alcohol or drug abuse problems? (childhood); Do you remember what kind of interventions took place? (child protection services); Were you asked about your opinion/did you feel

like you were listened to? (a decision regarding placement in foster care); Was there any supervision with the foster care arrangement? Did you feel like you could contact a child protection worker if something came up? (foster care). A thematic analysis was conducted (Rubin & Babbie, 2005).

Results

The following themes are described in this section. First, participants' experiences before care are described. Next, their experiences of child protection services and time in foster care are described. Finally, the status of the group in adulthood is described. Each theme is described in a subsection that includes the results of both the quantitative and the qualitative part of the study. The qualitative interviews shed light on the experiences of the participants regarding issues and themes in the quantitative study.

Experience before care

Prior to foster care placement, the participants who took part in the qualitative part of the study had been abused, neglected, exposed to alcohol and/or drug abuse, and/or had parents with psychiatric problems. They described sudden trauma as well. A young man described the circumstances in his home prior to the foster care placement: "When he [father] was drunk, he could get very angry and mean, so he broke dishes and the like, and you know, various things could fly on the walls." His father committed suicide when he was six years old. Following that incident, his mother's alcohol and drug abuse increased. He described emotional and educational neglect as well as emotional and physical abuse by his mother.

Time in foster care and experience with child protection services

Two-thirds of the participants (66%) had been in long-term foster care until they were 18 years of age or older. Only 10% had been in short-term foster care; another 10% entered supportive foster care. More than half of all the participants (51%) received an extension and stayed in foster care until they were 20 years of age; an additional 14% received an extension but left care before they reached the age of 20. Thus, it seems that all of those who had been in long-term foster care stayed beyond the age of 18, most of them until the age of 20. One-fifth of the participants (21%) left care when they turned 18 and 14% left care before they turned 18. Nearly two-thirds of the participants (65%) went to an unrelated family, and about one-third to relatives. The participants were at different ages when they entered foster care, but the most frequent age range (27%) was 13–15. Only 32% said that they were involved in the decision about where they would go into foster care; however, 41% said that they had nothing to do with the decision.

Half of the participants had lived in one foster home, but 17% said that they had

dwelled in four or more foster homes. The participants answered whether they thought that it had been the right decision to remove them from their home and place them into foster care. The results were decisive: 93% thought that it had been the right decision. In addition, 64% of the participants thought that child protection services should have intervened earlier in their cases. The majority of those who had been in short-term foster care (61%) thought that they should have stayed longer in foster care. The following is an example of a positive intervention of child protection services as described by one young woman:

Child protection saved me, in my opinion. This was like the first place in my life where someone listened to me, and I was heard. The focus was on me and not on others. No one was focusing on my father, or on my siblings, the focus was just on me. Just to check what would be best for me.

However, the participants in the qualitative part of the study thought that they should have received more information regarding their foster family before they entered foster care, and that they were poorly prepared for the foster care placement. There were examples where there was no adaptation period before foster care took place. The participants had been driven to a home in the countryside and left there, even though they had never been there before.

The qualitative part of the study indicated that the experience of foster care depended upon various factors, such as how well they adapted to the foster home, their relationships with their foster parents and the quality of the supervision and support from child protection services. The adaptation to the foster home was more likely to be successful when the foster parents really tried to form an attachment with the foster care children. Most of the participants thought that the foster parents met their basic needs, but it varied extensively how well they thought that their emotional needs had been met, even though oftentimes those needs are intertwined. One young woman describes the difference in care in her foster care family compared to her blood family:

The first time that I was sick, I got blueberries, pain relief medicine and water into my room. I was just, I got tears in my eyes, and I thought just wow, they take care of me here, and to sit down at the dinner table for the first time, a cooked meal! My parents did not know how to cook, and there was just nothing. There was only 1944 food [prepared food], some packet soup or something you see. One time there was only peppers and cucumber in a bowl. We had only one big bowl and we ate together out of that. We had no other food. So, it was a huge difference and a lot of change.

In the qualitative part of the study, some participants described rootlessness following interventions from child protection services, before they entered foster care. They were moved back and forth, staying temporarily in institutions and/or temporarily with each parent. Furthermore, there were examples of participants that stayed with relatives while their parents were in drug rehabilitation. Some

participants experienced rootlessness and insecurity even after they entered foster care, since they had to go to more than one foster home. Despite traumatic experiences with their blood families and rootlessness before being placed into foster care and in some cases after, it differed if the participants in the qualitative study received therapy while they were in foster care. Most of the participants in the qualitative study remembered seeing a child protection worker at least once a year but thought that short visits did not allow for deep conversations about their stays with the foster families.

The participants were asked about child protection workers' visits in the quantitative part of the study, while they were in foster care; 48% said that a child protection worker had visited them regularly. In addition, 22% said that the visits had been fewer than once a year and 13% said that they never had a visit by a child protection worker.

Most of the participants in the quantitative study had been dealing with emotional/psychiatric problems while they were in foster care. Over one-third (37%) of the participants said that they had been invited to attend interviews with a therapist while they were in foster care, and accepted them.

When asked about school experiences, the results of the quantitative part of the study showed that rather few had only attended one elementary school or 16%. Half of the participants had attended three or more elementary schools, out of those 24% had attended five or more elementary schools. Thus, it is evident that many participants had experienced rootlessness in their elementary school years. As can be seen in Figure 1, few participants thought that they had fared well academically in elementary school. Most of the participants (nearly 27%) thought that they had fared fairly, and over 21% thought that they had fared poorly.

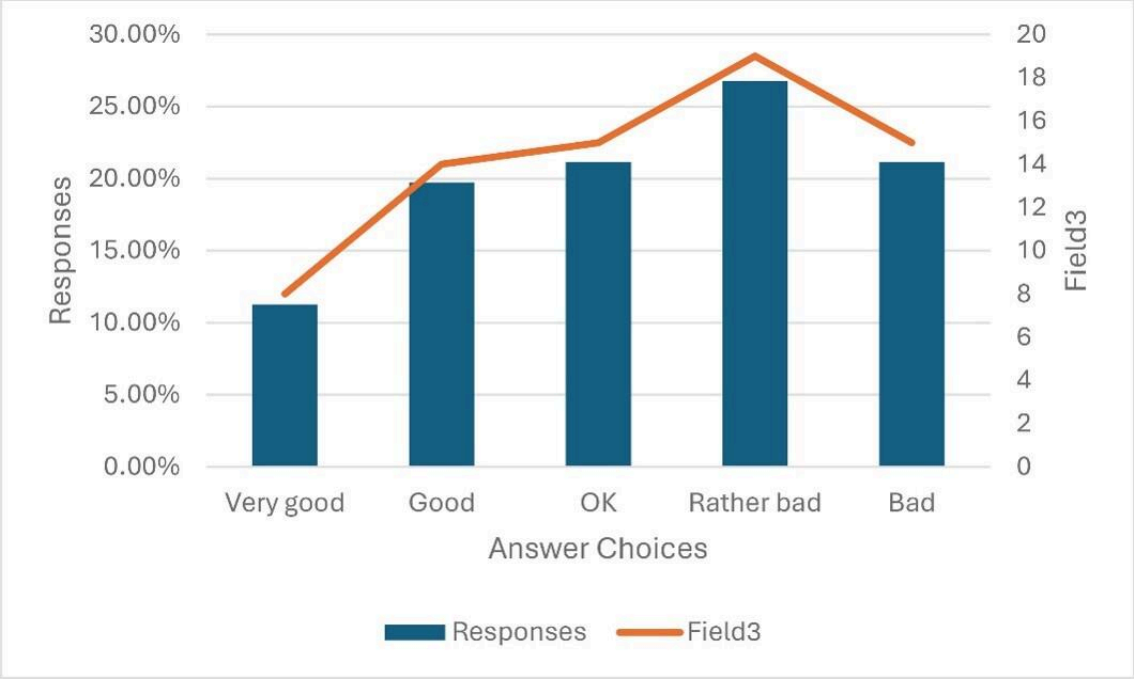

Figure 1. Educational experience in elementary school

Status in adulthood

Participants were asked about their educational level in the quantitative part of the study, which showed that 17% of the participants had only completed elementary school. In comparison, 33.5% of people in this age range in general in Iceland have completed only elementary school (Hagstofa Íslands, n.d.-a). A higher ratio (39%) had finished part of secondary school. Only 31% had finished secondary school, which is a considerably lower ratio than people in the same age range in general (57.3%) (Hagstofa Íslands, n.d.-a). Only one participant (1.41%) had completed a university degree, which is a much lower proportion compared to peers in general (9.2%) (Hagstofa Íslands, n.d.-a).

Next, participants in the quantitative part of the study were asked about employment, where they could mark more than one possibility. Two-thirds of the participants (65%) said that they had a paid job and 22.54% said that they were students. In comparison, the ratio of employed peers in general was 71% (Hagstofa Íslands, n.d.-b). An equal ratio of participants said that they were receiving disability benefits or receiving financial assistance or 8% each. However, only 2.9% of peers in general were receiving disability benefits (Hagstofa Íslands, 2021). In addition, 11% marked "other," which could include positions such as maternity or paternity leave, waiting for rehabilitation, or unemployment.

Most participants in the quantitative part of the study rented an apartment on the market (41%) or lived with relatives or friends (41%). A small ratio lived in their own apartment (13%) and 6% lived in subsidized housing. In addition, 22.5% considered themselves to have been homeless for a period of time. The qualitative part of the

study showed that some of the participants were able to stay longer with their foster family following the end of the foster care agreement, while others had to leave or had been in temporary foster care and had therefore already left. A young woman describes how suddenly her foster care ended, while she was still attending boarding school. Her foster mother had asked her to leave when she was around 20 years of age:

It was like the earth had been pulled out from under my feet, if I had known beforehand that I had only X amount of time to finish school and do something, then I would have looked for a job, raised money, I would not have been such a difficult student, I would have finished school, you see.

The majority of the participants (80%) in the quantitative part of the study thought that their status in adulthood would have been worse if they had not been placed into foster care. However, a large proportion of the participants had experienced psychiatric problems after they left foster care. Most of the participants sought professional help regarding those problems; only a few (12%) said that they had not needed to do so. As can be seen in Figure 2, the majority of the participants had suffered from depression (73%) and/or anxiety (76%) in adulthood. In addition, about half of them had suffered from PTSD or social phobia. Moreover, a considerable number had suffered from alcohol/drug abuse or eating disorders.

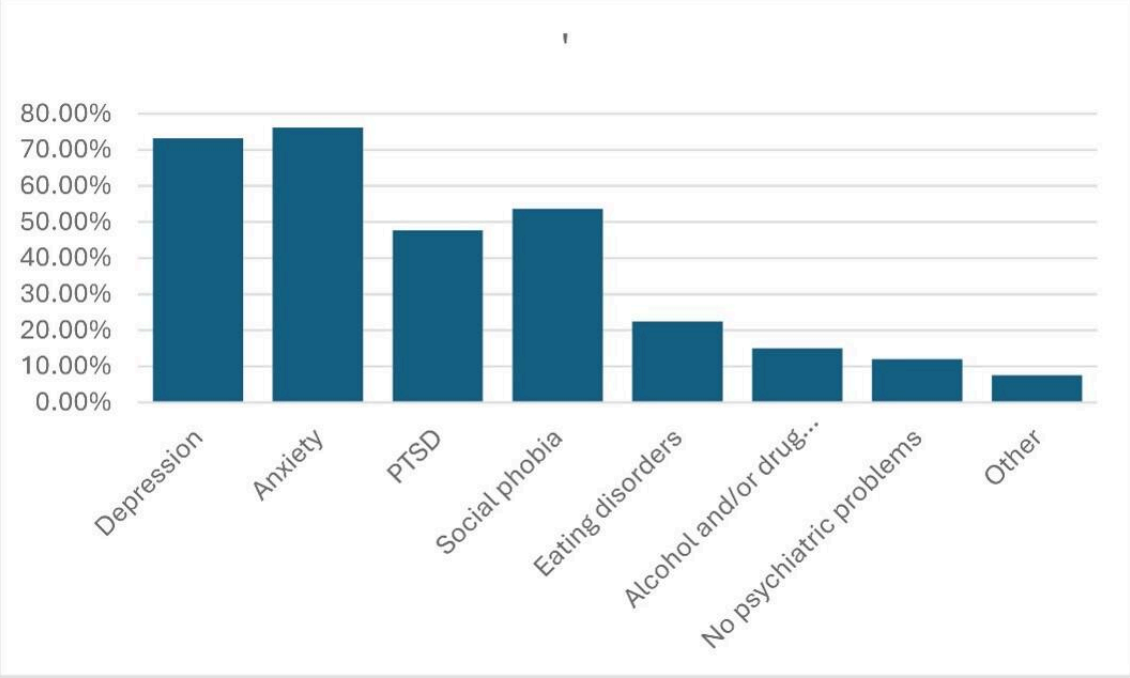

Figure 2. Psychiatric problems in adulthood

Next, participants in the quantitative part of the study were asked about suicidal thoughts and behavior. The results showed that only a small proportion of the participants (19%) had never thought of committing suicide. However, 46% had thought about committing suicide and, in addition, nearly 35% said that they had

made a suicide attempt at some point in their life. The results are decisive, since 81% of the participants had either thought of committing suicide or had made a suicide attempt (Figure 3).

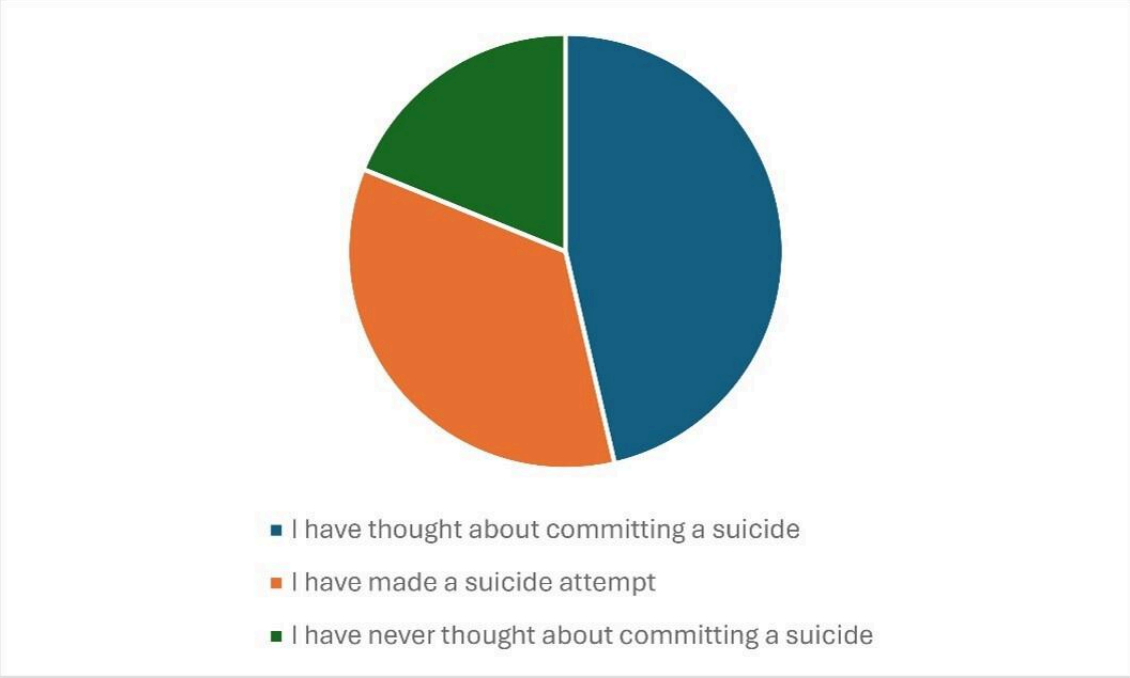

Figure 3. Suicidal thoughts and attempts

Finally, the participants in the quantitative part of the study were asked about support from child protection services following foster care. Nearly half of the participants (46%) said that they had not received any support from child protection services after they left foster care. Nearly one-fifth (18%) said that they had been interviewed by a social worker at social services in their municipality, 16% said they had received financial assistance, and 12% said that they had received educational financial assistance to be able to attend school.

The results of the qualitative study showed that the participants thought that the transition from foster care should have been prepared more thoroughly and that they would have wanted to receive more support during and following transition from foster care into an independent life. There were two themes analyzed regarding status in adulthood: belonging and financial self-sufficiency. Those two factors seemed to be what participants wished for in adulthood and were struggling to achieve, but that will not be discussed further here.

Even though the majority of the participants in the qualitative study had formed their own families and had children of their own, they were still struggling with working through trauma and difficulties in their childhood, which was not easy. One of the participants compared this experience with the experience of others who are raised in "normal" families:

Those who are raised in such decent conditions, they walk up Esjuna [a mountain in Iceland] and they walk up trails and receive support from their parents to attain

their goals. I had to carry mom and dad on my back and I had to walk Mount Everest to attain the same thing.

Discussion

The results of this study are in accordance with both national and international studies, regarding the status of former foster care children (Gypen et al., 2017). The results indicate that former foster care children are at a disadvantage in society in various areas. Half of the participants in the quantitative part of this study had attended three elementary schools or more. Of them, 24% had attended five or more elementary schools. Thus, there is a certain rootlessness that characterizes school attendance of the participants. Frequent school changes have been shown to have negative effects on the psychiatric status of children. They have more difficulties keeping up with educational requirements, so rootlessness reduces opportunities for learning (Strolin-Goltzman et al., 2016; Townsend et al., 2020). The results indicated further that a large proportion of the participants had educational difficulties during their elementary school experience. The results did show that the participants in this study had lower educational degrees than others in general in Iceland; about 40% had attended but not completed secondary school.

Fewer participants in this study had a paid job compared to individuals in general in the 16–24 age range. Rather a high proportion of participants were receiving disability benefits or financial assistance from their municipality or 8% each. In comparison, 2.9% of individuals in general in a similar age range were receiving disability benefits (Hagstofa Íslands, 2021). The results are similar to other results showing that former foster care children are more likely to need financial assistance or disability allowance compared to the general public. It has been interpreted from the results that care leavers experience unequal opportunities for education and lower educational attainment than among the general public (Kääriälä & Hiilamo, 2017; Vinnerljung et al., 2015). Similar results were attained in a recent study that was conducted in Iceland on the status of former foster care children using a convenience sample. That study showed that former foster care children were at a disadvantage regarding education and employment (Laxdal & Freysteinsdóttir, 2023).

Despite this, most of the participants thought that their situation would have been worse in adulthood if they had not entered foster care. The results showed that the majority of them were suffering from psychiatric problems, both while they were in foster care as well as following foster care in their adulthood. Children in foster care have been measured with a higher frequency of psychiatric problems than among the general public, such as serious depression, PTSD and attachment disorders (Engler et al., 2022). The results of this study showed that over 70% said that they had experienced depression and/or anxiety in their adulthood.

The majority of the participants in the quantitative part of this study had been in

long-term foster care. Furthermore, 17% of the participants had been in four or more foster care homes. These individuals had experienced a great deal of rootlessness, even after interventions by child protection services. According to previous research, each time foster care is disrupted, suicidal behavior increases by 68% (Taussig et al., 2014). Most of the participants, or 81%, had either thought about making or had made a suicide attempt at some point in their life. The results are in accordance with the results of a previous study that was conducted in Iceland, which also showed increased risk of suicidal thoughts and behaviors of former foster care children (Laxdal & Freysteinsdóttir, 2023). In addition, other studies have shown similar results (Kääriälä & Hiilamo, 2017; Vinnerljung et al., 2006).

The results of this study support the life-course perspective (Fulmer, 2016) and show how childhood trauma, the experience of foster care and transitions in young adulthood impact long-term outcomes in areas such as education, employment, social well-being, and mental health. The results underline the importance of appropriate support and intervention for this group of former foster care children. The results also indicate that the care leavers wanted more information about their foster care families, which is similar to the results of a study conducted by McTavish et al. (2022). The results also indicate that supervision of foster care children needs to be more extensive, with higher frequency of visits by child protection workers and regular support from professionals in conjunction with foster care. In addition, the results of the qualitative study showed that the transition from foster care should have been prepared more thoroughly and that the participants wanted to receive more support during and following that transition. However, most of the participants said that they thought it was the right decision to place them in foster care, and the majority thought that they should have gone into foster care earlier, which shows the importance of interventions by child protection services. That is in accordance with a previous Nordic qualitative study that showed that the participants expressed gratitude toward society for the change in their lives and their experiences of being reborn as a result (Bengtsson et al., 2018). The participants in this study also thought that it was important to gain financial self-reliance, which is also in accordance with previously mentioned study, where the participants expressed increased self-reliance while preparing themselves to leave care (Bengtsson et al., 2018). However, a previous study showed that care leavers have a need for practical and financial support as well as broader social and emotional support (Höjer & Sjöblom, 2010) at this stage of the life cycle. The need for more practical and financial support were among the results of the qualitative part of this study, and the participants felt the need to belong as well.

The main limitation of this study is the low participation ratio in the quantitative part of the study, which was 38%. However, we need to bear in mind that this was not a sample, but the whole population of young care leavers at the age of 20–25 in Iceland who had been in foster care through child protection services. Another limitation was that we were unable to reach 30 individuals out of 217, or 14%,

leaving 187 individuals that we were able to reach. A third limitation is that more questions could have been asked about leaving care specifically. Finally, it could be considered a limitation that the results from the quantitative part of the study were compared with the general public. However, we thought that it was important to see how this group of care leavers was doing compared to their peers. It would have been interesting to compare their position with peers as well that had been involved with child protection services without having been in care. That kind of comparison can be problematic as well, since those children that go into foster care have usually been more severely maltreated than children that receive milder interventions (Miller-Perrin et al., 2021). Thus, it is difficult to compare care leavers with other groups.

It is important that foster care children receive the support that they need to be able to deal with the experience that was the reason for their placement in foster care, as well as with the changes that foster care placement includes. The qualitative part of this study revealed that many participants had endured severe maltreatment and other difficult circumstances before they entered foster care. Professional support is important in terms of providing psychiatric and emotional care as well as educational and social support. This study highlights critical areas for improvement in the foster care system, aiming to enhance the lives of future foster care children in Iceland by addressing the challenges identified in the study.

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10. Frontline experiences of newly arrived refugees in Norway and Denmark

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Abstract

The article examines the experiences of Syrian and Ukrainian refugees in their encounters with municipal integration workers in Norway and Denmark. The empirical analysis takes its point of departure in street-level bureaucracy (SLB) theory on how informal practices of frontline workers are crucial for the delivery of welfare policies. It also departs from the more classical focus within the SLB literature by focusing more explicitly on the experiences of the claimants and how

these experiences vary across groups and policy regimes. Thus, it examines whether the differences between Norwegian and Danish integration policies at the national level – the latter being more restrictive than the former – transpire into refugees having different frontline experiences. The article relies on original survey data collected in Denmark and Norway among sub-samples of Syrian and Ukrainian refugees, respectively arriving from 2015 to 2023 and from 2022 to 2023 (n=6,551). The survey data enable us to assess refugees' experiences of service quality, in this article measured as communication difficulties, whether they get the help they need, and changes in experienced self-worth following encounters with integration workers. The article finds that, overall, experiences of service quality are positive, but that differences exist across refugee groups and country of residence. The Syrian refugees in Denmark report the least positive experience with the municipal integration workers. We also find that a remarkable number of refugees report experiences of lower self-worth and communication problems. These negative experiences are more prevalent among refugees from Syria than Ukraine and more prevalent in Denmark than in Norway. Finally, the article finds that experiences of service quality are shaped by the individual resources that refugees are in possession of.

Introduction

Knowledge about personal encounters with the frontline of the (welfare) state is of crucial importance for policymakers and practitioners, as these experiences serve as a crucial test of whether formal policy intentions about user involvement, equity, etc., are substantiated in practice (Breidahl et al., 2021; Kumlin & Rothstein, 2010; Moynihan & Soss, 2014). Moreover, several studies have revealed how frontline encounters may have broader feedback effects on outcomes such as institutional trust and political engagement (Breidahl & Fersch, 2018; Bruch et al., 2010; Yeager et al., 2017).

The overall aim of this article is to offer new insights into how individuals' experience their encounters with the frontline of the welfare state by focusing on the specific case of newly arrived refugees resettled in two Nordic welfare states, Norway and Denmark. In terms of theory, the article takes its point of departure in street-level bureaucracy (SLB) theory by recognizing how crucial the informal everyday practices of frontline staff are for the delivery of welfare policies. It also extends the reach of street-level research that predominantly focuses on the practices of frontline staff by paying explicit attention to the experiences of the claimants themselves, and how these experiences vary across policy regimes.

The focus on newly arrived refugees holds relevance for policymakers, researchers, and practitioners alike. Newly arrived refugees face numerous social and economic challenges due to their restricted citizenship rights, difficult labour market positions, and (in many cases) severe language barriers (Dånge, 2023; Spehar, 2021

). In both Norway and Denmark, newly arrived refugees are subject to extensive – and at times intrusive – integration measures, reflecting the long-standing and deeply embedded tradition of strong state involvement of the Nordic welfare states (Breidahl & Fersch, 2018). This involves, among others, full-day introductory programmes that may last for up to four years (Breidahl, 2017). How newly arrived refugees experience these measures is therefore of crucial importance for the well-being of newly arrived refugees as well as for society at large. The aim of this article is to learn more about different aspects of frontline experiences by shedding light on the following two research questions:

1. How do Syrian and Ukrainian refugees experience their encounters with municipal integration workers – and to what extent do these experiences vary between Norway and Denmark?
2. To what extent are differences in experiences a reflection of the individual resources that the refugees are in possession of?

Examining these questions enables us to provide insights about refugees' experiences of service quality: Do they feel they get the help they need, to what degree do they face difficulties communicating with the frontline of the welfare state and to what extent do their encounters involve psychological costs? As national-level public policies on migration and integration to some extent vary across the two countries (Breidahl, 2017), we also have an interest in whether these differences are reflected in the refugees' experiences with the frontline staff. Finally, the heterogeneity of the refugee group also raises concerns for equity of services across not only refugee groups but also individual resources such as educational background and language proficiency.

We will direct attention to three dimensions of experiences of service quality, here referred to as communication efficacy, service outcome satisfaction and post-interaction self-worth. Understanding individuals' experiences of these three dimensions is, we argue, vital for evaluating whether overall and sometimes abstract policy goals of effectiveness and equity are achieved in practice. In relation to this, the focus of question 2, the impact of individual resources is inspired by notions of "Equity" in welfare services: Access to and quality of welfare services should (in principle) be equal for all citizens and not differ according to ethnicity, gender, age, or educational level. Therefore, if the resources individuals are in possession of influence experiences of service quality, it is an indication of whether the Nordic welfare states live up to overall goals about equity. Systematically identifying these experiences, can generate valuable insights to policymakers and frontline organizations in their future efforts to improve public services.

The survey data includes 6,551 refugees, allowing us to direct attention to and engage in a broader discussion around the general patterns in how newly arrived refugees (in this study defined as individuals who within a period of 8 years have gained resident permit (2015–2023)) experience their encounters with the frontline

of the Nordic welfare state. Moreover, the data allow us to examine variations in refugee experiences – by individual resources, by the refugees' countries of origin (Syria and Ukraine), and by their countries of residence (Denmark and Norway). Finally, the article also methodologically contributes to existing SLB research. While in-depth qualitative studies on individual experiences offer important insights, quantitative research based on representative samples is so far scarce and may add supplementary and valuable insights.

The rest of the article is structured as follows: The next section presents the theoretical framework and related research that underpin the focus of the article, followed by an outline of the central features of the policy context of Syrian and Ukrainian refugees in Denmark and Norway. The fourth section introduces the data, measures, ethical considerations and methods, followed by the empirical analysis. The last section summarizes the central findings and discusses their limitations and broader relevance.

Theoretical framework and previous studies

In terms of theory, the article takes its point of departure from insights into SLB theory: how policy is produced on the ground by frontline staff, and the ways their frontline practices matter for the clients (Breidahl & Brodkin, 2024; Lipsky, 1980). Thus, street-level organisations, and the staff within those organizations, shape possibilities for accessing services, benefits, and rights provided by the state.

Although it is widely recognized that what frontline staff do, and do not do, is of importance for the clients (Brodkin, 2011; Lipsky, 1980), most SLB studies tend to focus on the staff side – their behaviour, informal practices and strategies to manage everyday working life. Less is known about the claimant side – how they experience their personal encounter with the frontline in various areas of the (welfare) state, and what shapes these experiences (for some previous studies, see Boland & Griffin, 2015; Breidahl et al., 2024; Finn, 2021; Matarese & Caswell, 2018; Wright et al., 2020).

Looking beyond the SLB literature, several migration studies have drawn attention to the experiences of immigrants in their new destination country. This covers a long line of quantitative (Breidahl et al., 2021; Crul & Schneider, 2010) as well as qualitative studies (Bucken-Knapp et al., 2019; Schierenbeck et al., 2023; Spehar, 2021). These studies have, among others, brought forward some of the "voices" and lived experiences of different groups of migrants. Some focus specifically on refugees' experiences with introduction programmes (e.g., Bucken-Knapp et al., 2019; Djuve & Kavli, 2015), others more broadly on migrants' experiences with the destination society institutions (e.g., Breidahl et al., 2021; Röder & Mühlau, 2012). We contribute to this literature by focusing specifically on the refugees' encounters with frontline staff and by drawing on analytical insights from the administrative-burden literature on how clients encounters with the administrative side of the

state can involve a considerable amount of cost and how these costs are distributed unequally across different groups (Herd & Moynihan, 2018). When citizen-state encounters are experienced as burdensome, it makes it harder for citizens to access services – especially for the least advantaged groups in society. Consequently, personal encounters with state authorities can be experienced as more or less "burdensome". According to the literature, these burdens are manifested in different categories of *costs*, such as compliance costs (e.g., burdens of following administrative rules), psychological costs (e.g., stigma, loss of self-worth and loss of autonomy due to entering specific programmes) and learning costs (e.g., time and energy spent on learning rules and requirements) (Herd & Moynihan, 2018).

Considering the extensive trauma that many refugees are exposed to prior to and during displacement, and their subsequent vulnerability to re-traumatization, we find it imperative to critically examine the psychological costs of their everyday encounters with the frontline of the welfare state (Ojha et al., 2024). Psychological costs embrace many dimensions. They are manifested in different emotions such as stress and frustration and are closely related to both compliance and learning costs and may arise as direct consequences of these (Herd & Moynihan, 2018, p. 27). To capture psychological costs in this article, we will focus on the "implications for self-worth". We will also examine "communication efficacy" – did the refugees understand what the integration workers said? We argue that this captures an important element of learning costs, although it departs from more conventional measures like time and energy spent on learning. Our data does not include measures of compliance costs. Instead, we focus on a broader measure of "service outcome satisfaction" that supplement the other more specific dimensions in important ways. In the concluding discussion, we will address how additional research can add to current studies on administrative burdens experienced by refugees.

The policy context of Syrian and Ukrainian refugees in Denmark and Norway

As mentioned above, the survey data enables us to systematically compare refugees' experiences with the frontline across two Nordic welfare states, both of which are known for their institutional capacity to provide and advance social welfare (Esping-Andersen, 1990), but which have also consistently struggled over the past decade to respond to refugees seeking protection and opportunities for a better life (Breidahl, 2017). Denmark and Norway differ in their approach to refugees, and in the services targeted specifically at newly arrived refugees (Hernes et al., 2023).

Both countries have enacted integration laws that mandate participation in integration programmes which, in practice, are compulsory for refugees reliant on

state-provided financial support. These programmes typically include language training, social studies, and various training and measures that can prepare the participant for further education or work. The programmes typically last between six months and one to two years, but can in some cases last for up to four years.

Although these programmes share several similar features, Denmark is generally considered to be less generous in terms of rights to income support, and stricter in its demands to participate and perform in the programmes (Breidahl, 2017; Brochmann & Hagelund, 2012; Hernes et al., 2023). Previous research has offered limited comparative insight into how these general characteristics, both their divergences and commonalities, are reflected in the lived experiences of newly arrived refugees.

Upon arrival, the standard procedure in both Norway and Denmark is that asylum applicants are hosted in asylum centres while awaiting a decision on whether asylum will be granted. For some, this waiting period extends for not only months but years (Breidahl & Brodkin, 2024). When refugees from Syria arrived at the Danish and Norwegian borders, the majority were initially accommodated in asylum centres. In Denmark, the humanitarian crisis in Syria, combined with a high recognition rate and the group's clear eligibility for protection, meant that refugees from Syria were, in comparison to asylum seekers from other countries, granted temporary residence more rapidly. As a result, their duration within the asylum system was comparatively shorter (Hvidtfeldt & Schultz-Nielsen, 2018).
In Norway, the average waiting time for Syrians varies more, ranging from more than 16 months in 2019 to 4.5 months in 2022[6].

Unlike other refugee groups, Ukrainian nationals were granted temporary protection status upon arrival in Denmark and Norway, thereby circumventing the formal asylum application process. Compared to Syrian refugees, they benefited from a faster and more streamlined process for obtaining temporary protection status, which also granted them immediate access to the labour market in both Denmark and Norway. Thus, although the waiting time in the asylum system for Syrian refugees, at least in Denmark, was relatively short compared to other refugee groups, Ukrainian refugees were settled in local municipalities at a higher speed (Nordic Council of Ministers, 2022). That said, the continued high influx of Ukrainian refugees in Norway has in some cases delayed enrolment in introductory programmes as well as reduced the scope of the programme due to limited capacity in the integration services (Kavli et al., 2024). By the end of 2023, Norway had received more than 63,000 refugees from Ukraine. The corresponding number in Denmark was below 47,000[7], and the difference in arrivals continued through 2024.

Once resettled in a municipality, refugees have access to various training

6. IMDi: Monthly report on settlement, December 2019; January 2023
7. Facts and figures on immigration 2023. https://us.dk/tal-og-statistik/tal-og-fakta/

programmes mainly aimed at learning the language, social studies, and most importantly finding – or becoming qualified for – paid employment. The main income support available for newly arrived refugees is the introductory benefit, which is conditioned on participation in the programme. While Denmark and Norway share some fundamental features in their integration and labour market systems, Denmark generally enforces stricter sanctions and civic integration measures, emphasizes a stronger "work-first" approach in its activation policy, and employs a two-tier social benefits system that provides significantly lower benefits for migrants compared to non-migrants (Breidahl, 2017; Djuve & Kavli, 2019). Moreover, Denmark has a stronger emphasis on return and repatriation policies than Norway (Hernes et al., 2023). In Denmark, this was manifested as part of the so-called "paradigm shift" enacted in parliament in 2019. Consequently, the Danish integration law includes two sets of programmes – the introductory programme and the self-sufficiency and repatriation programme[8]. Norway has not undertaken a similar turn towards temporary protection in its regular asylum and refugee policies. However, after Russia's full-scale invasion of Ukraine in 2022, Norway received an unprecedented number of Ukrainian refugees, including many children, who were granted collective temporary protection.

Data and methods

Data

The data utilized in this article stems from an original survey conducted in late 2023 to early 2024 by Statistics Denmark and Kantar Public/Verian in Norway[9]. The survey focused on Syrian and Ukrainian refugees resettling in Denmark or Norway. Inclusion criteria for Syrian refugees were 1) arrived in Norway/Denmark between 2015–2023, 2) hold Syrian citizenship upon arrival in host country, 3)–18 years or older, 4) hold residence permit either from being granted asylum or through family reunification. For Ukrainian refugees, inclusion criteria were 1) arrived in Norway/Denmark between 2022–2023, 2) hold Ukrainian citizenship upon arrival, 3)–18 years or older and 4) granted residence permit under temporary collective protection schemes for Ukrainian refugees in Norway/Denmark.

It is widely recognized that refugees can be hard to reach through survey research, so several measures were taken to improve the response rate. First, the web interview was translated from Danish/Norwegian to Ukrainian, Russian and Arabic. The translations were tested by native speakers who discussed the quality of the

8. Udlændinge og Integrationsministeriet: Selvforsørgelses- og hjemreiseprogrammet og introduktionsprogrammet. https://uim.dk/arbejdsomraader/integration/modtagelse-og-integration-af-nye-borgere/den-beskaeftigelsesrettede-integrationsindsats/selvforsoergelses-og-hjemrejseprogrammet-og-introduktionsprogrammet/
9. For more detailed descriptions of the data, see technical report (Nielsen et al. 2025)

translations with the researchers before the surveys were piloted. Second, answers were collected through a combination of web interviews (CAWI) and phone interviews (CATI). Invitations were sent out by email or SMS and several reminders were sent if they had not participated initially. A second round of data collection was conducted through phone interviews for those who were either non-responsive or had partially completed the survey. Third, phone interviewers were competent in either Ukrainian/Russian and/or Arabic, enabling direct interviewing. Fourth, cash prices were raffled among the participants in the survey. These steps helped ensure satisfactory response rates for each subgroup included (see Table 1 in the supplementary materials).

Appendix 1 reports an overview of the present sample, interview method and background characteristics. The overall response rate for both countries is 24.5% and the data holds 6,551 fully completed interviews. The response rate is higher in the Danish survey (21.0% vs. 32.6%). This is due to a – by comparative standards – low response rate for Syrian refugees in Norway (13.4%). The phone interviews did, however, increase the response rates for Syrian refugees in Norway, reflected by the fact that 46% completed the interview by phone (see Appendix 1.2).

Appendix 1.5 shows the characteristics of the sample, revealing notable differences between refugees in Norway and Denmark. In Denmark, the percentage of Syrian and Ukrainian refugees employed full time is higher compared to Norway, while a greater proportion of refugees in Norway are enrolled in education. Syrian and Ukrainian refugees in Denmark have, on average, resided in the country for a longer duration compared to their counterparts in Norway. Over half of the Ukrainian refugees in both countries have higher education, unlike the Syrian refugees, who generally have lower educational levels. In Denmark, the proportion of female refugees is higher than in Norway in both refugee groups, while in both countries, the largest share of Syrian and Ukrainian refugees falls within the 26–45 age group. However, a larger proportion of Ukrainian refugees in both countries are aged 56 and above compared to their Syrian counterparts.

Measures

As shortly discussed above, the empirical analysis of the article will direct attention to three dimensions of experiences of service quality: communication efficacy, service outcome satisfaction, and post-interaction self-worth. First, given that many newly arrived refugees face language barriers, we consider difficulties around communication to be a crucial dimension of service quality and as one of several manifestations of burdensome experiences. Communication efficacy was measured by asking "*Did you have difficulties understanding what was communicated* (by integration workers)*?*". The second dimension of "service outcome satisfaction" was measured by asking "*Did you receive the help you needed* (from the integration workers)*?*" Finally, we have added a measure of negative implications of frontline encounters on refugee's post-interaction self-worth (psychological costs) by asking

"*Did you feel lower self-worth after interacting with integration service employees?*".

Together, these three measures offer relevant insights into refugees' experience of service quality in their interactions with frontline integration workers. The three measures combine both specific and general assessments of encounters with integration workers. The measures also entail certain limitations, including recall bias (e.g., referring to how the respondent's ability to accurately remember past events becomes flawed over time). The way we measure "communication efficacy" only captures whether the respondents understood the communication from the integration workers, whereby other relevant dimensions of communication are omitted, e.g., whether the refugees have the ability to voice their concerns, etc.

Respondents answered all three questions on six-point scales ranging from "Never" to "Always" (Never/Almost never/Rarely/Often/Almost always/Always). To ease interpretation in the regression analyses, the variables were rescaled to range from 0 to 100, entailing that the theoretical minimum equals 0 and theoretical maximum equals 100.

To investigate "equity" in refugees' encounters with welfare services, we direct attention to the role of individual resources. In an ideal scenario, equity in welfare services would entail that individual-level factors have limited influence on refugees' experiences of service quality: Thus, if welfare services are genuinely accessible and effective for all, we would not expect to observe significant variations in experiences across individuals and groups. The greater the group-based disparities in perceived service quality, the more it signals a shortcoming in the pursuit of equity.
The following individual-level predictors of experiences of service quality are utilized in the empirical analysis: English language proficiency (Beginner/Elementary/Low intermediate/Intermediate/Advanced/Very advanced), host-country language proficiency (Beginner/Elementary/Low intermediate/Intermediate/Advanced/Very advanced), educational attainment (Primary and lower secondary/Vocational training and general upper secondary/Higher education)[10]. We include controls for age and gender, as there are substantial disparities in the distribution of both across the included refugee groups (see Appendix 1.5 for an overview of background characteristics).

Ethical considerations

In developing and conducting a survey on refugees' experiences with municipal integration workers, it is vital to maintain responsibility and respect. We contend

10. Time of residence was initially included in the analysis, but was exempted from the model due to problems of multicollinearity in the Danish sample between refugee group and years of residence. The majority of the Ukrainian refugees in Denmark arrived within the first three months after the Russian escalation, whereas the influx of refugees to Norway has continued throughout the period.

that our study generates important knowledge with the potential to inform and improve societal outcomes, but, of course, this aim must always be balanced against the principle of "do no harm". To minimize potential negative impacts, we have taken the following steps:

1. **Informed consent and voluntary participation:** Information about the purpose of the study, what it involves, and any potential risks or benefits has been provided in Norwegian, Danish, English, Ukrainian and Arabic. Participation has been clearly stated as voluntary, and participants have been informed that they may withdraw from the study at any time.
2. **Confidentiality and anonymity:** The identities of the participants are anonymized in the data used for analysis, and the data collected is stored securely and only accessible to authorized personnel.
3. **Sensitivity to trauma:** The questionnaire has been developed mindful of the potential for refugees to have experienced significant trauma. Questions are respectful and topics that may re-traumatize or resemble asylum interviews are avoided.
4. **Cultural sensitivity:** The survey is available in multiple languages, and the questions have been reviewed to ensure cultural appropriateness.

Analyses

Descriptive statistics are utilized to assess cross-country and cross-group variations in refugees' frontline experiences. Descriptive results are visualized in graphs, while numeric tables are available in Appendix 2. Partial responses are included. The descriptive analyses are conducted for each of the three dimensions of experiences of service equality. Linear regression analyses (OLS) are used to assess "equity" – whether and how individual-level factors affect frontline experiences across countries and groups.

To explore whether the importance of individual-level resources is more pronounced in Denmark than in Norway, we first constructed a binary variable with refugee groups pooled together according to country of residence. Second, a set of regression analyses predicting associations between individual-level resources and the three dimensions of frontline experiences was conducted, including an interaction term between country of residence and each individual-level resource of concern. These are education level, English language proficiency, and country-of-residence language proficiency. Regression tables, tables reporting numeric slope coefficients, and visual representations of interaction effects are reported in Appendices 4 and 5. Missingness is handled by listwise deletion. All regression models were subject to tests for heteroskedasticity (White test), multicollinearity (variance inflation factors), influential cases (Cook's D) and appropriate functional form (Ramsey's regression specification error test). Due to heteroskedasticity problems, robust standard errors are used throughout. Besides heteroskedasticity

problems, tests indicate no violation of OLS assumptions. However, the regression models predicting service outcome satisfaction demonstrated borderline significant results, indicating potential deviances from linearity. Visual analyses using augmented partial residual plots identified that the variable capturing country-of-residence language proficiency deviates a little from normality, causing Ramsey's regression specification error test to indicate a non-appropriate functional form. Treating country-of-residence language proficiency as categorical did not yield substantially different results. To ease interpretation of results across regression models, and because there are only minor deviations from linearity, the variable was treated as continuous.

Results

Descriptives

Most refugees report generally positive experiences of service quality in their interactions with municipal integration workers (cf. Figures 1.1 to 1.3). In terms of communication difficulties (communication efficacy), most refugees report that they rarely or never have difficulties understanding what was communicated by the local integration workers. However, Syrians in both Norway and Denmark report more frequent communication difficulties than Ukrainians.

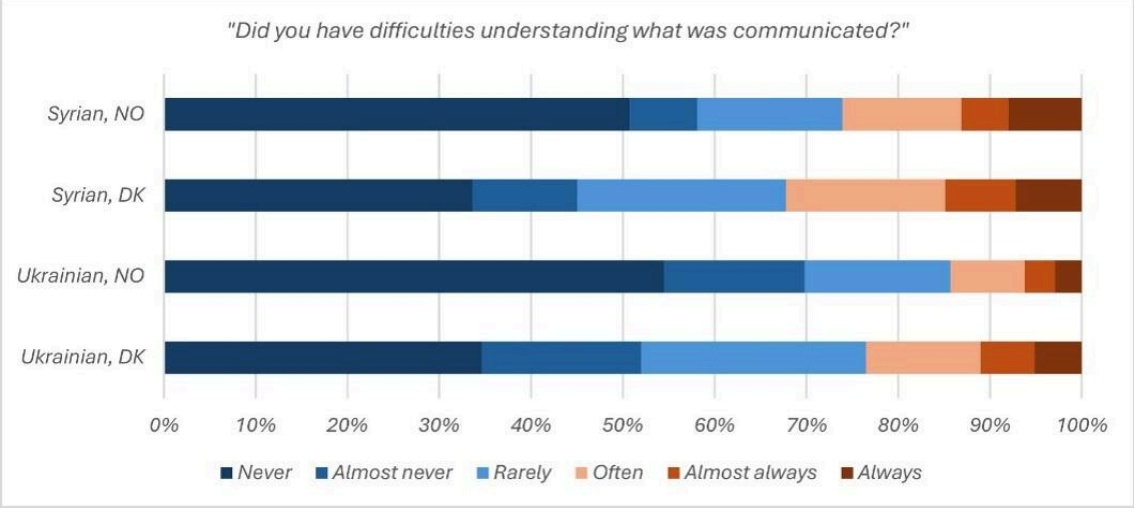

Figure 1.1. Perceived communication efficacy of municipal integration workers across refugee groups Note: n = 6,563

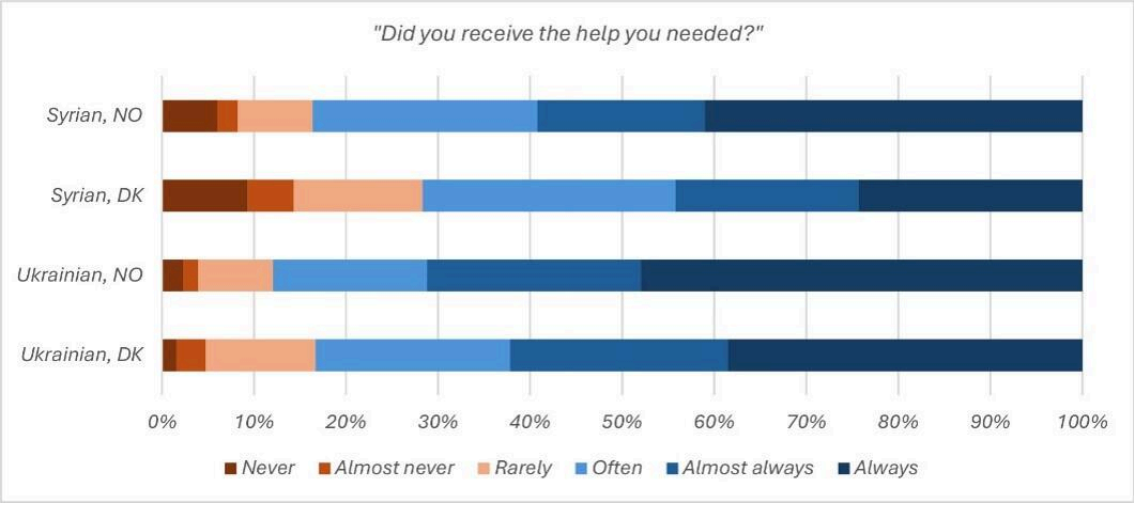

Figure 1.2. Perceived service outcome satisfaction from municipal integration workers across refugee groups Note: n = 6,567

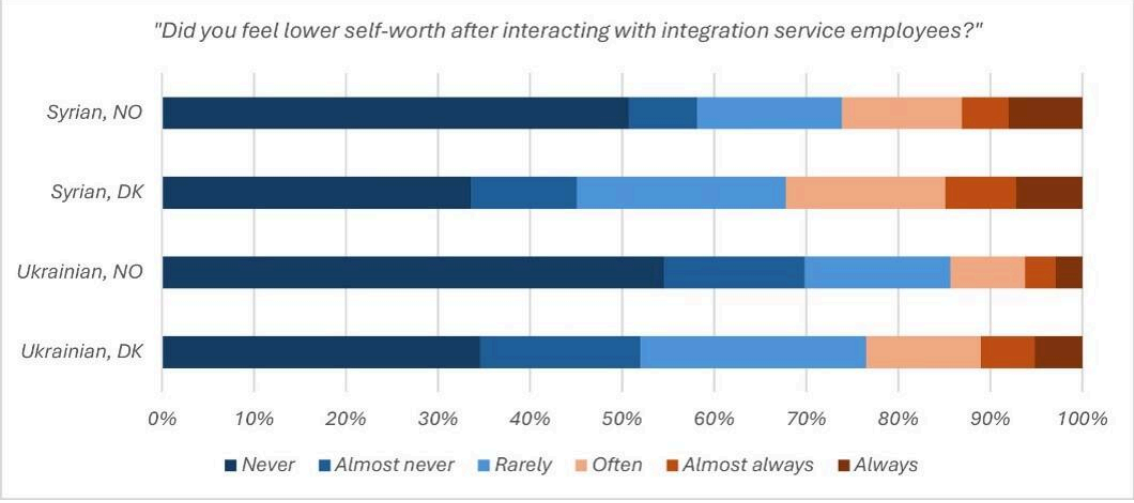

Figure 1.3. Perceived psychological costs of interacting with municipal integration workers across refugee groups Note: n = 6,412

In terms of service outcome satisfaction, a large majority report that they always, almost always or often receive the help they need after being in contact with integration workers. However, again, we find that the expressed satisfaction is lower among Syrians in Denmark compared to the other groups, as 9.3% indicate that they "never" got the help they needed when being in contact with integration workers.

In terms of psychological costs (post-interaction self-worth), Syrians, especially in Denmark, report the highest level of costs after being in contact with integration workers. Although most Syrians in Denmark say they rarely or never experience a drop in self-worth, it is notable that 30% state that they often or always feel lower self-worth.

The measurement of psychological costs is compromised by the unknown and likely variation in time elapsed between the respondent's last interaction with integration

workers and the time of data collection. This can increase the likelihood of recall bias, as evaluations of frontline encounters in the past may be blurred by more recent experiences – positive as well as negative – with other areas of the society. To address this potential recall bias, we assess the association between non-institution-specific expectations of equal treatment by country-of-residence authorities and psychological costs for each refugee group[11]. Using Goodman & Kruskal's gamma statistics, we found moderate associations across all groups (Syrian (NO) = .29; Syrian (DK) = .28; Ukrainian (NO) = .39; Ukrainian (DK) = .36). If our measure of psychological costs primarily reflected a general sense of resettlement, we would expect stronger associations. The observed strength of the associations therefore suggests that our measure captures aspects of psychological costs that are, to some extent, distinct from a broader perception of equal treatment.

The descriptive findings outlined above reveal substantial differences across refugees' countries of origin as well as between destination countries. Across all three measures, the experiences of service quality tend to be more positive in Norway than in Denmark. Nevertheless, in both host countries, Syrians express higher levels of dissatisfaction concerning the assistance they receive and lower feelings of self-worth after interacting with municipal integration workers. Furthermore, Syrians encounter severe communication difficulties than Ukrainians in both Denmark and Norway. These national differences could indicate that differences in the policy regimes and how municipal integration workers deliver these policies, may have an impact on refugees' experiences of service quality. Furthermore, services appear to cater more effectively to the needs of Ukrainian refugees compared to Syrian refugees.

Equity of welfare services: Individual-level predictors of experiences

In both Norway and Denmark, the ethical foundation of social work emphasizes equal treatment of all individuals, regardless of their cultural background or personal resources. The regression analyses reported in Figure 2 predict the impact of individual-level factors related to refugees' experiences with frontline municipal integration workers (see Appendix 3.1 for numeric regression table).

11. Expectations of equal treatment by country-of-residence authorities were measured by asking "How likely is it that people will receive equal treatment when contacting government authorities in Denmark/Norway?". Respondents answered on a four-point scale (Very unlikely/Unlikely/Likely/Very likely).

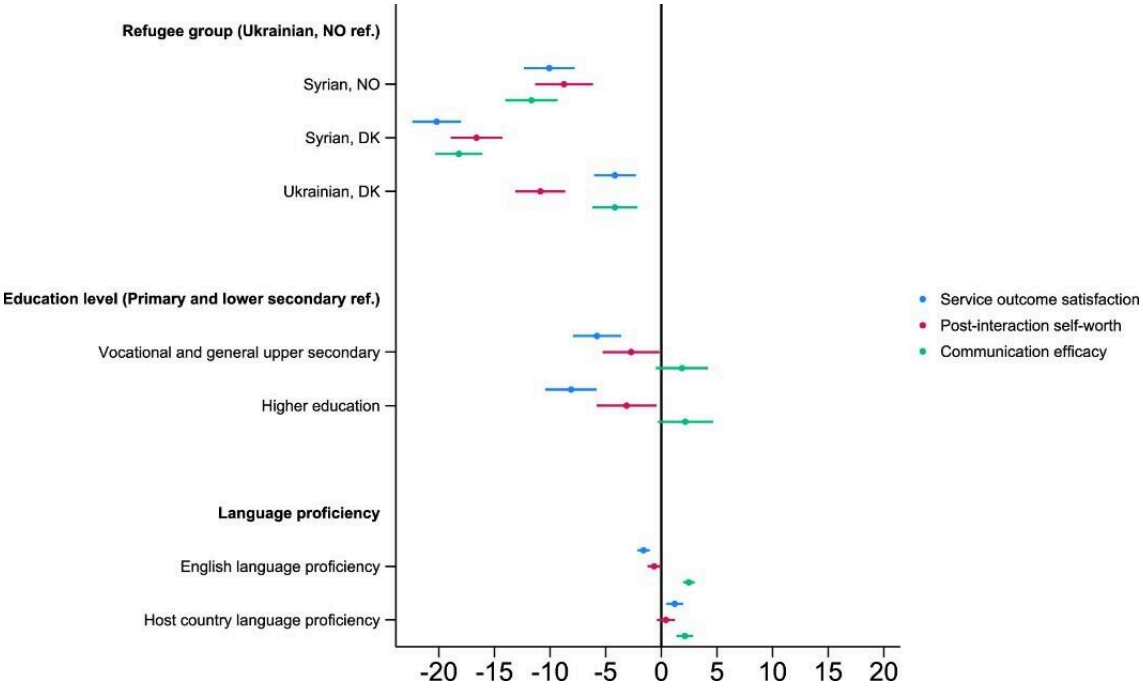

Figure 2. Individual-level predictors of refugees' experiences with municipal integration workers, Multiple Linear Regression (OLS)

After controlling for individual characteristics, Syrian refugees in Denmark consistently score lowest across all three measures. This suggests that they have the least positive experiences with municipal integration workers, whereas Ukrainian refugees in Norway report the most positive experiences. In other words, differences based on both country of origin and country of residence persist after controlling for individual-level factors. Moreover, the analysis reveals that various individual-level factors influence refugees' experience of service quality. English language proficiency and educational level tend to decrease experiences of service outcome satisfaction and increase psychological costs. The effect is most evident in terms of service outcome satisfaction which may reflect that more resourceful refugees may have higher expectations for service quality. The same resources do, however, tend to increase perceived communication efficacy. Across all three measures, older refugees tend to report more positive experiences than their younger counterparts. It is difficult to determine whether this pattern reflects higher expectations among younger refugees – for instance, regarding access to formal education – or whether integration workers find it easier to address the needs of older refugees, or perhaps a combination of both.

To summarize, the analysis highlights two central findings: Experiences of service quality among refugees are indeed affected by individual resources, and the cross-country and within-country patterns identified in the previous section persist even after controlling for language proficiency, educational attainment, age, and gender.

The link between policy regimes and equity of services

To assess whether differences in frontline experiences of service quality across policy regimes are statistically valid, we first conduct a regression analysis with the refugee groups pooled together by country of residence (see Appendix 3.3 for numeric regression table). Across all three measures of service quality, refugees resettled in Norway report, on average, more positive experiences than those resettled in Denmark (Service outcome satisfaction = 9.803***; Psychological costs = 11.33***; Communication efficacy = 8.301***). Given that the dependent variables are scaled from 0 to 100, this suggests that refugees resettled in Norway report experiences that are approximately 8–11% more positive than those of refugees resettled in Denmark. Second, to shed light on policy regime effects on the level of equity of services, we conduct separate regressions for refugees in Norway and Denmark. This allows us to assess whether there are larger disparities in frontline experiences across ethnic origin in Denmark than in Norway. Should one regime better reflect the ideal of equity in provision of welfare services, this would be evident in a weaker influence of individual-level characteristics on refugees' reported experiences. Alternatively, we would expect that the size of the effects is smaller in one regime than in the other. Visually, the regime with the most equitable services would produce a "narrower" pattern in the figures that illustrate the findings from the regression analyses.

Figures 3.1 to 3.3 contains two separate OLS regressions each and compares the experiences of Syrian refugees in Denmark and Norway with those of Ukrainian refugees in these same countries.

Overall, the findings indicate that Norway, relative to Denmark, tends to come closer to the ideal of providing equity in welfare services: across all three measures of frontline experiences of service quality, individual-level characteristics tend to be of greater importance for refugees resettling in Denmark. Moreover, and in line with the previous findings, country of origin has a substantially larger impact on frontline experiences in Denmark. Here, there are larger differences between Syrian and Ukrainian refugees in their frontline experiences, both in terms of satisfaction with service outcomes and communication effectiveness.

Third, we assess whether there are statistically significant country differences regarding levels of service equity. Appendices 4 and 5 reports both numeric tables and visual representations of the additional tests of regime impacts, i.e., tests of whether the identified differences reported in Figures 3.1 to 3.3 are statistically significant. The findings show that two statistically significant interaction effects can be identified regarding experienced communication efficacy. Thus, education level and English language proficiency have less impact on refugees perceived communication effectiveness in Norway. Moreover, these findings reveal how the country differences in experienced communication efficacy become more pronounced as education and language skills decrease (see Appendix 5 for visual

representations). This implies that refugees with a high level of individual resources experience somewhat similar communication efficacy across Norway and Denmark, while there are greater differences for refugees with less resources. When assessing the slope coefficients for the remaining cases, where p-values of the interaction term exceed 0.05, the same broad trend is identified (see Appendix 4.4). For instance, a statistically significant effect from education level on service effectiveness is identified in Denmark (-2.030*). Conversely, a smaller and non-significant effect is identified in Norway (-1.066).

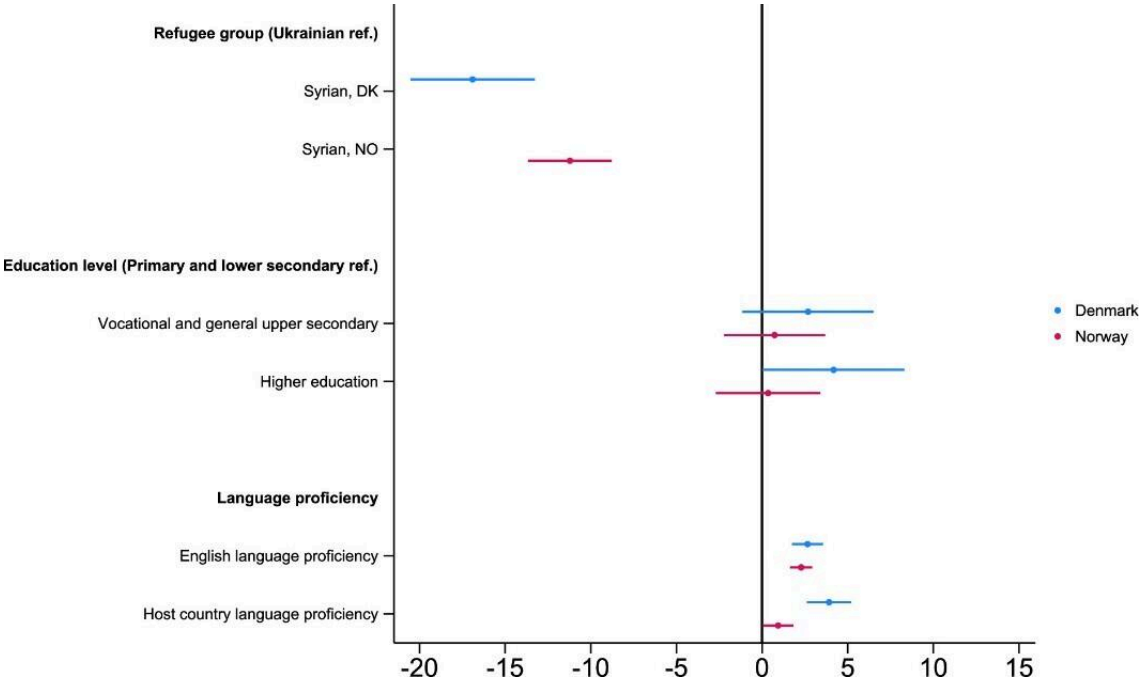

Figure 3.1. Individual-level predictors of experienced communication efficacy in integration services, Multiple Linear Regression (OLS)

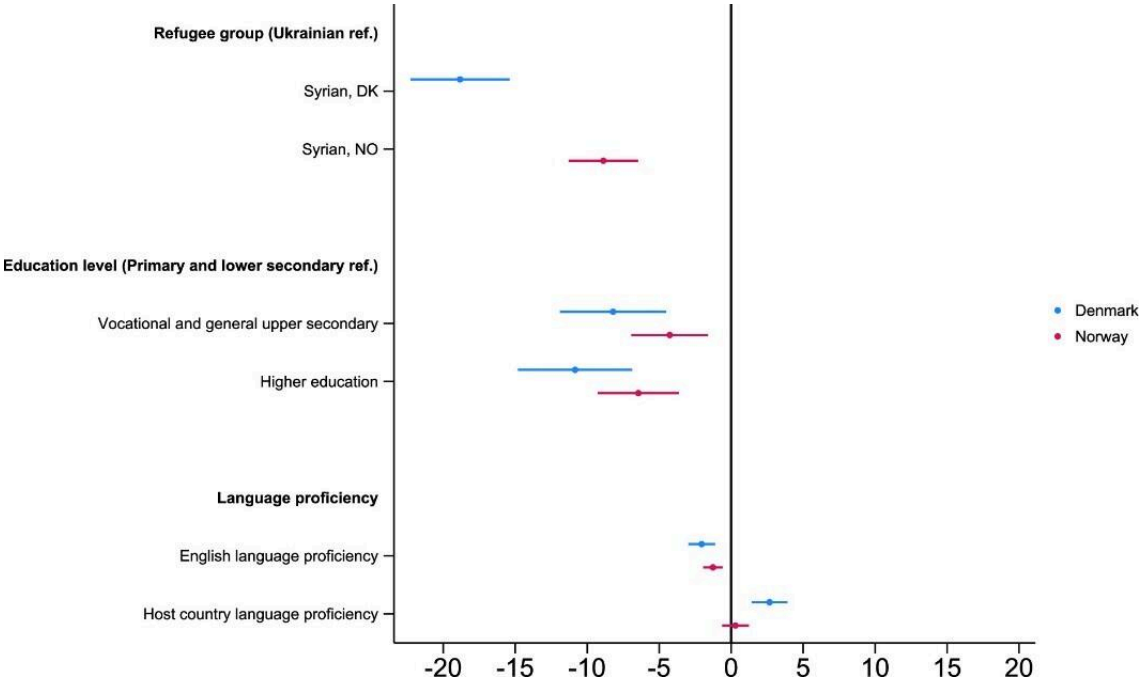

Figure 3.2. Individual-level predictors of experienced service outcome satisfaction in integration services, Multiple Linear Regression (OLS)

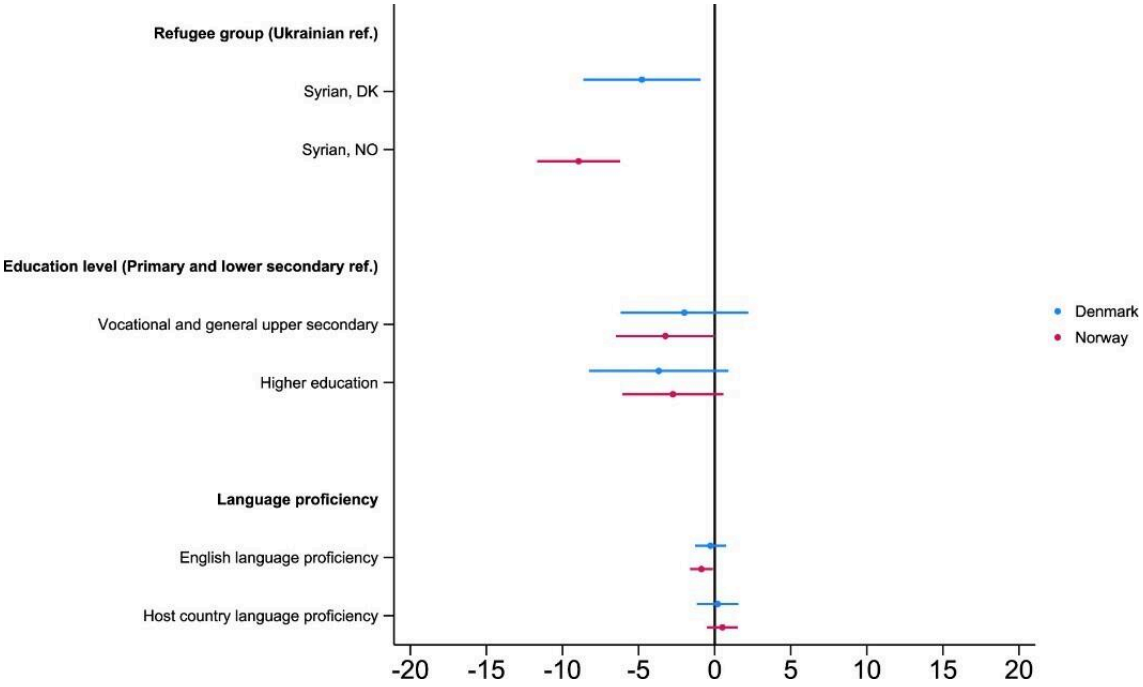

Figure 3.3. Individual-level predictors of experienced psychological costs in integration services, Multiple Linear Regression (OLS)

In summary, the main findings from this section are that

1) refugees' frontline experiences are generally worse in Denmark than in Norway and

2) these experiences tend to be more equitable in Norway, particularly regarding communication effectiveness and satisfaction with service outcomes.

Conclusion and discussion

The central aim of this article has been to shed light on how newly arrived refugees experience their encounters with the frontline of the welfare state in Denmark and Norway, by examining experiences of service quality across countries of origins, countries of residences and individual characteristics. The focus has been on refugees' experiences with the frontline staff delivering municipal integration services as these services constitute formative encounters for newly arrived refugees in the Nordic welfare states.

The overall findings indicate that the majority of Syrian and Ukrainian refugees view the municipal integration services they encounter in a generally positive light. Still, not all refugees are satisfied. Some find that dealing with integration services comes at a psychological cost, and many feel worse about themselves after meeting with integration workers: 30% of Syrian refugees in Denmark and 24% in Norway report that they "always, almost always, or often" feel less self-worth after their encounters with integration workers. These variations across groups and countries remain when accounting for individual resources. Although at this stage we can only speculate, these findings could indicate that cross-national policy differences in restrictiveness, Denmark being more restrictive than Norway, matter for frontline practices in the municipalities. The findings underscore the necessity for further research to elucidate why psychological costs are disproportionately experienced by Syrian refugees compared to Ukrainian refugees, and more prevalently in Denmark than in Norway. Additionally, such research should explore how policy frameworks and frontline practices can be refined to mitigate these adverse experiences. We also encourage further research to incorporate the various types of costs commonly recognized in the literature on administrative burdens (see Section 2).

The empirical findings of this article further highlight significant challenges in the communication between refugees and frontline workers, particularly among Syrian refugees in Denmark. It is unsurprising that communication challenges arise when a large number of refugees arrive within a short timeframe, as acquiring proficiency in a new language requires time. Although both Denmark and Norway have national regulations guaranteeing newly arrived refugees the right to support from language interpreters – with Denmark adopting more restrictive measures than Norway – it is a well-established finding within SLB research that formal policy intentions are not necessarily implemented in practice, often due to factors such as resource constraints.

We encourage further research to investigate more deeply whether these communication difficulties reflect implementation barriers in the delivery of these

services, whether it relates to the quality of the services or whether it rather reflects unproductive discretion – e.g., relying on Google Translate or other digital tools rather than professional interpretation services? The question is also whether these kinds of language services are enough to prevent the prevalence of communication difficulties.

We also observe cross-national differences between Norway and Denmark regarding experiences of service quality; refugees in Denmark more frequently report experiencing psychological costs, and communication with frontline workers tends to be more challenging. Findings that could indicate that features in the policy regimes systematically influence frontline practices and how individuals experience these practices. However, there is a risk that our findings are influenced by broader experiences of settlement in Denmark versus Norway. Factors such as Norway's more generous social benefits may foster more positive attitudes towards public services, subsequently affecting refugees' evaluations of their interactions with frontline staff in the municipalities. This also pertains to a broader limitation of the study, namely the potential bias inherent in soliciting satisfaction responses from newly arrived refugees. It cannot be ruled out that a certain degree of gratitude may influence their evaluations.

Our findings further suggest that neither Norway nor Denmark fully achieve the ideal of equity in service provision, as service quality is perceived differently depending on the individual resources refugees are in possession of. This also raises several questions for further research: Do the findings indicate that refugee-specific services in Norway and Denmark are better tailored to the needs of refugees with low education? Or do refugees with a certain level of education simply expect more from the services and are more likely to express their dissatisfaction when expectations are not met? When examining how individual resources shape perception of service quality we find that language skills are crucial and, moreover, that Syrian refugees in Denmark face more obstacles than Ukrainian refugees in Denmark, and Syrian and Ukrainian refugees in Norway. On the other hand, that individual resources matter is in many ways in line with previous research stating how individual resources influence personal encounters with state institutions and the (learning) cost involved in these encounters (Herd & Moynihan, 2018).

This underscores the critical importance of language proficiency. Effective communication remains a challenge in both countries, suggesting that many refugees lack adequate language skills to effectively navigate welfare state institutions, while frontline staff may encounter difficulties in addressing the needs of clients with limited proficiency in the host country's language.

However, it is a paradox that improvements in language proficiency and educational attainment tend to improve perceived communication efficacy but reduce perceived service effectiveness. To provide high-quality welfare services at the street level, effective communication seems to be an important but insufficient

condition.

Finally, and of critical importance, we encourage future research to undertake a more in-depth examination of why Ukrainian refugees generally report more positive experiences with frontline welfare state services compared to Syrian refugees. Although comparing differential treatment of refugee groups – and its implications – was not the primary focus of this study, our findings indicate that this area warrants greater scholarly attention in further research.

We have already discussed some of the limitations involved in a study like this, throughout the article. An additional limitation stems from the lack of information on variation across municipalities. In both Norway and Denmark, the local municipalities are responsible for delivery of integration services, and we know from previous research there are considerable local variations in the integration efforts and practices (Djuve & Kavli, 2015; Herd & Moynihan, 2018; Kavli et al., 2024). Nonetheless, our study reveals significant differences in how interactions with public services are experienced at the national level in Norway and Denmark. This suggests that variations at the municipal level do not eliminate the broader disparities observed between the two countries.

Notwithstanding the limitations inherent in the measures utilized in this study, we maintain that it offers significant contributions to the understanding of newly arrived refugees – a population that has been largely underexplored in the existing literature on experiences of service quality, street-level research and existing research on administrative burdens (cf. Halling & Baekgaard, 2024, for a recent literature review).

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