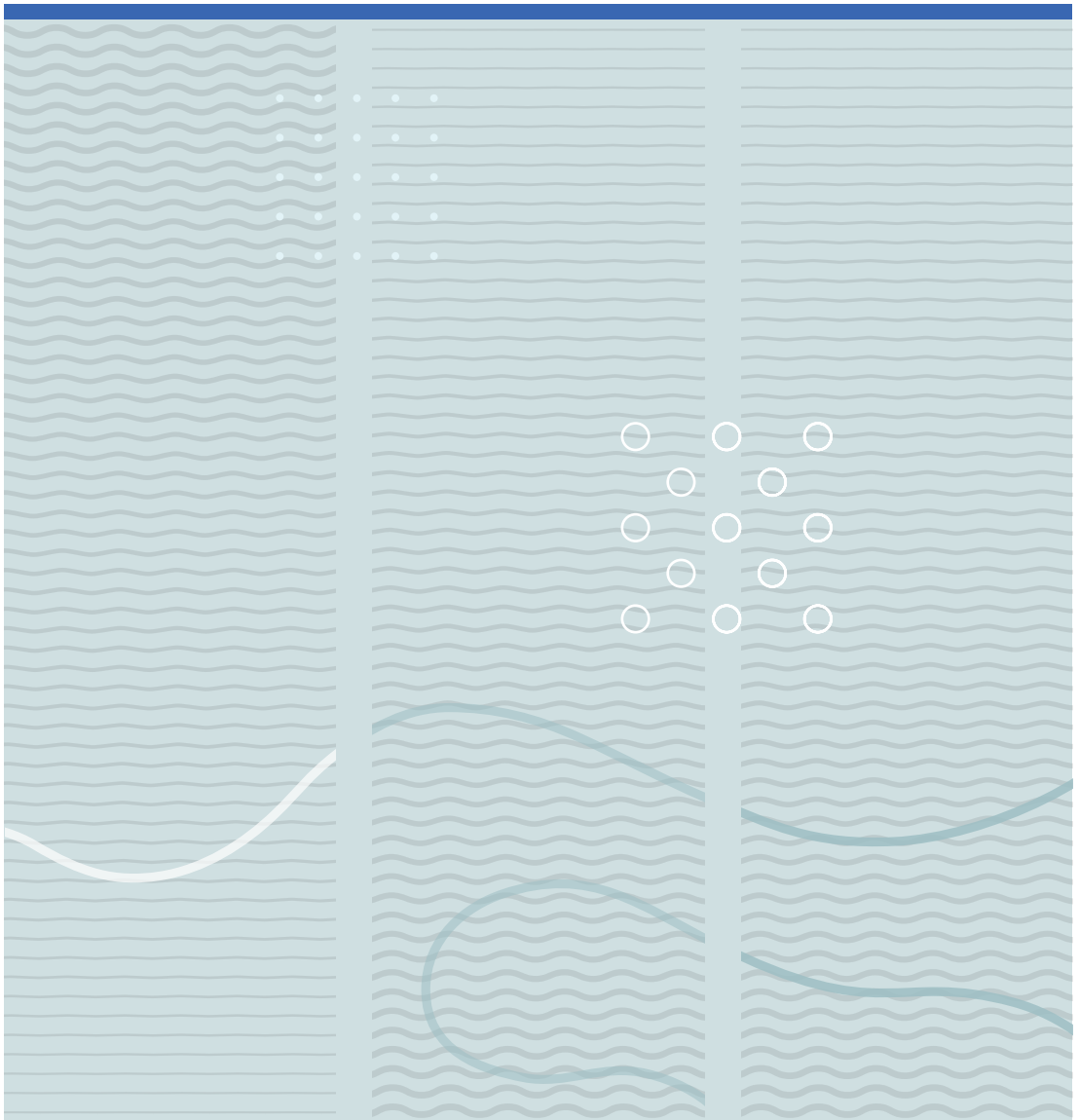Kristin Margrete Briseid

On the old and the new

An ethnographic study of older people's mental health services in a changing welfare state

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Kristin Margrete Briseid

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A PhD dissertation in
Person-centred Health Care

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My children Ellinor, Jostein, Sigrid and Håkon Briseid Rødland kept my spirits up. My husband Tom Georg Rødland knew how important it was for me to carry out this research. Indeed, this project came into being thanks to his determination one night four years ago not to allow me to sleep until I had sent in my PhD application. He has supported me ever since.

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Kristin Briseid.

Abstract

The Norwegian welfare state is traditionally known as universalistic. Thus, it might be expected that public healthcare services would cover all citizens on equal terms. Yet older people with mental health problems are not covered in this way. Their mental health problems are described as under-treated. The access of older people to mental health services is perceived as being inferior to that of younger people. Finally, elderly care is characterised by an increasing tendency to downplay the psychosocial dimensions of care.

Paradoxically, these non-universalistic outcomes result from patterns of action that are informed by universalistic belief. Part of this belief is a tendency among variously positioned welfare state stakeholders in Norway to place trust in the state and its capacity and determination to carry out a policy of universalistic welfare.

Trust in the state as a universalistic enabler occurs in a setting where the Norwegian welfare state experiences a financial capacity problem. Moreover, it occurs in an international setting where welfare states are converging. One of the consequences is that universalistic welfare states are liberalized.

This thesis argues that in this national and international setting, the state exploits its power over the municipalities in order to avoid blame and shirk responsibility for policies with non-universalistic outcomes. Universalistic belief encourages municipal stakeholders to accept the role as scapegoat for national, non-universalistic policies, and to act in ways that perpetuate such policies.

It is probable that the mental health field of older people is just one illustration of a general development of universalistic decline which is likely to become widespread. Universalistic decline is accompanied by gradual change in traditional Norwegian beliefs which are being replaced by new ones.

Content

1. Introduction

Professor Brendan McCormack teaches at a British university. Now, however, he is standing outside a barn which is part of a small, renovated farm in Norway. This old farm is surrounded by frosty fields and forests. McCormack is chatting with people on their way out from a seminar lunch which has just taken place in the barn.

I stop to talk to him about the seminar, which we arrange together. The subject of this seminar is the provision of healthcare services for older people with mental health problems. McCormack remarks that just as our action research project is entering an action phase, one particular issue is foremost in his mind. He goes on to explain that he has been surprised by the differences between the healthcare system in the UK with which he is familiar, and equivalent service provision in the municipality of our action research project. Here, he says, registered nurses appear to perform tasks that would have been taken care of by charity organisations in the UK, like bringing food to service-users. He explains that he is puzzled by this way of prioritizing since there appears to be inadequate assistance available for many older service-users with mental health problems.

A few minutes later, I find myself in a house belonging to the farm, where six women are seated around a table. They belong to the health and care sector in this municipality. It is time for a group work session, and the table in front of them is covered with colourful post-it notes and markers. I am standing beside a flip board with a marker in my hand, attempting to initiate discussion. The question for discussion concerns what the municipality can

do in order to improve the situation for older people with mental health problems who live at home. What can be done in order to make services more *person-centered*?

Anne, a representative from the Retired People´s Association and a local Labour party politician, addresses the five people present. Her question is the following:

> "Do you <u>believe</u> in this?"

> Silence ensues.

After a while, I mention Professor McCormack´s comment regarding the differences between Norwegian and British healthcare organization. I ask whether those present would say a few words about what they see as the preconditions for their "belief in this".

Berit, a leader from the Home-Based Services, exclaims, "Yes! It is obvious that the municipality alone won´t be able to manage the challenges we will have to face in the future". She mentions that the Home-Based Services would perhaps have allowed more time for people with mental health problems if they had relegated a greater number of tasks to care partners. Line, from the Service Office, states that she believes there is a need for a voluntary work strategy.

Berit then mentions that professionals could at least take off their coats when they visit service-users in tricky mental health situations. She says that in her opinion such a gesture would indicate that they had more time. Miranda, from the Mental Health Team, replies, "I used to work in the Home-Based Services. Discovering mental health illness often takes a very long time, and the time available in the Home-Based Services does not allow this. But in my current job in the Mental Health Team, I do have time. I can

even do more than what is stipulated in the legal administrative decisions". Berit comments that her impression is that nonetheless the Mental Health Team often fails to prioritize older people.

Miranda comments somewhat despondently, "But we may have two cases to deal with: for example, someone responsible for a child's welfare while another case may concern an old person without such care responsibilities. Who do you prioritise in such cases?" Turning to Berit, she asks, "Who would you have chosen?" Berit replies, "I think it's important that we don´t set groups against each other here. From what we have learnt today, it is clear that quite a large number of older people are committing suicide".

1.1.   Brief presentation of the thesis

This thesis deals with the way Norwegian municipal healthcare services handle the mental health problems of older people. Welfare state universalism, belief in welfare state universalism, and trust in the state are key topics.

The objective is to shed light on three recently highlighted traits regarding the provision of mental health services for older people: First, older people´s mental health problems are described as under-treated. Second, the access of older people to mental health services is perceived as being inferior to that of younger people. Third, elderly care is characterised by an increasing tendency to downplay the psychosocial dimensions of care (Abelsen, Gaski, Nødland, & Stephansen, 2014, p. 72; Kjølseth, 2015, p. 11; Norges Forskningsråd, 2009; Norsk psykiatrisk forening, 2010, p. 6). The thesis sets out to explain the genesis of these traits and why they persist. The focus is on municipal mental health care related to housebound older people.

I have conducted ethnographic fieldwork for the purpose. It comprised participant observation, field conversations and document analysis. The welfare state representatives I have observed or talked to are responsible for decisions about mental healthcare services for older people. Some are state representatives from various Regional Governor´s offices or from the Directorate of Health. Most of them are municipal representatives from a medium-sized Norwegian municipality. The municipal representatives are professionals or leaders in a Mental Health Team or the Home-Based Services, local politicians, caseworkers at a Service Office, and administrative leaders in the health and care sector.

The key argument is that the three traits mentioned above can be explained by broader patterns of welfare state development, leading towards universalistic decline. Paradoxically, universalistic decline results from patterns of action founded on

unrealistically high levels of trust in the state and in the state´s capacity and resolution to carry out universalistic welfare.

1.2. Origins of the thesis

In 2014, a PhD programme for Person-centered Healthcare (PCC) was established at the University College of Southeast Norway. The term PCC was by then well-established as a healthcare ideal in various other countries, as in Britain and the US. However, it was still relatively unknown in Norway, at least outside the field of dementia care.

This thesis is submitted as one of the first in the new PCC programme. It should be read in light of that pioneer status. Although its primary aim is to cast light on the position of older people´s mental health services, it has an additional aim. This is to describe and analyse key ideals that already characterised Norwegian healthcare services prior to the "launching" of PCC. Understanding these pre-existing ideals has appeared important in order to avoid a situation where other ideals, developed in a different healthcare context, were accepted without a view to the particular Norwegian context. As a result of this, the term PCC does not appear until the last chapter of this thesis, after the data from my fieldwork has been presented and analysed.

I was employed in an action research project at the University College of Southeast Norway while carrying out the research which forms the basis of this thesis. My research is characterised by its connection with the action research project. It addresses the same healthcare issues. Data collection has taken place in the same Norwegian municipality. The study covers approximately the same time span. I have also collaborated with action researchers in connection with parts of the data collection. The research project described in this thesis shares a fundamental aim with the action research tradition, namely to develop knowledge that may improve people´s everyday lives (Stringer, 2013, p. 1).

In spite of these ties to the action research project, this is not a report about a piece of action research. I did not participate in the phase when my action research colleagues

started to implement measures. After the seminar described at the beginning of this thesis, I withdrew from the action research project in the municipality and entered the phase of developing this thesis, but in the same municipality.

Allowing participants´ perspectives to come through is one of the ideals, as far as ethnographic research is concerned, rather than allowing theory to take precedence. This applies mainly in the initial phases of a study (Gubrium & Holstein, 1997, p. 19). This study of the provision of mental health services for older people is inspired by that particular strand of the ethnographic tradition. Theoretical perspectives have been chosen at a late stage in the research process, at a time when the main tendencies in the data had become apparent.

1.3.   Why there is a need for this thesis

My study provides new knowledge that may prove useful for national policymaking as well as for service-users, care partners, municipal healthcare practices and municipal leadership in a daily context.

Relevance to national policy making

Contemporary national planning strategies often take as their starting point the increased proportion of older people in the population (Finansdepartementet, 2013; Helse- og omsorgsdepartementet, 2014-2015; St. meld. Nr. 47, 2008-2009). This study offers new insights into elderly care. It analyses connections between older service-users´ and care partners´ experiences, experiences among municipal professionals and leaders, state guidelines and the state´s follow-up work. Thus, the thesis may contribute to a more nuanced understanding of the overarching problem description of the national strategies and to the question of adapting national strategies to municipal realities.

A second reason for its relevance to national policymaking is that statistics currently indicate an international trend towards the convergence of welfare states, in the sense

that they are becoming increasingly alike (Achterberg & Yerkes, 2009). The findings I present may serve to highlight how such convergence is played out in a local setting in Norway. The position of older people in the mental health field may be seen to reflect an early phase of welfare state change, which in turn may well lead to universalistic decline. This aspect of the study enhances its relevance to national policymaking as well. It is the responsibility of national policy makers to decide whether universalistic decline should be accepted, or possibly implemented. Knowledge about how and why it happens may assist them in handling that responsibility more effectively.

Relevance to a municipal setting

Moreover, the insights provided by this thesis may be useful to local politicians, healthcare professionals, service-users and care partners. A significant contribution in this connection concerns the linkages, or the pattern where diversely positioned people´s actions link up in systematic ways that produce certain outcomes. Knowledge about these linkages may foster common understandings among diversely positioned stakeholders, which in turn may enable effective strategies as far as the aims they have in common are concerned.

New knowledge about municipal healthcare services

This study intends to make a contribution to the currently limited body of research on older people´s mental health services and universalism in a setting of municipal healthcare.

Further research in the area of municipal health services is needed. An important reason is the transferral of responsibility to Norwegian municipalities in recent years for new patient groups and health conditions (St. meld. Nr. 47, 2008-2009). Transferral of responsibility instigates a need for research into developments in municipal healthcare practices. Older people´s healthcare and mental health issues do not enjoy high prestige among Norwegian healthcare professionals (Album & Westin, 2008). This may indicate a particular need for research into how recent changes in municipal

healthcare affect older people with mental health problems. Estimations indicate that between 25 and 35 percent of the population above 65 show depressive symptoms whereas between four and eight percent have a depressive disease. The prevalence of anxiety-related disorders appears to be approximately the same as for depressive conditions (Langballe & Evensen, 2011; Statistisk sentralbyrå, 2010). Thus, it is reasonable to assume that the findings presented in the thesis are relevant to a large number of people.

New knowledge: Ethnographic welfare state data from the municipality
Few previous Norwegian studies of fundamental welfare state principles have drawn on ethnographic data at a municipal level. An ethnographic study published in 2002, as part of the Norwegian study of Power and Democracy, represents an important exception (Vike et al., 2002). The ensuing publication was one of three on similar themes developed as part of the study of Power and Democracy (Ellingsæter & Solheim, 2002; Isaksen, 2003; Vike et al., 2002). My thesis is related to it both because of the similar design adopted and the focus on a financial capacity problem and its impact on municipal healthcare. 14 years have elapsed since the 2002 study, and this indicates a need for new insights about the issues it addressed. This thesis provides such insights while also offering new perspectives on the Regional Governor´s role.

Person-centered care (PCC) on a national policy level

A further contribution of new knowledge concerns person-centered care (PCC). Although the term PCC is not routinely used by the welfare state stakeholders in the practices I have studied, it does not follow that PCC values are absent from these practices. Some of the insights gained in this thesis may make a contribution to the PCC literature with perspectives on national welfare state policies and their impact on PCC practices. The thesis may also offer new perspectives on how the preconditions for PCC values are affected by an international setting where societies are abandoning their traditional systems of social protection.

1.4.   The question I have set out to answer

As we have seen, three traits are described as characteristic of older people´s position in the Norwegian mental health field. These are under-treatment, unequal access to healthcare and an increasing tendency to downplay the psychosocial dimensions of elderly care (Abelsen et al., 2014, p. 72; Kjølseth, 2015, p. 11; Norges Forskningsråd, 2009; Norsk psykiatrisk forening, 2010, p. 6).

I have set out to explain how these traits have gained ground and are reproduced. This means that the thesis is not an in-depth study of nuances and variations in older people´s experiences with mental health problems. The emphasis is on the welfare state and its functioning related to a set of human experiences. In this thesis, such human experiences are descriptions from 16 housebound older people with mental health problems and four care partners, about their contact with the municipal healthcare services. People suffering from dementia were not included in the selection process, whereas depression and anxiety were the dominant mental health experiences represented.

Findings from the individual interviews with older people and care partners are not explicitly included in the thesis. However, they are important because they have guided me in prioritizing a focus in the fieldwork. The focus has been on various degrees of depression and anxiety among older people, rather than other mental health conditions. Moreover, the interviews guided me to prioritize assessment of welfare state practices related to certain experiences described as important in these interviews. These were experiences of the need for time for conversations with healthcare professionals (A. Skatvedt & Andvig, 2014). In addition, there were descriptions of what I interpreted as a call for more pre-application assistance. Pre-application assistance means assistance aimed at preparing someone in need of healthcare to actually apply for it. This includes spending sufficient time with the person in need with a view to enable communication on healthcare needs, as well as to overcome ambivalence. It also includes offering information about patients' rights and opportunities.

One implication of my focus on legal rights for older people to benefit from conversations about existential questions, pre-application assistance and some grey areas between social contact needs and mental health needs, is that less attention is paid to other types of mental health assistance. This by no means implies that I consider assistance in the form of exercise, medicine etcetera not to be beneficial on older people´s mental health problems.

The term "universalism" is key to the analysis of the genesis and reproduction of the three traits mentioned above. Universalism denotes that which embraces everything or everyone of a given category (Kildal & Kuhnle, 2007, p. 14). The data presented in this thesis indicates that everyday welfare state practices in Norway bear a strong imprint of ideas ascribed to the term "universalism" as this term is used in the scholarly literature. Paradoxically, this thesis will show that unequal access of older people to mental health services they are entitled to, results from patterns of action informed by belief in universalistic ideas.

Thus, the question this thesis sets out to answer is an intriguing one. It addresses the mystery of how in spite of apparent intentions to the contrary welfare state stakeholders can produce non-universalistic results together.

A key argument is that they result from state policies of universalistic retrenchment and blame avoidance. Although my data from the municipality and the regional state provide backing for this argument, the reader should bear in mind that the theory of blame avoidance/universalistic retrenchment also involves the central state. My data at this level is based on extensive reviews of state level documents.

1.5.   A few words on translation

My research has taken place in a setting where the main language is Norwegian while this thesis, in which the research findings are presented, has been written in English. The reader should therefore bear in mind that most of the field excerpts, quotations and titles presented in the thesis are my own translated versions of texts, conversations,

interviews and documents which were originally in Norwegian. This means also that quotations marked in this text as direct quotations are, strictly speaking, my translated and edited versions of comments originally made in Norwegian.

1.6.   The structure of the thesis

The thesis has the following structure: Chapter 2 provides an account of methodological discussions and reflections. Chapter 3 describes the theoretical perspectives used in the data analysis. Each of the six successive chapters presents and analyses empirical excerpts from the state level and from various arenas in the municipality. Chapter 10 is a synthesized theoretical analysis of the findings. Chapter 11 discusses key dimensions of the term person-centeredness in light of the analysis from the previous chapter.

2. Methodological discussion

In this chapter, we will examine methodology. I shall start by describing the field of study. The chapter goes on to sketch in brief how I have proceeded in my quest to understand the traits the thesis sets out to explain. Then I account for my decision to proceed in this way. I approach this task by describing a set of ideas that underpin the study. Some are related to philosophy of science while others concern a view of human nature as well as views of the relationship between society and individual. Finally, I take a look at ideas about how appropriate certain methodological approaches are for the theme and focus of the study. The chapter also discusses the consequences of various choices. Ethical questions concerning informed consent and discretion are touched upon at the end of the chapter.

2.1. Description of the field

The field of this study is broad. It includes the Directorate of Health, Regional Governors, municipal healthcare leaders and professionals. Below, I describe key traits that will enhance our understanding of each. I will also say a few words about a set of individual interviews with older people with mental health problems and care partners. Strictly speaking, these are not part of the data material. Nevertheless, they have been important in that they have guided the focus of my fieldwork.

The Directorate of Health

The Norwegian Directorate of Health is an executive agency under the Ministry of Health and Care Services. Its role includes monitoring conditions with an impact on healthcare services and public health. The Directorate is in charge of guidance on strategies and measures, grant allocation and is an interpreter of healthcare legislation (Helsedirektoratet, 2016). The Directorate of Health is relevant to this thesis because of its national responsibility for carrying out the National Action Plan for Mental Health

which, as later sections will show, has shaped, and continues to shape, the municipal mental health field.

The Regional Governor[1]

The Regional Governors are the central government´s highest regional representatives in Norway. There are 17 Regional Governor´s offices in Norway. The Regional Governors communicate the central state´s policies to the municipalities and coordinate local efforts in implementing them. They solve specific tasks on behalf of the central state, carry out audits and offer supervision to municipal stakeholders. The Regional Governors also exercise some overarching governance and quality control related to certain concrete tasks (Kommunal- og moderninseringsdepartementet, 2016).

The Regional Governors are included in this study because of their responsibility for checking municipal compliance with legal healthcare obligations. Furthermore, they are of especial relevance to this thesis inasmuch as they were responsible for ensuring the implementation of the National Action Plan for Mental Health (Sosial- og helsedepartementet, 1998).

The municipality

All the municipal stakeholders who have provided data for the study, belong to the same Norwegian municipality. This is a municipality in South-Eastern Norway with approximately 20 000 inhabitants. Historically, the main livelihood of the people was industry, whereas these days commerce is more important. Politically, there has been a long tradition of the Labour party which has enjoyed an extraordinarily strong foothold in the municipality. It lost some of its power in the elections during the last decade. As

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[1] In Norwegian: 'Fylkesmannen'

a public organization, the municipality is a low-income municipality in a Norwegian setting.

Organization of the healthcare sector: This municipality and Norway

Formally, responsibility for municipal healthcare services in Norway has been ascribed to the Municipal Council. The Municipal Council in the municipality I have studied consists of 41 local politicians from six parties. The mayor represents the Labour party and governs on behalf of a marginal majority coalition. The coalition is made up of politicians from the Labour, Socialist, Christian Democratic and Liberal parties. The minority coalition comprises representatives of the Conservative and the Progress party.

Local politics in the municipality under consideration is organized in accordance with the so-called Chairmanship model. This is a common model in use in Norwegian local politics. It comprises three elements: the Municipal Council,[2] the Chairmanship,[3] and a system of committees and boards (Larsen, 1997). The local population elects a new Municipal Council once every four years. The political composition of the Chairmanship reflects the electoral strength of the parties, as do the committees and boards.

In the municipality under consideration there are three main political committees: one for Technical issues, one for Education and Culture and one for Health and Care. The latter deals with matters of principle concerning municipal healthcare provision. In some healthcare cases it is responsible for the final decision while in other cases it makes a preliminary decision prior to the final ruling in the Municipal Council.

An important principle in Norway has traditionally been that it is not bureaucrats/officials, but the citizens, represented by local politicians, who make important decisions. Local political autonomy is a much-cherished principle. Norwegian

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[2] In Norwegian: Kommunestyret.

[3] In Norwegian: Formannskapet.

municipalities represent an independent political-administrative level. It is widely accepted that decisions adopted by local politicians reflect the popular will within a given geographical area. The municipalities are legal entities in their own right, and there is no direct line of command from the Ministry of Health through to healthcare professionals in the municipality. In contrast to their British counterparts, Norwegian municipalities have traditionally not been restricted to conducting only those duties which devolve on them through legislation (Larsen, 1997, pp. 236-237).

However, it is important to note that many of the welfare state services that Norwegian municipalities provide are nationally statutory. In practice, national standards and norms are often key to municipal activities. One of the results is that employed personnel make a number of decisions about municipal activities (Larsen, 1997, p. 249). Financially as well, the municipalities are largely dependent on state funding (Larsen, 1997, pp. 230,244).

The Alderman is the highest administrative leader in most Norwegian municipalities,[4] including the municipality where my fieldwork was conducted. A team of four top-ranking administrative leaders, together with the Alderman, share the overarching administrative responsibility for the municipality. The top administrator for Health and Care is among these. He is in charge of administering a range of municipal healthcare services, such as nursing homes and health centres. The three municipal arenas where fieldwork was carried out, namely the Service Office, the Mental Health Team and the Home-Based Services, are the responsibility of the top administrator for Health and Care.

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[4] In Norwegian: Rådmannen.

The Service Office

The Service Office is one of the arenas where I did fieldwork. This unit, which was established in 1999, is part of the municipal leadership´s aim to put in place a so-called purchaser-provider model.

The establishment of a purchaser-provider model in this municipality is part of a national trend. In the late 1990s, purchaser-provider models were introduced in many Norwegian municipalities, partly due to encouragement from the central state because of concerns about legal security (Kuhlmann, Burau, & Vabø, 2009, p. 3).

Fundamental to the idea of the purchaser-provider model is that public management should order services from so-called providers. A purchaser unit modifies decisions made by politicians into demands for service delivery from so-called providers. According to the model, the purchaser unit should also check that service delivery complies with quality and content demands (Vabø, 2014, pp. 70-71).

The Service Office is the purchaser unit in the municipality I have studied. The Home-Based Services and the Mental Health Team are among the providers. The Home-Based Services has been part of the purchaser-provider model for several more years than has the Mental Health Team. The Mental Health Team was included in the model in January 2013, at the same time as my fieldwork began. Thus, it was not until January 2013 that the Service Office began to elaborate legal administrative decisions about Mental Health Team services.

The Service Office disposes of 13 FTEs.[5] All employees are women, and belong to social/healthcare professions. They are nurses, nursing assistants, social workers, social educators and occupational therapists. The Service Office processed 2522 cases in 2013. These included relief measures, Home-Based Services, cash-for care, support contacts,

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[5] In Norwegian: Årsverk.

personal assistance, user-governed personal assistance, nursing home placements etc. The Service Office granted assistance to the great majority of applicants. Legal administrative decisions about Home-Based Services made up just under half of all legal administrative decisions.

The Mental Health Team

The municipality I have studied established the Mental Health Team thanks to funding from earmarked state grants accompanying the National Action Plan for Mental Health, a national effort which lasted between 1999 and 2008 (Sosial- og helsedepartementet, 1998).

The Mental Health Team consists of ten employees all of whom are women and four of whom work full-time. Seven have direct contact with service-users. Most are healthcare professionals like nurses or occupational therapists with supplementary mental health education. The team offers mental healthcare assistance for adults: counselling, housing supervision, support contacts and workshops in coping with anxiety and depression. It also provides a basic activity centre.

Whereas the Mental Health Team formerly adopted legal administrative decisions about its own services, it now receives them from the Service Office. Regarding the legal administrative decision, the Service Office orders that the Mental Health Team address the matter of face-to-face contact, offering individuals specific services. In practice, however, Mental Health Team professionals assess each individual service-user´s situation and makes decisions about the frequency of conversations etc. based on this assessment. There was a great deal of contact between the Service Office and the Mental Health Team about case processing during the first months of the new regime. In this phase, which was when I conducted my fieldwork, Mental Health Team professionals were at the Service Office every week to train caseworkers in Mental Health Team case processing.

Home-Based Services

The mandate of the Home-Based Services in Norway is to ensure that citizens receive necessary health and care services at home. In this municipality these comprised the Home-Based Nursing Services and the Home Help Services, the latter being in charge of practical assistance and training. Approximately 420 persons were in receipt of assistance from the Home-Based Services at the time of the fieldwork. The Home-Based Services attended to service-users from all age groups. Nevertheless, a high proportion was above the age of 65. Work in the Home-Based Services was organized in a purchaser-provider model: The Home-Based Services received legal administrative decisions from the Service Office about the tasks they were to carry through with each individual service-user (A. Skatvedt, Andvig, & Baklien, 2015, p. 23).

The Home-Based Services was divided into three teams, each of which comprised approximately 20 FTEs. Out of a total of 20, approximately seven of these were nurses.

Housebound older people and care partners

I have had access to transcribed interviews with 16 housebound older people and four care partners who lived in the municipality where my fieldwork took place. Strictly speaking, these interviews are not part of the data material for this thesis. However, their content has guided the focus of the fieldwork. One of the criteria for inclusion was that they should be above the age of 65 at the time of the action project´s end. Further, they should have had contact with the Home-Based Services or the Mental Health Team. Moreover, another criterion was that the Home-Based Services or Mental Health Team should consider them to be suffering from mental health problems. There were no criteria for inclusion in terms of diagnosis. However, the Home-Based Services and Mental Health Team were asked to recruit only those service-users who were able to give consent, and this necessarily excluded dementia. In practice, depression and anxiety were the most prevalent mental health problems. My assessment of how the welfare state handles older people´s mental health problems has therefore focused on

depression and anxiety. It has also focused on the grey areas between these and socialization needs and needs for conversations about existential conversations.

2.2. Fieldwork procedure

The concrete methodological path I have followed is as follows:

Between January and November 2013, I did approximately 220 hours of participant observation on the municipal arenas described above. I selected these municipal environments because of their responsibility for decision-making concerning older people´s mental health services. I carried out the following procedures:

I attended meetings at the Service Office, in the Mental Health Team, in the political Committee for Health and Care and the Municipal Council. I also attended some administrative leader meetings. I accompanied professionals in the Home-Based Services during their everyday activities. I travelled around with them in their cars and accompanied them as they met service-users in their homes. In addition to the afore-mentioned arenas, I was also present at various informal occasions, and participated in smalltalk as well as in more structured, interview-like dialogue. The chief aim was to gain an in-depth understanding of the background to the handling of older people´s mental health issues. Another objective was to understand how decisions relevant to this specific group of service-users was connected to broader contextual conditions. I adopted different field roles for different arenas. Whereas during meetings I was primarily an observer, during the political meetings in particular, and on social occasions, as for example, in lunch breaks I acted more as a participant.

Alongside these sessions of participant observation, I also conducted, listened to and read transcripts of interviews which were carried out as part of the action research project. In the context of this parallel action research project, there were 16 individual interviews with housebound older people with mental health problems and four with care partners. Further, there were three group interviews with healthcare sector professionals and municipal leaders. I carried out, or was personally present, during five

of the individual interviews and two of the group interviews. All action project interviews were audiotaped and transcribed verbatim.

Throughout the procedure, my prime concern was to understand how the experiences described in the interviews related to the pattern I was observing among municipal professionals, leaders and politicians.

The state, including the Regional Governors

After fieldwork in the municipality I embarked on analyses of national policy documents. These contained pointers from the national authorities to the municipalities regarding older people´s mental health services. My experiences from fieldwork in the municipality guided the document review. The intention was to assess the connection or lack of connection between the state´s espoused aims and the fieldwork experiences.

A final phase of data collection took place late in 2015. It comprised five semi-structured, qualitative interviews with ten state representatives. Nine were taken from various Regional Governor´s offices and one from the Directorate of Health. All were, or had been, formally responsible for monitoring municipalities regarding the provision of mental health services for older people. Some were state supervisors formerly in charge of implementing the National Action Plan for Mental Health (Sosial- og helsedepartementet, 1998), while others were officials in charge of the inspection of statutory accountability for healthcare. The aim with these interviews was to assess how the state monitors, and has monitored, its own pointers to the municipalities about older people´s mental health services.

I kept field notes from observations in the municipality and conversations with the state´s representatives on a continuous basis. Likewise, in political meetings, I made notes during observation sessions. However, on many other occasions I exercised discretion and felt it would have been unnatural and even intrusive to write during observation sessions. Therefore, I did the writing at a slightly later stage.

In line with the ethnographic tradition, analysis has been a continuous process that began once data collection was under way. (Brewer, 2000, p. 107; Hammersley & Atkinson, 1996, p. 133). I repeatedly read through the field notes and interview excerpts, annotating where necessary, and tried to link the various fieldwork stories to each other. Then I cast aside the notes for a while to establish a distance before returning to them and discovering new threads. Only when salient patterns in the data become apparent did I choose theoretical perspectives for analysis, and it was at this stage that the terms universalism, belief and trust emerged as key.

2.3.   On reliability: Circumstances impacting on the study

The term reliability refers to the trustworthiness of a data material (Grønmo, 2004, pp. 220-222), and to how data collection has been conducted. It is common to associate it with whether it can be replicated or not, that is, with whether the same research results could have been obtained if other researchers had conducted the same study (Fangen, 2010, pp. 250-255). However, for societal research in general, and qualitative research in particular, it is highly improbable for another researcher to repeat exactly the same research project or to reach the same conclusions (Grønmo, 2004, p. 220). Thus, in this type of research, it is routinely accepted that the researcher sets marks in the research projects. Reliability, then, concerns whether the researcher documents and discusses choices and interpretations made throughout the research process (Fangen, 2010; Widerberg, 2001, p. 18).

In keeping with this understanding of reliability, the sequences below describe some circumstances with an impact on the choices I have made. I explain how both my personal background and my own ideas have provided a background to the choices.

Highlighting the overlooked and under-recognised

The first choice I made was to apply for a PhD position in an action research project involving older people´s mental health. My previous experience with older people´s mental health problems was limited. What attracted me to the research topic was the way terms such as "overlooked", "under-recognized" and "untreated" figured in the research proposal´s descriptions with respect to older people´s mental health problems. On reading these comments I thought, "If no one is interested in these people´s experiences, then I want to make their needs heard!" This is a type of reaction I often have when confronted with expressions of powerful human experiences that appear to be relegated to the fringes of society. It is partly my own personal experiences that prompt me to find meaning in bringing these neglected aspects to the surface, through writing them up. Partly, I am inspired by the idea that in order to solve the mystery close scrutiny and dedication are required.

Choice of field: Studying power exertion and linkages

At the outset it was not clear that the PhD project would be separate from the action research project in the action phase. Thus, important strands of my thinking in the initial project phases concerned how to prepare for action. What preoccupied me in the early stages was a concern for sustainability. I was of the opinion that if the action research project led to improvements for older people, then the improvements ought still to be sustainable after the end of the project. My preoccupation with sustainability alerted me to the importance of basing action on knowledge about the municipal leadership level.

Thus, the original research focus did not primarily concern older people´s experiences, but rather how these experiences related to broader patterns of power exertion. Like Kari Nyheim Solbrække (2002), my intention was to avoid what I perceived as a tendency in social science research to focus more on marginalised than on powerful groups. My intention was to study power exertion that impacted on the daily lives of older people

with mental health problems. My wish to study one type of power exertion influenced the choices of arenas for study as well as the type of occasions to which I gained access. As far as fieldwork is concerned, I have placed greater emphasis on arenas for decision-making about access to services, than on analysing older people´s experiences in individual meetings. Thus, a possible weakness in this thesis is the neglect of aspects of older people´s experiences which, in order to offer a more thorough assessment of the welfare state, might have merited attention.

In practice, it was not easy to gain access to the leadership level in accordance with the original plan. Therefore, I decided on an alternative approach, namely to study several arenas in parallel. With the passing of time, I came to see it as an advantage that I had abandoned the original plan to study the top administrative cadres. The reason was that I gradually came to see how decisions about older people´s mental health were made as a result of linkage between several arenas. In line with Helen B. Schwartzmann (Schwartzman, 1993, p. 45), I have emphasised the examination of interaction between local cultural worlds that anthropologists have traditionally studied, and those of, for instance, bureaucracies.

My approach has been inspired by institutional ethnography (Smith, 2005). This is a tradition where one of the ideals is to develop knowledge in the form of "maps" (DeVault, 2006; McCoy, 2008; Smith, 2005, p. 29), making visible coordination of diversely positioned people´s actions. By a "map" I mean, in line with my understanding of Institutional Ethnography, knowledge that may be of use to people in finding their way in a societal terrain.

Views of human nature and society

My understanding of human nature may have informed the study. One aspect of this understanding is that there are two ways of portraying human needs. According to one view humans are autonomous beings worthy of respect for their capacity and wish for undertaking action and decision-making. The other view emphasizes human dependency on other human beings and society, and, by extension, human needs for care and protection. My understanding is that both these views of human needs are important. An implication of this for the study is that the approach towards research and writing about research which has been selected may highlight the paths of action available for influencing welfare state practices. At the same time, the study draws attention to the context in which people act, the concomitant societal forces and the way dependency on others is linked to people´s everyday experiences.

One source of inspiration for the above-adumbrated understanding of two aspects of human nature is the care researcher Rosmari Eliasson Lappalainen (1987). I also sympathise with Lappalainen´s point that proper care depends on the ability to maintain the irresolvable tension between the two views of human nature. Futher, my study is influenced by Mia Vabø´s observation (Vabø, 2007) that in times of economic austerity the chances for suppression of the tension between the two views in care practices. One result may be the development of care practices founded on a limited understanding of humanity (Vabø, 2007).

Given my awareness of the necessary tension between two sets of assumptions about human needs, I have given thought to their relevance in the respective field of my study.

Another aspect of my view of human nature with an impact on the study has to do with human beings as social beings with a goal-oriented consciousness. Berger and Luckmann´s perspectives on how human beings exist in the contexts of order, direction and stability (Berger & Luckmann, 2000, pp. 68-69) have been key in this respect. To

understand human beings and their lives it is of huge benefit to explore how they together create such orders. The human capacity to develop beliefs collectively and to act on them is part of this capacity to create orders. An implication of this awareness for the study is that I have tried to assess the processes whereby humans create a social reality by developing, acting upon, reinforcing and changing beliefs.

Research paradigm: Interpretivism and critical theory

In the landscape of research paradigms, the study is positioned in between interpretivism and critical theory. In common with interpretivism it aims to foster an understanding of a context rather than to reveal an absolute truth or universal laws (Willis, Jost, & Nilakanta, 2007, p. 98). Another element in common is how human beings create a social reality, alongside an awareness of the uncertainty about phenomena believed to be real and thought to be a true reflection of reality (Willis et al., 2007, pp. 48-49). With critical theory, it shares a concern with power relations as well as an aim to develop knowledge for the benefit of people with limited power (Willis et al., 2007, p. 81).

This study is also characterised by my conviction that there are pitfalls in the interpretivist or constructivist position. At times it is an ethical necessity to conclude that one´s level of understanding is sufficiently high to allow one to act as if it were a reality. I believe social science research may bring human beings to levels of higher understanding, and levels that are sufficiently high to allow them to be acted upon as if they were reality. I agree with E.N Anderson, who expresses his scepticism about the idea of science as a list of truths while also stating that:

> "I do not feel we have the luxury of believing that science or knowledge is essentially arbitrary: a mere social construct. Starvation, disease, and death from pollution are all too real, and we must generate realistic and pragmatic remedies" (Anderson, 1996viii-ix).

This understanding has greatly informed my own work. Indeed, in many ways, this study can be regarded as stemming from a constructionist or interpretivist position. It is, however, a constructionism within limits.

Being one´s own research instrument. My background

Kirin Narayan (1993) argues that every anthropologist is bi- or multicultural, and has both a personal and a professional self. The author argues that we must take responsibility for how personal locations feed into scholarly texts (Narayan 1993, p. 681). Per Vaglum describes how the move from a professional role to the role of researcher may give rise to an identity crisis. One reason given is that it may be painful for a professional to abandon that part of the role which has perhaps formerly commanded respect (Vaglum, 1982, p. 144).

The aspect of my background that has most influenced this research project is the fact that I became a post-graduate student directly after having held a position as a senior consultant at a Regional Governor´s office. Thus, I brought with me into the research project a fully-fledged professional identity as well as knowledge about the state´s monitoring practices related to the municipalities. It was not until I had completed the fieldwork in the municipality that I realised the extent to which my previous professional experience had informed the fieldwork. Realising that I had taken for granted a set of ideas about the state´s role sharpened my insight into how the state´s role — while appearing to be powerful — had seldom been examined from the perspective of relevant themes in this field of study.

The Norwegian Sociologist Katrine Fangen argues that good fieldwork is characterized by the researcher's successful interpretation of his own sensations as indicators of something about an area of study requiring attention (Fangen 2010, p. 101). During my fieldwork in the municipality, I was more aware on some arenas than on others about my former professional background. This was particularly the case while doing participant observation at the Service Office. Elsewhere in the municipality, I generally

felt it was far less relevant. These sensations prompted reflection: Were the Service Office and the Regional Governor´s roles similar in any way? Could whatever it was they had in common have an impact on the phenomenon I was seeking to understand? Reflection on such questions prompted me to see how work at both the Service Office and the Regional Governor´s office were characterised by universalistic belief, while at the same time having unexpected consequences.

2.4. Why ethnography - and what type of ethnography?

Ethnography denotes a research methodology based on the observation of events and actions in people´s natural environments (Hammersley & Atkinson, 1996). It often implies that the researcher is present with people in different ways and adopts several roles such as a participant observer, as an observing participant, an interviewer or someone with whom to engage in smalltalk (Hammersley and Atkinson 1983/1996).

It was clear at the outset that the design of this study would be ethnographic and that participant observation would constitute a key methodological approach. The main reason is that the impression gained by reading the proposal for the action research project was of an "overlooked", "under-recognized" and "under-treated" phenomenon. I was interested in how under-recognition came about, and I assumed interviews might have limits in this respect. There could be taboos, and "overlooking" could pertain to taken-for-granted aspects of everyday life in a municipality. The ethnographic literature stresses how such taken-for-granted aspects are often easier to grasp by observing people in their everyday activities and by participating in such activities (Fangen, 2010, p. 92) rather than by asking questions. It also describes how ethnography´s advantage is that it provides data not only about what people say, but also about what they do, the context where they do it and what they seem to be feeling about interaction and actions (Hammersley and Atkinson 1983/1996). Participant observation facilitates the acquisition of information which people might otherwise be reluctant to divulge during interviews. One may get access to such information by asking people about events one has seen as a researcher (Fangen, 2010, p. 15), and thus gain insight into aspects of a

phenomenon that would otherwise have been unavailable. I have found this approach to be beneficial and believe it has led to a very rich data material. Ethnography has proved fruitful as a way of gaining insight into the patterns of the way beliefs guide people´s actions.

2.5. Why text analysis - and what type of text analysis?

I have studied various texts that contribute to the understanding of how influence is exerted through implicit categorizing. This categorizing gives precedence to some mind-sets above others (Lindgren, 2011, p. 267). My understanding of the impact of texts is also influenced by Nils Brunsson´s (1989) perspectives on how modern organizations depend on legitimacy from their environment. Norms, structures, the intention to adhere to rules and regulations may play a key role inasmuch as they provide the organization with legitimacy (Brunsson, 1989, p. 5).

The impressions from my fieldwork in the municipality guided the selection of texts for analysis. In the municipality there seemed to be two influential ways of discussing the arenas I had studied, which could be relevant to an assessment of state guidelines. One approach was to emphasise the impact of the legal administrative decisions while the second accentuated the value of prioritization, coping and independence. I consulted the Ministry of Health and Care´s website in search of key state guidelines about municipal mental health services. I made a preliminary review of a wide range of potentially relevant state documents where the aim was to identify texts which used both ways of talking. Futher, I surveyed a wide range of potentially relevant documents before identifying a few that appeared to be particularly important.

The aim of analysing these documents was to identify the state´s direct and indirect statements about municipal responsibility for older people´s mental health problems. The impression gained from this analysis was that the impact on municipal practices of the National Action Plan for Mental Health documents differed from that of legal texts. In line with Brunsson´s argument previously referred to, this caused me to consider

whether some of the state´s indications reflected a concern for legitimacy while other statements expressed a concern for producing action. Finally, this question prompted me to contact state representatives with a view to interviewing them about their work of monitoring related to different categories of state guidelines to the municipalities.

2.6.   Gaining access

I started by requesting access to meetings in the leader group of the Alderman of the municipality. It took several weeks to realise that gaining access might be difficult. In the light of this awareness, I readjusted the project a little and started focusing more on decision-making in other municipal environments. Notable here were the Mental Health Team and the Home-Based Services. Also these bodies of the municipal administrative apparatus made decisions about the provision of mental health services for older people. Furthermore, it proved easier to gain access. With one exception, the leaders immediately approved of the idea and expressed enthusiasm.

The existence of an agreement between the municipal leadership and the university college about an action research project with which my project was aligned may have accounted for the leaders' willingness to allow me access. Another possibility is that the willingness to accept a researcher´s presence may reflect a Norwegian norm, backed up by legislation (Helse- og omsorgstjenesteloven, 2010; Offentleglova, 2006). This is a ruling specifying that openness must be observed; moreover, contributions to research are regarded highly. This, in turn, may reflect a tendency among municipal stakeholders in Norway to act with few precautions and to be trusting in interacting with the municipality´s environment. Given the key importance of the concept of trust in my analysis this may serve to highlight a point from the ethnographic literature, namely that the ease or difficulty with which one gains access to a given field may reflect norms in the place concerned (Fangen, 2010, p. 48; Schwartzman, 1993, pp. 63-64).

The next step in the process towards gaining access was to agree with the leaders that they would inform their subordinates about the project and my wish to carry out participant observation. Once this had been achieved, the leader contacted me again to

let me know that I was welcome to begin the fieldwork. I signed the municipality´s declaration on statutory discretion and immediately got to know people in each sector.

Whereas I considered — and still do — the particular way I gained access through leaders to be crucial, I also regarded these leaders as formal gatekeepers. I had expected that it would be necessary to gain access from gatekeepers at lower levels (Brewer, 2000, p. 83). Gaining access from a leader does not necessarily mean that those at lower levels agree, and it may still be necessary to negotiate people´s confidence and thus gain access to data throughout the fieldwork (Fangen, 2010, p. 60).

I adapted the approach to informing participants about the project to varying circumstances. In the mental health team I was introduced to the team members in a meeting and spent a few minutes informing in plenary. In the Home-Based Services the leaders introduced me to individual professionals who took me with them in the car. Here, I explained to each professional on an individual basis what the study was about. I experienced a need to balance my sense of obligation to inform with a concern for people´s time and their work circumstances. Thus, I felt often that it would have been inappropriate to ask them to listen to lengthy explanations about the details of my project. Instead I chose to offer more detailed information incrementally in informal conversations on a one-to-one basis.

A special case: the local politicians

I did not request access to the local political arenas in the same way as I asked for access to the professional arenas. Local political meetings are open to the general public in Norway. As an act of politeness and in order to build trust, I nevertheless informed the political leader of the Committee for Health and Care initially in a meeting break about my identity and intention, namely that I would be seated at the listener´s bench for an unspecified period. I was then invited to introduce myself to the committee and this I did.

I also contacted the municipal Alderman in break during a meeting to say who I was and why I would be attending Municipal Council meetings. However, I was never formally introduced to the Municipal Council. Since these meetings are open to the public, I assumed that this was not an ethical necessity either.

Acting openly and transparently is not only advisable as a matter of politeness and ethics but also on methodological grounds. Gaining access to crucial data can be difficult if one loses, or fails to gain the confidence of the people the study concerns, or if they fail to understand what the researcher is doing. However, as far as the politicians were concerned, I tended not to get involved in conversations as I did in the other arenas and I tended to avoid personal contact. The reason for this lies in an awareness of my own limitations of capacity. The strategy of getting to know several people and different cultures at once was both demanding and time-consuming. To be on familiar terms with politicians would require considerable emotional and intellectual input. My failure to complement observation data about the politicians with conversation data may have made the strand of data about the politicians less detailed than the rest.

2.7.   Applicability

My aim has been to develop understanding that could be applicable beyond the concrete field and municipality of study. However, I have studied only one municipality and interviewed representatives for just six of a total of 17 Norwegian Regional Governors. Thus, the question as to how, and to what extent, the analysis is relevant for the rest of the country may be a fruitful line for discussion in the future.

The municipality I have studied is special in some important respects. Universalism emerges as a core theme to this study. Although the literature on the welfare state describes the idea of universalism as very popular in Scandinavia, it is also described as being particularly strongly associated with social democracy (Anttonen, Häikiö, Stefánsson, & Sipilä, 2012, p. 1). The position of the Labour party in the municipality I have studied has historically been very robust. In 2007, the Labour party had governed the municipality continuously for a century. One possible consequence is that

universalistic principles take root more readily than in Norwegian municipalities traditionally governed by Conservatives. This may have implications for the applicability of the results. The impact of universalistic beliefs on older people´s mental health services may be less marked, or at least different in nature, elsewhere.

The municipality may also be atypical in the sense that it is known for having an economy that, relatively speaking, is very strained. On the one hand, this may limit the general applicability of my analysis. On the other, it may make the study particularly interesting as an example of how both the financial capacity problem, and broader welfare state developments, affect older people with mental health problems. A study of a low-status field in a municipal organization with an extremely bad economy may illustrate particularly well what is happening, or what can be expected to happen for the Norwegian welfare state in general under more financially strained circumstances.

Further, it is also important to remember that the aim of qualitative research is not necessarily to generalize, but to do analytical generalization: to assess whether findings from one study can be seen to anticipate what is expected to happen in others - and to give reasons for such an assessment (Fangen, 2010, p. 255). The aim to carry out analytical generalization has led me to design the study to enable an understanding of the way findings and interpretations about one municipality were connected with broader welfare state patterns. Although Norwegian municipalities and Regional Governors differ they are subject to the same patterns of broad welfare state development. This study has interrogated those similar patterns and their local implications.

The fact that I assume my analysis may have national relevance does not mean I suggest the broader patterns it describes necessarily become manifest at a local level in identical ways throughout Norway. The thesis will, for example, describe tensions between a Service Office on the one hand and the Home-Based Services and the Mental Health Team on the other. I will interpret this tension as an intra-municipal attempt at solving a financial capacity problem imposed on the municipality by the state. I do not assume

that state-induced intra-municipal tension becomes manifest in a similar way in all Norwegian municipalities. Nonetheless, many municipalities do perhaps share the general experience of intra-municipal tensions resulting from a fundamental capacity problem. Moreover, many municipalities may share the experience of attempting to handle the tensions in ways that have consequences for older people´s position in the mental health field.

Finally, it is important to remember that conclusions based on a study at local level can be successfully applied at a more general level. As the institutional theorist Dorothy Smith notes, human beings in modern societies are linked together across time and place in patterns characterised by power exertion. These patterns organize people´s everyday lives, (Dorothy E. Smith, 2005) which means that similar local experiences will often be found across a range of places. Smith employs the term "ruling relations" with respect to societal relations that have gained dominance in the course of the last two hundred years, and have enabled these patterns. A precondition for their emergence is, according to the author, the possibility to replicate and disseminate texts amongst people who would otherwise not have been linked with each other. Texts facilitate the coordination between people living at a great distance from each other. Thus, people end up acting in similar ways and in ways they otherwise would not have contemplated, across time and space (Dorothy E. Smith, 2005).

This thesis shares Smith´s understanding of texts as coordinating the actions of people living in different places so that they end up acting in similar ways. Thus, I consider research that places too great an emphasis on the unique aspects of local contexts to risk overseeing how these local contexts may be part of general patterns. An excessively unilateral focus on the local may lead to social science research reinforcing a tendency identified by Nils Brunsson (2009) as "the localization strategy". This denotes a tendency in modern societies which expects people to avoid generalizing based on a few practical experiences. Brunsson argues that one of the consequences of the expectation to avoid generalizing is that people continue to believe in well-established general truths even

when contradicted by their practical experience. Practical experience is seen as specific and exceptional, and therefore as not necessarily at odds with the general belief system (Brunsson, 2009, pp. 22-23). He argues that the influence of the localisation strategy on modern societies reduces the likelihood of some people´s specific knowledge causing others not to believe in the general beliefs:

> "(…) there doesn´t seem much point in reporting what is seen as special cases to others at all, and the others may not in fact be very interested in hearing about them. And accounting for the local experience that deviates from general beliefs may be unwise. The local practice that deviates may easily appear deviant, strange, or incorrect, or the accounts might sound incredible or at least difficult to understand" (Brunsson, 2009, p. 23).

I agree with Brunsson that modern societies are characterised by this tendency. One implication is that a majority ends up talking and acting in line with general beliefs although these may be at odds with the most prevalent experiences.

Vike et. al describe in their book *Maktens samvittighet* (Power´s conscience) (Vike et al., 2002) what may be an example of this phenomenon as expressed in a welfare state setting. They comment on how they received overwhelming support when travelling around in Norway to present the perspectives later presented in their book:

> "A very large number of people convey that they recognize themselves. Not only employees in health and care sector front line, but also mayors, Aldermans and health and social leaders have almost unambiguously conveyed that the attempt to handle the capacity problem creates difficult and unsolvable dilemmas, feelings of insufficiency and complex problems of governing" (Vike et al., 2002, p. 17).

In spite of these reactions, the authors go on to argue that they cannot prove that their analysis is applicable throughout Norway: "Research on this, and on similar issues, does not readily offer support to such an assumption" (Vike et al., 2002, p. 17). The quotations indicate that the localisation strategy may be operative in the field of the municipal health and care sector, which is the focus of my thesis. In line with this understanding, it has been an aim with my study to analyse local experiences as something more than local peculiarities.

2.8.   Ethics

The formal requirements regarding ethics were clarified by the Norwegian ethical authorities (REK and the NSD) before I started the fieldwork. According to the NSD, a notification requirement related to the data collection was required for use within the action research project, and this was obtained. However, given the exemption of the PhD project from registering personal data, according to the NSD notification was not mandatory. I have registered fieldwork data through handwritten field notes and avoided including personal data in these. Likewise, in this thesis all individuals have been given a fictitious name.[6] I have also avoided mentioning the name of the municipality or the Regional Governors I have interviewed. Further, in order to protect the anonymity of the participants in question, I have changed some details in some of the field excerpts.

Informed consent

A key principle in research ethics is that people about whom the researcher collects data should be free to choose whether or not to consent to participation. Consent must be informed. This means that participants must have knowledge about the aim of the research project. Ideally, they should also have knowledge about the advantages and drawbacks associated with participating (Fangen, 2010, p. 191; Norris, 1993, p. 128). However, experienced ethnographers argue that the issue of informed consent should

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[6] Except for Professor Brendan McCormack.

be handled somewhat differently in ethnographic studies from the way it is handled in other types of research (Fangen, 2010, p. 191; A. H. Skatvedt, 2009, pp. 167-168).

With reference to the principle of informed consent, the perils of using research ethical principles as a way of limiting important research projects are highlighted by Astrid Skatvedt in her PhD thesis. She justifies her cautious view as follows: "Then we may risk that just those human beings that we wish to protect become so protected that their stories remain untold" (A. H. Skatvedt, 2009, p. 168). I agree with her on this issue. Another point is in my view that a researcher´s respect for the wish of those in powerful positions to protect themselves may result in the stories of the less powerful remaining untold. It is therefore unethical to treat the principle of informed consent as an absolute imperative. In line with this nuance, in some situations I chose to push for access, or at least I decided in advance that I would push for access even where a participant appeared reluctant.

Another problem as far as informed consent is concerned is that as a fieldworker I have found myself in certain situations for which I occasionally felt unprepared. People who were not very well-informed about my role or intent were present, and due to constraints of time and place I was unable to expound on the purpose of my project. One or the other: Such situations have yielded information of great relevance to the research in question. This illustrates the very real dilemma between a concern for informed consent on the one hand and the value of the data gathered on the other.

In general, most of the excerpts included in this thesis have been shown to the informants. I have also given them the opportunity to comment on these narratives and interview scripts, though I stressed that I was not asking them to censor the excerpts (Fangen, 2010, p. 195). This represented an attempt to handle the grey areas involved with the principle of informed consent in ethnographic research in ethically justifiable ways.

2.9.   Analysis

It is often emphasized that ethnographic research should be conceived of as a process rather than as a sequence of separate stages. In ethnographic research analysis is understood as a process that begins at the same moment that data collection starts (Brewer 2000: 107; Hammersley and Atkinson 1996: 233). Analysis and data collection are considered to be simultaneous processes.

Having concluded the fieldwork, I adopted a Geerzian approach for the analysis of field notes (Geertz, 1973). I started by familiarising myself with the experiences of the people I had studied: by reading field notes repeatedly, registering my reactions and reflection, detaching myself from them for a while and then returning to them. I proceeded to write up stories and to look for connections between them before finally introducing theoretical frameworks and concepts that I tested out on the material.

2.10.   Summary

This chapter has described key methodological experiences and reflections. The field of study has been described as spanning from the national authorities to the Regional Governors, to local political and administrative leaders, a local Service Office, Home-Based Services and a Mental Health Team.

The chapter has highlighted how the content of a set of interviews with older people and care partners guided data collection. It has accounted for how my personal background, including my background from a Regional Governor´s office, my view of human nature and stance regarding philosophy of science, have characterized the study. I have explained the background to my choice of ethnographic fieldwork with participant observation and text analysis as key methodological approaches. The question of applicability and generalization of the presented findings has been addressed, as well as the ethical considerations about informed consent. Finally, it has briefly sketched the way I have proceeded in analysis of the data.

3. Theoretical approaches

I have set out to explain three aspects known as characteristic of one specific type of public healthcare in Norway. One of these aspects concerns under-treatment, which means the failure to grant people the healthcare services to which they are entitled in accordance with the current guidelines and professional code of conduct. In a Norwegian setting, this is the same as failing to grant people their legal rights. A second aspect concerns failure to ensure that public healthcare services cover all citizens on an equal basis irrespective of age. A third concerns the gradually increasing tendency for public nursing and care services to downplay the psychosocial dimensions of care.

This threefold phenomenon could be re-framed. In line with key ideas from the scholarly literature about universalism, it could be called universalistic failure. Such an expression is perhaps appropriate since universalism figures in the literature as denoting situations where all citizens or residents are entitled to public benefits or services on an equitable basis (Anttonen, Häikiö, et al., 2012; Greve, 2004, p. 5).

Given the welfare state context in which it occurs, universalistic failure requires explanation. The unequal access of older people to services and their failure to obtain rights-based services seem to be at odds with widespread notions about the Norwegian welfare state. This welfare state is commonly referred to as universalistic (Anttonen, Häikiö, et al., 2012, p. 1; Halvorsen, 2014, p. 235; Hilson, 2008, p. 87). Universalistic failure can also appear to be puzzling and therefore requires explanation given the popularity of the idea of a Nordic, universalistic welfare state in Scandinavian societies (Anttonen & Sipila, 2012, p. 36) .

3.1. How can universalistic belief engender universalistic failure? Introduction to theory

One category of empirical findings I present in successive chapters concerns assumptions, emotions and moral convictions about the welfare state. I will show how Norwegian welfare state agents base their actions in the field of older people´s mental health upon such assumptions, emotions and convictions. Further, I will argue that these are embedded in the tradition of thought and welfare practice known in the scholarly literature as universalism.

Thus, what I am suggesting is that universalistic failure results from actions informed by ideas embedded in universalism. This claim may appear counter-intuitive, given a human tendency to presuppose some connection, albeit imperfect, between intentions and the results of actions informed by the intentions. The claim I put forward in what follows is not merely that this is an imperfect presupposition with many exceptions in this field of study. I am suggesting that, in systematic and coordinated ways, welfare state stakeholders are bringing about outcomes which area run contrary to what they describe as their intentions.

Despite the contraintuitiveness, I will later present data indicating that it has empirical backing. In this chapter, in which theory is explored, I shall outline some theoretical contributions that may provide understanding of how people´s collective adherence to universalistic ideas produce non-universalistic outcomes.

I begin with theory about universalism, outlining key ideas described in the scholarly literature. Rather than providing a comprehensive account of the academic literature on universalism, my aim is to provide sufficient information to enable an understanding of how universalistic ideas may legitimize an institutional order which is not universalistic. In line with Peter L. Berger and Thomas Luckmann (2000), I see academic theory as a part, but not necessarily the most important part, of such legitimization. Equally important is what Berger and Luckman call the "knowledge" held by the ordinary members of this group (Berger & Luckmann, 2000, p. 79). Since my definition is similar

to that outlined by these authors, I shall not attempt to define universalism in this thesis. Instead, the thesis makes reference to a set of key ideas about what universalism encompasses, opposes and contributes to. It also offers a brief account of universalism´s historic and contemporary position in Scandinavian societies. A salient theme here concerns how a Scandinavian tradition for municipal autonomy may be both a precondition and a threat to the prospects for universalistic practices.

The final section of this chapter addresses five theoretical contributions that illuminate how people are driven to act based on assumptions aligned with a universalistic tradition. Two contributions are explicitly about contexts resembling the one in this thesis: Michael Lipsky´s *Street-level Bureaucrats* (Lipsky, 2010) and Halvard Vike et.al´s work about the Norwegian welfare state, conducted as part of the Norwegian study of Power and Democracy (Vike et al., 2002). The last three contributions have explored markedly different contexts from the one in this thesis. Nevertheless, these contributions are well-suited to the overall comprehension of the general phenomenon concerning the human capacity for collectively and systematically creating unforeseen outcomes. One contribution in which the subject of *trust* is under scrutiny is by the Norwegian philosopher Harald Grimen (Grimen, 2009). The other is by the cultural ecologist E.N Anderson (Anderson, 1996), and concerns *belief*. The final work is by the anthropologist Fredrik Barth. This concerns how human beings proceed together to substitute old worldviews with new ones.

3.2.　Universalism

What universalism means: Ideas from the academic literature

The term universalism is not exclusive to the field of welfare. It figures also in disciplines such as theology, moral philosophy, sociology and politics, where its meanings differ from the one attributed to it in the context of the welfare state. Irrespective of discipline, though, universalism always denotes the general - it is that which embraces everything, or everyone, in a given category (Kildal & Kuhnle, 2007, p. 14).

The term is frequently used in the literature on the welfare state. It is adopted both with respect to the part of a welfare state´s responsibility that concerns cash benefits and social services such as healthcare. The focus in this thesis is on universalism in the setting of social services. According to the Sociologist Dietmar Rauch, the most frequently stressed characteristics of social service universalism are: "1) universal coverage, 2) an institutionalization in the form of legal rights, 3) universal accessibility, 4) geographical uniformity and 5) tax financing" (Rauch, 2008, p. 268).

The fact that the term "universalism" has been used extensively in the scholarly literature has not resulted in unanimous agreement on its meaning (Anttonen, Häikiö, et al., 2012, p. 1; Kildal & Kuhnle, 2005, p. 13; Stefánsson, 2012, p. 42). It has even been claimed that the term is becoming growingly elusive with the passing of time (Anttonen & Sipila, 2012, p. 16) . One source of confusion is that the term universalism does not refer exclusively to normative principles. It is also used in connection with empirical phenomena, notably the welfare state model associated with Scandinavia (Anttonen & Sipila, 2012).

Another source of confusion is that the term universalism is used to refer to two different principles. One of these concerns the proportion of the urban population covered by a policy and who are entitled to benefits or services, that is, about everyone´s

rights for welfare benefits or services although it may differ from person to person depending on need (discretionary allocation). The second concerns the allocation of public resources, and is sometimes used with reference to identical benefits or services for everyone, as opposed to discretionary allocation. The literature has largely jettisoned this second interpretation, treating discretionary allocation as reconcilable with, or a necessary part of, universalism, at least in a social service setting (Kildal & Kuhnle, 2005, pp. 14-15; Rothstein, 1998, p. 19).

Although no shared definition of universalism has been agreed upon, there is one element on which there is near consensus namely that all citizens with welfare needs must have unimpeded access to welfare services or benefits (Anttonen, Häikiö, et al., 2012, pp. 4-5; Kildal & Kuhnle, 2007, p. 14). This criterion gives rise to another one, namely that universalism implies the public regulation of welfare. This is seen as important due to an understanding that access for all citizens is hard to achieve without national legislation and rules regarding citizens´ rights (Anttonen, Häikiö, et al., 2012, p. 5). Public financing of rights-based welfare is sometimes also cited as a hallmark of universalism in a welfare state setting (Greve, 2004, p. 156).

However, it should be noted that a certain level of user fees is not considered to be irreconcilable with universalism. The literature describes the key point to be that user fees should not exclude any group from access to public services. It must still be possible for poor and disadvantaged people to afford services, while affluent people must continue to make use of them and regard them as desirable (Rostgaard & Szebehely, 2012, p. 102; Szebehely & Trydegård, 2012, p. 300).

Mia Vabø and Marta Szehebely add that universalism within a setting of public services requires a particular kind of flexibility.[7] Service provision must respond adequately to

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[7] The authors appear to refer to "service universalism" in contrast to universalism within a cash benefit setting here.

the needs and preferences of a heterogeneous population. The authors do not limit themselves to concerns for social class in this connection. They go on to claim that services must also be adapted to the needs of cultural minorities with a different lifestyle and different values from those of the mainstream population (Vabø & Szebehely, 2012, p. 121).

There is also agreement that equality is a value associated with universalism, or that it at least represents a dimension of it. Anneli Anttonen claims: "It is impossible to connect the word "universalism" to policies strengthening inequality" (Anttonen, Haiikö, & Stefánsson, 2012, p. 7). Gösta Esping-Andersen contrasts universalism with other welfare state principles in that he sees universalism to promote equality of status (Esping-Andersen, 1990, p. 25). Kildal and Kuhnle describe universalism in welfare policy associated with equity and distribution (Kildal & Kuhnle, 2007, p. 13).

Contradictions of universalism

The lack of a widely shared and clear definition does not preclude the existence of ideas about what universalism opposes. One such idea concerns targeting (Kildal, 2006, p. 2). Targeting is a welfare state principle that favours selective welfare programmes targeted at the most disadvantaged members of society. According to Nanna Kildal, it focuses on tailoring services to the individual needs of people in the worst-off groups. Kildal seems to portray targeting as opposing universalism not primarily because of its tailoring element. Rather, what distinguishes the two is the failure of targeting to attempt to reach all citizens. Other terms for this would be "needs testing" or "means testing".

The term "needs testing" lends itself to misunderstanding. In discussions about universalism it normally refers to access, or lack of access, to economic resources or family assistance (Rauch, 2007; Rothstein, 1998, pp. 19-20). A public welfare arrangement reflects needs testing in contrast to universalism if only those who cannot afford private alternatives, and/or who lack access to family help, are entitled to or use

it. In other words, the absence of needs testing does not mean that universalism precludes the use of discretion to assess different people´s differing needs for healthcare or welfare matters.

Does universalism preclude making social protection dependent on labour market performance?

Another common assumption is that universalism is at odds with a principle that makes citizens´ rights to social security contingent on their labour market performance (Andersson & Kangas, 2005, p. 112). At the same time, however, a key assumption is that universalistic practices are contingent on full labour market participation (Kildal, 2006).

Gösta Esping-Andersen describes the issue of labour market participation as constituting a dilemma. On the one hand, universalism requires people to have welfare rights irrespective of work performance while on the other, it is expensive to maintain a universalistic welfare system. Consequently, its practical viability depends on a situation where most people are working rather than just receiving social benefits (Esping-Andersen, 1990, pp. 28,48).

Thus, in the author's view a distinction should be made between the two elements. One line of reasoning concerns preconditions for universalism on a societal or policy level, while the other concerns universalism as a principle for the allocation of welfare commodities. At a societal/policy level, anyone interested in promoting universalism must promote maximum employment. At an individual level, it would be at variance with universalism to instigate procedures where citizens´ social protection depended on their labour market performance. A similar understanding is put forward by Hvinden (2009), who claims that key to Nordic universalism is the idea that all legal residents of a country are welfare state members. A normal precondition for membership is that everyone contributes and enjoys rights, throughout the course of their life. Access to

economic security and high-quality services should be available to everyone (Hvinden, 2009, p. 17).

However, scholars appear to convey diverging opinions on the issue of labour market performance. Bo Rothstein states for example that universalism implies "a mandatory social insurance system, in which benefits reflect earnings on the labour market" (Rothstein, 1998, p. 18). In other words, it would appear that in the opinion of some scholars not only is the issue of making social protection contingent on labour market position compatible with universalism but it is also one of the aspects of universalism. Confusion about the labour market performance issue may perhaps be understood against the backdrop of consistently low levels of unemployment in Scandinavia. Thus, in practice, the (perceived) difference between the idea of "everyone" and "everyone employed" being covered by public welfare is slight (Timonen, 2003, p. 144.145).

3.3.   Arguments in favour of universalism

One reason why the idea of universalism gained popularity in Norway and is pertinent to the practices I have studied may be the positive outcomes it is assumed to bring about. The scholarly literature describes a scenario in which, due to its contribution to various values, universalistic welfare has been endorsed. Some values concern policy aims divorced from welfare provision while others concern moral values associated directly with welfare provision. Below, I adumbrate some of the main points on the subject about universalism´s desirable consequences.

Universalism´s contribution to policy aims other than welfare provision

Universalistic welfare is, or has in the past been, assumed to enable a maximum number of people to protect themselves from social risk. According to this argument in favour of universalism all members of society face social risk, but the vast majority cannot, or were unable to, pay individually for insurance against these risks. In line with this, universalistic insurance arrangements were regarded as being in everyone's interest (Kildal, 2006, pp. 4-5).

Universalistic welfare has also been endorsed for its capacity to contribute to the nationstate´s strength and to economic competitiveness. The background is its capacity to include everyone in a community in ways that enable governments to exploit human resources in economically efficient ways. This argument, which was one of the earliest to be put forward in favour of welfare state universalism, dates back to the epoch of state and nation building in Europe (Kildal, 2006, p. 4).

Another outcome concerns universalism´s capacity to lead to redistribution and equality (Korpi & Palme, 1998, p. 2). Statistically, there is solid empirical support for a conclusion that there is less socioeconomic inequality in welfare states characterized by universalistic allocation than elsewhere (Hvinden, 2009; Korpi & Palme, 1998; Rothstein, 1998).

It has also been argued that universalism is associated with positive effects on a society´s capacity for multicultural co-existence. Mikko Kuisma and Magnus Ryner (2012) point to how the cultural-historic heritage of the Nordic region involves an unhealthy sense of national pride combined with racism. They claim that Nordic Social Democrats have moved rhetorically away from universalism in recent decades, which has led to the resurgence of racist tendencies (Kuisma & Ryner, 2012, p. 337). Others claim that although it is easier to establish universalistic policies in homogeneous societies, from a political standpoint it makes sense to introduce them in multi-ethnic societies. The reason is their assumed capacity to reduce and prevent social tensions and discrimination (Kildal & Kuhnle, 2008, p. 231).

Economic efficiency has also been put forward as an argument in its own right, irrespective of consequences for the nation state´s strength. The economic argument is interesting given that a frequent objection made against universalism concerns its alleged economic inefficiency. The objection against universalism implies that it is economically ineffective to spend limited public funds on people who are able to provide

for themselves (Kildal, 2006, p. 6; Sefton, 2008, pp. 612-613). Proponents of universalism argue against this by referring to how universalism is more cost efficient since it implies lower administrative costs because less administration is required (Kildal, 2006; Sefton, 2008).

Yet another argument emerging from a concern for economic efficiency is that means-tested welfare provision tends to create disincentives for people to accept paid work. Universalism is not seen to imply such disincentives, and it is therefore considered to be economically efficient since it stimulates people to participate in paid work (Sefton, 2008, p. 613).

Finally, universalistic welfare arrangements are said to have positive effects on transparency (Kumlin & Rothstein, 2005, p. 341), gender equality (Kildal & Kuhnle, 2008, p. 231; Sefton, 2008, p. 613), and on happiness and satisfaction (Halvorsen, 2014, pp. 235-236).

Universalism´s contribution to moral values associated with welfare provision

The literature mentions three arguments for universalism´s moral superiority as a scheme for welfare provision. The first two appear to be interrelated:

The first concerns universalism´s capacity to foster the equal intrinsic worth of human beings. This argument gained ground in the aftermath of the Second World War. The aftermath of this war generally resulted in less approval of a welfare state where the poor and unworthy were excluded from welfare provision. Also a general awareness of the humiliating experiences of traditional social insurance programmes explained why a concern for human dignity became a core argument at the time (Kildal, 2006, p. 5). In contrast to means-testing, universalistic welfare is assumed to prevent stigmatization and intrusive enquiries into people´s private lives (Sefton, 2008, p. 612).

Related to the above-adumbrated is the issue of universalism´s capacity to promote individual autonomy. I understand this argument as implicit in some accounts in the

literature for the nature of universalism. Häikiö and Hvinden (2012) describe for example universalism with reference to its capacity to enhance everyone´s opportunity to "secure their situation, pursue their ideas of a good life, and more generally enjoy a life of dignity, respect and autonomy" (Häikiö & Hvinden, 2012, p. 74). Building upon the theories of John Rawls, Rothstein claims that at the heart of universalist welfare policies is the idea that the state should "treat all citizens with equal concern and respect, and it should furnish them with basic capabilities so as to enable them to make autonomous choices" (Rothstein, 1998, p. 157).

These definitions seem to highlight how universalism´s capacity to realise the equal worth of human beings is understood to be related to its capacity for realising individual autonomy. The understanding seems to be that human dependency necessarily involves a potential risk of humiliation, and is considered to be at odds with values like dignity and equal intrinsic worth. Thus, it would seem that an implicit understanding is that universalism provides social protection from the dangers of a state that would otherwise become too intrusive. This understanding is in keeping with the Swedish historian Lars Trädgårdh who points to the historic tendency among Scandinavian peoples to see the state as the people´s ally in a struggle for increased individual autonomy (Trägårdh, 2008). Halvard Vike has even suggested that Nordic egalitarianism is most accurately understood as a secondary product of the deeper cultural value of autonomy (Vike, 2013).

A final moral argument concerning welfare provision has to do with the effect on the quality of welfare for the least privileged in society. Means testing for public welfare - above all for the poorest - is often described as the alternative to universalism. The advocates of universalism argue that this type of means testing tends to lead to poor welfare for poor people (Korpi & Palme, 1998, p. 1; Sefton, 2008, p. 612). These accounts convey an underlying mechanism whereby means testing tends to lead to less support for public welfare, particularly amongst the middle classes. The increasing disenchantment with the idea of providing welfare support through taxation leads to

reduced public income and then, to reduced public service quality, which encourages more people to look for private alternatives. Conversely, common membership across classes serves to maintain the foundation for public funding. In addition, it is generally held that it is more likely to be the middle class sector who demand high quality public services. In line with this, universalism is seen as an insurance that even the poorest will receive sustainable, high-quality welfare (E. Barth, Moene, & Wallerstein, 2003, pp. 65-67; Sefton, 2008, p. 612).

3.4.   Universalism´s historic and contemporary position

The origins

Welfare state universalism as a distributive principle has been a subject of debate since the nineteenth century (Kildal & Kuhnle, 2007). It has in the past been largely associated with post-war Britain and the social researcher Richard Titmuss and the Beveridge report from 1942 (Esping-Andersen, 1990, p. 58). The report, titled *Social Insurance and Allied Services* (Beveridge, 1942)*,* was written by the economist and liberal politician Lord William Beveridge. He argued in favour of a comprehensive universalistic reform programme where all members of society would be eligible for an extensive social security system. This report had a huge impact on the development of the Scandinavian welfare system. However, little reference is made to the concept of universalism in Beveridge's thinking (Kildal, 2006, p. 5; Stefánsson, 2012, p. 42).

Scandinavian adoption

The concept of universalism started to lose ground in Britain as early as the 1970s. Although the Beveridge report and its principles had influenced Scandinavian welfare state development until that time, universalism as a term was still relatively unknown in Scandinavia. It was not yet common parlance among Scandinavian politicians. It was not until the late 1980s, after several years of the Scandinavian experience with welfare policies, which today we would call universalistic, that the term universalism gained currency in Scandinavia. Scholars began to claim that a particular Nordic or Scandinavian

universalistic welfare model now existed. The idea of the existence of such a model, which was largely associated with positive outcomes, became prevalent in the Nordic countries (Anttonen & Sipila, 2012, pp. 34-36). A scholar commonly considered to contribute to this development is Gösta Esping-Andersen (Esping-Andersen, 1990), who described universalism as the defining trait of the Nordic welfare state model (Anttonen & Sipila, 2012, p. 34).

Anneli Anttonen and Jorma Sipilä suggest that the tendency to associate the term universalism with the Nordic countries has resulted in a lack of precision in its use in a scholarly context. Indeed, it has become common to apply the term "universalism" to traits seen as typical of Nordic welfare states. According to Anttonen and Sipilä, "Nordic scholars have generally been somewhat unorthodox when it comes to defining universalism" (Anttonen & Sipila, 2012, p. 34). The authors argue that one consequence of this is that over time, earnings-related benefits will not only be considered reconcilable with universalism, but some people will consider such benefits to be an inherent part of universalism (Anttonen & Sipila, 2012, p. 35).

As we have noted above there is a lack of rigour in the scholarly use of the term universalism. Nordic politicians have been similarly lax in their use of the term. The welfare model that in the 1980s and 90s came to be labelled "Scandinavian", "Nordic", "universalistic" or "social democratic" was not a result of careful planning. Indeed, it has been described as being to some extent the result of uncertain societal experiments, and of what has become known as a cumulative process of trying and failing, "where one in the end landed in some form of institutional equilibrium" (E. Barth et al., 2003, p. 126).

Another aspect of the discourse on Nordic universalism has been problematized by Dietmar Rauch (Rauch, 2007). This sociologist remarks how strong consensus has underpinned the idea of the Scandinavian countries – Norway, Denmark and Sweden – as making up a distinct, universalistic welfare state model. He comments on how the assumption of the existence of such a model has largely been based on empirical studies

of welfare such as cash benefits. Empirical studies of Scandinavian universalism in terms of social services have been scarce. Nevertheless, several researchers have taken for granted the existence of a particular, universalistic, Scandinavian model for social services as well. Rauch challenges that assumption by citing cross-country statistics (Rauch, 2007).

Scandinavia: Shedding universalism?

It has been argued that the term universalism has elicited such a plethora of definitions that it is impossible to study over time whether welfare states are becoming more or less universalistic (Bergh, 2004; Stefánsson, 2012). Nonetheless, scholars have for years been suggesting that universalism is declining in Scandinavia, at least as far as elderly care is concerned (Kildal, 2006; Sunesson et al., 1998; Szebehely & Trydegård, 2012).

One influential hypothesis is that universalistic decline in Scandinavia is part of a broader international pattern of welfare state convergence, in the sense that welfare states are becoming increasingly alike. Peter Achterberg and Maria Yerkes (2009) reach an interesting conclusion in this respect. They have analysed statistical data from 16 western countries, focusing on the popularity of neo-liberal ideology, welfare state expenditures and welfare state generosity. They conclude that there is indeed a trend towards welfare state convergence. However, this does not occur in the way that has been traditionally assumed. Traditionally, it has been assumed that all welfare states were to an increasing degree adopting neo-liberal traits. What seems to be happening instead is that universal welfare states are becoming liberalized whereas liberal welfare states are becoming more universalistic (Achterberg & Yerkes, 2009, p. 189).

3.5. The societal impact of notions like universalism

Thus far we have considered universalism as a term as it occurs in the current scholarly literature on Scandinavian welfare states. The idea of a peculiar Scandinavian, universalistic welfare state model, which is associated with mainly positive attributes, has been described as very popular. In spite of the scarcity of empirical research, the

assumption that universalism characterizes the Scandinavian social service setting has not been severely challenged. It has even been claimed that the concept universalism continues to elude definition and is becoming even less precise (Anttonen & Sipila, 2012, p. 16). It has also been argued that it is hard to come up with a definition suited to analytical purposes because of the way the term universalism is associated with people´s convictions and ideological passions (Anttonen, Haiikö, et al., 2012, p. 1; Kildal & Kuhnle, 2005, p. 17). Kildal and Kuhnle describe how the idea of universalism may include a dimension that encourages cold rationality to be dismissed. They argue that a distinct type of political decision has historically been a precondition for the establishment of universalistic welfare arrangements. With such decisions political considerations have taken precedence over fiscal concerns (Kildal & Kuhnle, 2008, p. 230). Further, they argue that history may offer lessons relevant to current debates about the extent to which universalism is affordable. "Affordability is", they write, "a question of politics as much as a question of economics" (Kildal & Kuhnle, 2008, p. 231).

There may be good reason to problematize the impact of an unclear, popular notion associated with ideological passions and assumed to be capable of solving a range of complex problems in society. One consequence of such a notion is that it ends up by adopting functions which the average person is unaware of. Below, I have included some contributions that may contribute to our understanding of universalism ´s societal functions.

Rauch: Local autonomy and its impact on universalism´s prospects

Dietmar Rauch (2008) assesses how central versus local governing affects the prospects for universalistic practices. His point of departure is that central as well as local regulation is a prerequisite for the practice of social service universalism. Thus it is not possible to give a binary 'either'/'or' answer. What interests him is the balance between the two. This balance is particularly interesting in Scandinavia, he argues, since Scandinavian welfare states are characterised both by universalism and a strong tradition of local autonomy. With reference to statistics about elderly care in Sweden and Denmark, Rauch argues that a strong tradition in local autonomy has facilitated the appearance of social service universalism in these countries.

However, Rauch also claims that different conditions may be favourable to universalistic practices in times of growth rather than in times of recession. Strong local autonomy may jeopardize the opportunities for continued social service universalism in times when cost containment becomes a salient issue. Based on comparative statistical studies of elderly care in Sweden and Denmark, he claims that in times of retrenchment, tight central state regulation fosters the maintenance of social service universalism. This is because tight central regulation prevents the municipalities from seeking to contain costs by obstructing universalistic ambitions.

In line with Kent R Weaver (Weaver, 1986), Rauch also argues that local governments which obstruct universalistic ambitions should not necessarily be seen as responsible for universalistic retrenchment. The reason is that central authorities may sometimes opt for cutbacks in certain policy areas, but they may also wish to avoid making themselves appear culpable. They can then make the local authorities formally responsible for the policy areas. Retrenchments that are orchestrated by the central state can be executed at local level, while being perceived as the work of local government rather than that of the state. In other words, through strong local autonomy the state may use the

municipalities as scapegoat for national policies of universalistic withdrawal (Rauch, 2008, p. 283).

Rauch´s argument is all the more interesting in light of a conclusion drawn in 2003 on basis of the Norwegian study of Power and Democracy (Arbeids- og administrasjonsdepartementet, 2003). It was noted that the Norwegian welfare state was experiencing a capacity problem. My own stance on this is that the mismatch between resources and aims, as suggested in this analysis, makes it opportune to scrutinize universalism´s relationship with decentralised decision-making. The prevalence of the idea of universalism in Scandinavia may make it tempting for the national authorities to prioritise certain approaches over others when faced with the capacity problem. Clear-cut policies of universalistic decline may appear to be too risky to any national government aiming to be re-elected. This could prepare the ground for policies of the transferral of responsibility to the local authorities for policies likely to have non-universalistic outcomes.

Vike et.al: The welfare state has a capacity problem. Power is to decentralize dilemmas

A Norwegian study from 2002 (Vike et al., 2002) offers rich insights into the consequences of the capacity problem for Norwegian municipalities. The authors describe the Norwegian welfare state as characterised by a fundamental dilemma. It concerns the relationship between an espoused aim of realising boundless universal welfare on the one hand, and the resources available for realising it on the other. In a setting where various welfare state agents experience this dilemma, power is often tantamount to the capacity to decentralize this dilemma, or to pass it on to others of lower rank in the welfare state hierarchy.

The authors claim that the strategy of passing on the dilemma is available to welfare state stakeholders because modern organizations tend to separate power from responsibility. It also becomes possible because of a context where "delegation" and

"decentralization of responsibility" are often treated as ideals without sufficient critical scrutiny. A result of this positive attitude to decentralisation is that when the municipalities inherit the dilemma from the state, they tend to deal with it in a standard way. They distinguish between two types of responsibility. One is the economic, administrative and discourse-related responsibility, which is often managed by men. The other area of responsibility typically involves meeting the recipients of the municipality´s services. This responsibility is often managed by women. It is often women who end up experiencing and managing the dilemma as a dilemma, in their face-to-face meetings with service-users (Vike et al., 2002, pp. 65-71).

Vike et. al. (2002) introduce their book with a claim that may throw light on how municipal stakeholders are driven to accept blame for the policies of the central state. The authors claim that the highest level of popular trust in political institutions and in the state´s capacity to solve problems is probably to be found in Norway. Moreover, they go on to explain that part of the background to such trust in the state is that the Norwegian state never has been a class state. It has never been perceived as an instrument for the powerful or as a means to suppress common interests. Another aspect of the background is that people in Norway have tended to consider the state as capable of orchestrating what the authors call "a credible utopia where the cornerstones have been the ideals of equality and justice" (Vike et al., 2002, p. 23).

The quotation above indicates that high levels of state trust results from strong popular adherence to universalism: Norwegians tend to trust the state due to assumptions about the state´s will and capacity to realise universalistic practices. One hypothesis in keeping with this is that people´s inclination to place their trust in the state can be traced back to a time of universalistic expansion in the three first post-war decades. However, it continues to be sustained at a time of universalistic withdrawal. Patterns of action which are founded on trust, and embedded in popular support for universalism, may then prompt the municipalities to adopt the role as scapegoats for this withdrawal.

Grimen: Trust is to act with few precautions

The Norwegian philosopher Harald Grimen (2009) has been concerned with the concept of trust and with the interrelationship between trust and power. He has also analysed the way unprecedented consequences may accompany actions embedded in trust.

It is Grimen´s contention that trusting someone involves taking minimal precautions. He mentions that although there are various definitions of trust, it is generally agreed that if A trusts B, then A takes few precautions in order to protect himself from B (Grimen, 2009, p. 20).

Grimen describes trust as a way of acting, rather than a feeling. Moreover, trust does not merely involve a decision to act with few precautions or with a lowered safeguard in relation to other people. Rather, trust involves behaving towards someone else without taking excessive precautions (Grimen, 2009, pp. 31, 49). Grimen claims that trust can easily be idyllised and considered as a moral virtue. However, the justifiability of trust depends on the reliability of the recipient (Grimen, 2009, p. 22). In support of his argument Grimen quotes Russell Hardin, stating that people cannot have an obligation to trust someone who exploits their trust to deceive them or harm them (Grimen, 2009, p. 22).

Grimen also expounds on the impact of trust. He makes it clear that trust may have unexpected consequences (Grimen, 2009, p. 19). He is particularly preoccupied with the consequences of trust for power. A common tendency is, he claims, to contrast power and trust with one another. Yet there is good reason to problematize this understanding, since trust leads to the establishment of relations that make power possible (Grimen, 2009, p. 53). The recipient of trust obtains power over the purveyor of trust. There therefore exists a type of power that becomes possible as a result of trust - a power that engenders vulnerability on part of the purveyors of trust (Grimen, 2009, p. 51). By trusting someone, one often delegates something to them, which in

turn means that one gives them the opportunity to harm the trust purveyor (Grimen, 2009, pp. 53-54).

In this connection Grimen also quotes Russell Hardin, with whom he disagrees on a general understanding of power imbalances. Hardin argues, according to Grimen, that power imbalances adversely affect the possibilities for trust. The reason is that those in power do not depend on the relationship with the less powerful. Thus, those in power are not motivated by the interests of the less powerful. In other words, the powerful lack reasons for being reliable. Hardin´s argument, by extension - and the one Grimen challenges - concerns trust in the state. According to Hardin, the state is so powerful that people have little reason to trust in it. In marked contrast, Grimen argues that the relationship between trust and power is more complicated than Hardin assumes, at least as long as one is not talking about absolute power such as a king or emperor (Grimen, 2009, p. 52).

Grimen claims that trust may well lead to the establishment of a relationship that in turn enables power to be exerted. Further, it may well be true that the one who bestows trust to someone else may have little alternative. Nonetheless, it is sometimes possible to mitigate the impact of power imbalances in a relationship established through trust. This may be the case if the recipient of trust has interest in an ongoing relationship (Grimen, 2009, p. 52). Grimen clarifies that although A controls something of importance to B, it may still be the case that B controls something of importance to A in other areas. Thus the relation becomes more balanced. If B violates A´s interests in one area, then A can punish B in another area, immediately or later (Grimen, 2009, p. 54).

Grimen also considers the way relationships of power and trust have identical inner structures. What facilitates the exertion of benign power is indistinguishable from what facilitates the exertion of malignant power. Trust makes it possible for professionals to do their jobs, while making their clients vulnerable and exposed to dangers. Thus, the more asymmetric relationship — that is, the more important what

B controls is for A, and the less important what A controls is for B — the greater the possibilities for B to exert power over A in exploitative ways (Grimen, 2009, p. 54).

Grimen also expresses his position forcefully in a scholarly debate about the trustworthiness of institutions. He substantiates his case by referring to examples like governments, insurance companies, the police and healthcare systems (Grimen, 2009, p. 109). He quotes other authors who argue that it is impossible to trust institutions, but Grimen argues that such a dynamic of trusting is nevertheless possible. One of the reasons he gives is that nowadays people generally tend to know that institutions can be held responsible and sanctioned. People trust institutions because they assume that their inner control arrangements work. He writes in this connection that: 1.) Trust in institutions is contingent on institutionalized distrust, 2.) To institutionalize distrust involves developing routines for self-control or self-policing, 3.) In order for control to work, those who exert control must do what they are supposed to, 4.) Trust in institutions depends ultimately on trust in persons (Grimen, 2009, pp. 112-113).

How it becomes possible for the state to avoid blame

The theoretical contributions presented thus far have suggested a possible explanation for why municipal stakeholders act in a way that prompts universalistic failure or decline. An analysis of the views put forward by Rauch, Vike and Grimen enables us to entertain the possibility that municipal stakeholders are inclined to act in such a way as a result of trust in the state as a bearer of universalism. This means that it may become possible for the state to exploit the municipalities in a situation where the state´s aims for policies are likely to produce non-universalistic outcomes. Trust provides the national authorities with a power base from which they, as the recipients of trust, can take advantage of the municipalities. Trust may be the mechanism that makes municipalities inclined to adopt the role as scapegoats.

However, as far as the purposes of this thesis are concerned, the above-presented perspectives still appear incomplete. One unresolved issue, theoretically speaking,

concerns how the central state manages to govern the municipalities in line with the blame avoidance thesis. This thesis implies a premise about the central authorities as capable of finding a very delicate balance in their contact with municipalities.

On the one hand, welfare state agents at central state level must be consistent in their policies to ensure the municipalities do in fact carry out non-universalistic policies. On the other, they must act subtly enough to conceal the real content of their enterprise from their municipal henchmen and the electorate. Regardless of high levels of state trust, reaching such a balance would appear to be a very demanding task. In the case of success, additional explanations appear to be required.

Lipsky: Street-level bureaucrats make welfare policies and seek maximizing autonomy

One explanation for why it may be possible to strike such a balance is that it is not only politicians and administrative leaders at a local or national level who adopt policies. As Michael Lipsky argues in his seminal work *Street-level bureaucracy* (Lipsky, 2010), welfare policies are also made up of the aggregate discretionary decisions made by so-called street-level bureaucrats. By "street-level bureaucrats", he refers to public service workers interacting directly with citizens, and whose work necessarily involves considerable discretion (Lipsky, 2010, p. 3). This is the result of a situation where many welfare state decisions cannot be successfully made in practice without the contribution of the street-level bureaucrats´ discretion (Lipsky, 2010, pp. 15-16). The fact that street-level bureaucrats exercise discretion makes managers in the organizations where they work dependent on them in a special way. This engenders greater potential for reciprocity between them than is normally the case between subordinates and leaders. Street-level bureaucrats have resources at their disposal as a result of this, and are therefore able to resist organizational pressures (Lipsky, 2010, p. 25). Lipsky maintains that the relationship between organizational managers and street-level bureaucrats is inherently conflictual. The two parties depend on each other, yet have opposing objectives. One of the primary objectives of street-level bureaucrats is to maximize their

autonomy, whereas one of the management´s primary objectives is to minimize it (Lipsky, 2010, p. 25).

As we have seen, if the central state is seeking to implement policies likely to produce universalistic retrenchment, then the above-described conflict may come to have a specific function. Instead of seeing and criticising the state´s failure to take responsibility for the capacity problem, managers and professionals in the municipality involve themselves in battles amongst themselves. Thus a problem of national capacity turns into an intra-municipal battle over autonomy. Fighting amongst municipal stakeholders brings about a situation where the state´s role remains concealed. It gains irrelevancy as the capacity problem gains greater urgency.

Vike et.al: Gender relations

An additional explanation is that a specific, gendered division of labour facilitates the blame avoidance pattern:

The people who work in frontline municipal healthcare services are predominantly women. The socialization of women in general, and of nurses in particular, has been described as characterized by an emphasis on the individual´s responsibility for being at other people´s disposal (Vike et al., 2002). Vike et.al (2002) describe how women employed in frontline healthcare services internalise the welfare state´s responsibility for universal care. Thus, these women make an invaluable contribution to the welfare state — a contribution that is taken for granted. It is the authors' contention that the welfare state´s women strive to fulfil more than the patients´ needs alone. They endeavour to meet expectations about being at the disposal of those higher up in the organizational hierarchy (Vike et al., 2002, p. 143). One possibility consonant with this observation is that the tendency of women to adapt and accept individual responsibility may enable the state´s responsibility for non-universalistic policies to remain concealed.

Older people and mental health problems

The aim of explaining universalistic failure in one concrete field makes it important to understand why it manifests itself in this particular way. The reason why it is older people with mental health problems who are experiencing these traits is a matter requiring our attention.

In what follows I shall present two theoretical contributions which shed light on questions about the shape of universalistic failure or retrenchment. One is about how people´s actions are often embedded in beliefs, and how the beliefs in question may prompt people to act collectively to bring about outcomes they do not always intend. The second concerns how people´s beliefs are subject to change, and how such changes happen according to specific patterns.

Anderson: Beliefs and their consequences for actions

In his book *Ecologies of the heart* (Anderson, 1996), the cultural ecologist E.N Anderson looks at a phenomenon he calls "belief". A belief denotes a set of assumptions that people in a society have developed over a long time, and upon which they tend to base collective patterns of action. Beliefs may motivate people to sacrifice narrow short-term interests for what they love. Beliefs have developed through people´s adaptation to experiences based on interaction with other human beings and with nature (Anderson, 1996, p. 10). I understand Anderson´s use of the term "belief" as akin to Berger and Luckmann´s (2000) term "knowledge", namely the awareness of how phenomena are real and bear certain characteristics (Berger & Luckmann, 2000, p. 24). One difference between Anderson and Berger and Luckmann seems to concern the emphasis on emotions. Anderson distinguishes between "belief" and what he calls he calls "an ordinary bit of knowledge" in that the former tends to involve emotional investment. In Anderson's view a belief is a deeper kind of assumption, including a moral code, in which emotion is invested (Anderson, 1996, p. 161).

Berger and Luckmann are preoccupied with the sociology of knowledge and the need for this discipline to focus attention on the knowledge governing human beings´ patterns of action in their everyday lives (Berger & Luckmann, 2000, pp. 26,40). They claim that the sociology of knowledge must seek to understand everything that is considered knowledge in a society, irrespective of the objective validity or invalidity of that knowledge (Berger & Luckmann, 2000, p. 26). Anderson makes a similar point, as he stresses the importance of studying beliefs and their impact regardless of whether they are inaccurate from the point of view of modern science (Anderson, 1996, p. vii). Anderson's prime concern is the way people´s patterns of action are governed by their beliefs. His book demonstrates the way people hold beliefs in both traditional and contemporary society, and how these beliefs influence collective patterns of action everywhere.

Another key point Anderson makes is that while beliefs may prompt people to make mistakes, they often bring about highly rational outcomes (Anderson, 1996, p. 11).[8] But the outcomes are often not those intended (Anderson, 1996, p. 9). He claims that the systems in which human beings are involved, tend to have an all-connecting symbol or value. This is necessary, he maintains, in order for this system´s "practitioners" to organize their facts. Ordinary laypeople embrace the simple algorithm of the "practitioners" and simplify it further, or they make it more complicated. An example of what he means by this phenomenon can be appreciated in his account of the idea of rationality and the concept of experimentally verified facts in international scientific medicine. All-encompassing ideas make it possible for people to store and retrieve information more easily. Anderson goes on to state that "every system needs something to tie it together at the top – to connect all parts and make them meaningful in relation to each other" (Anderson, 1996, p. 41). This point also resonates with the thinking of Berger and Luckmann who claim that the integration of an institutional order only can

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[8] Anderson is primarily preoccupied with the consequences in terms of environmental protection.

be understood with reference to the "knowledge" possessed by members. Analysis of that knowledge is crucial to an analysis of the institutional order. Berger and Luckmann argue that the complex theoretical systems serving to legitimize an institutional order may be a fruitful line of enquiry here. However, it is only relevant as part of the total sum of what "everyone knows" about a social world. Morals, myths, values and words of wisdom are included here and are part of what motivates people to act in accordance with institutionalized patterns (Berger & Luckmann, 2000, p. 79).

It may be salutary to consider the above-mentioned points from Anderson, Berger and Luckmann in conjunction with recent literature on universalism and the Scandinavian welfare state. Universalism´s popularity, the widespread tendency to see it as the defining trait of the Scandinavian welfare state, and as a root to many endorsible outcomes, merit further consideration. Equally interesting is the Norwegian propensity for trust in the state as a bearer of universalism. One possibility is that all this indicates that universalism represents, or has represented, an all-embracing value in Norwegian welfare state practices. Alternatively, in Berger and Luckmann´s terms, people´s knowledge about "universalism" in Norway may be part of the knowledge that serves to legitimize an institutionalized order.

An implication is that key ideas from the scholarly debate about universalism have perhaps become part of popular heritage in a process such as is described by these authors. It is not to be excluded that scholarly ideas regarding universalism have been taken up by ordinary laypeople and simplified or even made more complicated. In Berger and Luckmann´s words, scholarly ideas about universalism have perhaps become an important part of what "everyone knows" about an institutionalized order.

Of no less relevance to the way universalism can adopt such a legitimizing role is the distinction made by Anderson between two types of cognitions. He calls them "hot" and "cold" cognitions. The former involve emotions, while the latter do not. Anderson comments that humans are creatures of emotion more than of reason. The role of reason consists mainly in assisting human beings to plan how to reach goals which are

flagged up by instinct and emotions (Anderson, 1996, p. 12). He goes on to argue that one of the consequences is that management strategies that fail to take human sentiment into account are destined to be unsuccessful (Anderson, 1996, p. 13). For, as we have already seen the notion of universalism is emotionally loaded. These points are also of relevance to an understanding of the position of universalism in Norway.

Anderson argues that the coercive power of the state is limited. Effective management aimed at protecting cherished values of human beings must involve something more. While the economic system must make the aim economically attractive, there is also a need for what he calls "an ethical and moral code backed up by emotional force" (Anderson, 1996, p. viii).

The question of the limited coercive power of the state is interesting in light of the suggestion that universalism constitutes a belief system for Norwegian society. It may be argued that such a belief is not necessarily a viable way to govern people´s actions inasmuch as the belief can be separated from how a strong state may govern people´s actions. Instead, trust in or adherence to a strong state may be part of a Norwegian universalistic belief.

Information processing is a key theme in Anderson´s framework. He claims that when human beings seek to understand events they lack perfect information. Therefore, they resort to beliefs. This means that they come up with explanatory models that are consistent with their deeply held beliefs, that is, with what Anderson calls "hopeful and plausible explanations" (Anderson, 1996, p. 12).

Anderson also examines the way people make empirical observations which seem to be at variance with their beliefs. They do not necessarily react by discarding these beliefs. In his opinion, this is true for both Western and traditional societies. He mentions how traditional Chinese nutritional science incorporated statements of limited empirical value: for example, individuals were sometimes aware of the fact that a drug may not be efficacious. However, they tended to explain away such experiences by considering

them to be exceptions or fluctuations. Anderson goes on to comment how he has also seen Western medicine fail on many occasions. But neither do such experiences lead Westerners to discard their system. As Anderson states: "Throughout the world, it takes more than random failures to call the framework of medical knowledge into question" (Anderson, 1996, p. 33).

According to Anderson, beliefs often also help people "shut out reality" (Anderson, 1996, p. 3). His argument is that the human brain fails to offer people accurate and complete reflections of what their senses are taking in. Therefore, people´s needs tend to influence how they interpret their perceptions of the external world. In this context, a "need" includes also the need to see the world as hopeful, simple, comprehensible and manageable. People´s beliefs are of use to them in these processes of interpreting perceptions. They foster people´s tendency to see the world as they wish to see it, including when the external world shows them signs that there is little reason for hopefulness or manageability (Anderson, 1996, p. 3).

Barth: Belief systems change according to specific patterns

This thesis also tries to explain possible indicators of welfare state change. An interesting question in this respect is whether changed practices are accompanied by changed beliefs. Anderson´s account of his understanding of belief includes a description of how beliefs change. Of particular interest in shedding light on the data about Norwegian mental healthcare to older people, is the perspective on changing beliefs put forward by the anthropologist Fredrik Barth.

In the essay *Cosmologies in the making* (F. Barth, 1989), Barth critiques traditional anthropology. He considers its inability to capture mechanisms of cultural change. More concretely, he challenges the anthropological tendency to see cosmologies as fixed systems of beliefs. As an alternative to the traditional anthropological view, he presents a model of the mechanisms of cultural change, while emphasising the role played by

individual creativity. According to Barth, cosmologies can be understood only by seeing them as knowledge in the process of communication.

Barth warns against an understanding of the term belief that involves assumptions of general truths. The role of ritual leaders among the people he has studied is of especial interest in this context. He illustrates how ritual leaders must take initiative to, and be capable of, communicating to people what Barth calls "the secret, sacred synthesis of cosmological lore" (F. Barth, 1989, p. 54). He emphasizes that the leaders, who intermittently articulate their visions through rituals, may introduce new worldviews. They may do so by transmitting and gradually modifying the pre-established rites of their people. However, they may also do this by adopting a cult from institutions in neighbouring groups. A precondition for the latter approach is that they adopt it in addition to, and not as a substitute for, their own rites. Barth describes how it is perceived as legitimate to try out new cults and their efficiency as long as these do not "make gross violence to taboos and rules which are regarded as constitutive to the practice of already established rites" (F. Barth, 1989, p. 54). However, he also argues that even this requirement is elastic, and that there are some long-term criteria for consistency "whereby cult is harnessed to a search and a struggle to build a cosmological vision of some measure of coherence and force" (F. Barth, 1989, p. 54).

3.6.   Summary

In this chapter, I have included theoretical perspectives in order to provide insight into the way universalistic belief may engender non-universalistic outcomes. The contributions concern universalism, how decentralised decision-making structures influence the prospects for universalistic practices, the role of street-level bureaucrats, as well as a gendered division of responsibility with an impact on how Norwegian municipalities handle the capacity problem. To conclude I have looked in detail at trust, belief and about how beliefs change.

A selection of fieldwork interviews and interview excerpts will be presented later in this thesis. In this section I shall highlight how welfare state practices are governed by collectively shared assumptions about the social world, and about what is morally right and wrong. I shall also illustrate how given welfare state outcomes are systematically engendered as a result of beliefs, and the way ideas about universalism, recognizable from the scholarly literature, are part of those beliefs.

Finally I will argue that beliefs, as played out in a specific setting, produce the three traits that I intended to explain in the mental health field of older people: 1) That older people´s mental health problems are described as under-treated, 2) That the access of older people to mental health services has been described as being inferior to that of younger people, 3) That elderly care is characterised by an increasing tendency to downplay the psychosocial dimensions of care (Abelsen et al., 2014, p. 72; Kjølseth, 2015, p. 11; Norges Forskningsråd, 2009; Norsk psykiatrisk forening, 2010, p. 6).

4. Equal rights for young and old, body and soul?

State signals through documents

This chapter and chapter 5 describe the state´s guidelines, laws and follow-up to the municipalities about how to handle older people´s mental health issues. This chapter deals with documents whereas chapter 5 discusses signals issued through follow-up work by way of audits, appeal case processing, and conferences etcetera. A key argument in these chapters is that the state is inconsistent in the messages it delivers. Subsequent chapters will show how the contradictions are an integral part of welfare state developments influencing the position of older people in the mental health field.

There are mainly two types of written documents under review here: 1) legally binding documents and 2) non-legally binding national policy documents. The legally binding documents include the *Health and Care Act* (Helse- og omsorgstjenesteloven, 2010)*,* the *Act on Patients´ and Service-users´ Rights* (Pasient- og brukerrettighetsloven, 2001) and the preparatory works and regulations associated with these laws (Kvalitetsforskrift for pleie- og omsorgstjenestene, 2003; Pasient- og brukerrettighetsloven med kommentarer, 2015; Verdighetsgarantien, 2011). The non-legally binding documents are issued in conjunction with the National Action Plan for Mental Health. These are the recommendation on the plan (Sosial- og helsedepartementet, 1998), the information strategy document (Sosial- og helsedepartementet, 2001) and the national guidelines for mental health work (Helsedirektoratet, 2014b). In addition there is a series of documents issued by the Directorate of Health on a yearly basis, where the central state sets out its expectations for Norwegian municipalities, Regional Governors, county authorities and regional health enterprises (Helsedirektoratet, 2014a). The chapter also includes quotations from my interviews with state representatives, about their interpretations of the documents in question.

4.1.   State guidelines from legal texts

Illegal to prepare for poorer access for the old

Under Norwegian law mental health services are to be equally accessible to old and young alike. The term "equality" occupies a key position in the laws in question and their preparatory works. In accordance with section 3-1 of the Health and Care Act it is stated that the law applies to "all groups of patients or users, including persons with somatic or mental disease, injury or suffering, substance abuse problems, social problems or disabilities" (Helse- og omsorgstjenesteloven, 2010). Section 3 specifies that the municipality "shall work for the effectuation of measures of welfare and activity for children, elderly people and handicapped people and others in need" (Helse- og omsorgstjenesteloven, 2010).

We see that the clauses quoted mention "elderly people" and "mental disease" are part of the legal healthcare responsibility of municipalities. It is telling that the state issues guidelines on equality in the form of legal texts. In so doing, the state indicates that it is a high-priority concern of the national authorities to ensure equal rights for young and old, and for mentally and physically ill. The reason is that to issue a message by law is tantamount to stating that if the state should make contradictory statements, it is the legal text that takes precedence (Bernt, Mæhle, & Jacobsen, 2007).

Vagueness and grey areas

Legal texts communicate little in concrete terms about the municipality´s obligations and what people´s rights encompass in terms of mental health. However, it can be seen in other aspects of Norwegian healthcare legislation that lack of precision is not to be taken as a carte blanche for discarding grey areas between mental health needs and other needs. Below, I mention three examples of grey areas and show how state guidelines also include such areas in legal obligations and citizens´ rights.

Social contact needs or mental health needs

There is one grey area that is particularly evident with respect to people´s needs for social contact and their needs for healthcare assistance in the case of a mental health problem. The state specifications are that a Home-Based Services service-user´s claim for municipal assistance cannot be rejected due to an interpretation that the service-user does not need mental health assistance but rather social contact. This matter is provided for in section 3 of the Regulation for Quality (Kvalitetsforskrift for pleie- og omsorgstjenestene, 2003). It sets out that the municipality shall develop written procedures in order to ensure that basic needs among users of nursing and care services are satisfied. Among the needs mentioned are "social needs such as the possibility for companionship, social contact, community and activities" (Kvalitetsforskrift for pleie- og omsorgstjenestene, 2003). The need for social contact and suffering due to loneliness pertain, in other words, to the area of municipal legal obligations and citizens´ rights.

Curable versus chronic mental health problems

Another grey area concerns the relation between curable and chronic mental health problems. In accordance with current legislation the municipality cannot reject a service-user´s claim for mental health assistance on grounds of limited likelihood of improvements in a given health condition. A government circular on the *Act on Patients´ and Service-users´ Rights* (Pasient- og brukerrettighetsloven med kommentarer, 2015) establishes that the municipality´s obligation to offer health assistance includes any act with a preventive, diagnostic, treatment-related, health preserving, rehabilitative or nursing and care aim. It stresses that not all health related assistance need to have healing as the goal: "Also health and care services not directed at change, for example towards people with enduring reduced level of functions, physically or mentally, is health assistance" (Pasient- og brukerrettighetsloven med kommentarer, 2015, p. 13). This means that imprecisely worded mental health legislation cannot be taken as a sign

that the municipality can prioritize assistance only to those people whose mental health disease is defined as curable.

Therapeutic dialogue or existential conversation

The third grey area concerns different types of conversations. A need for conversations from a Home-Based Services service-user may reflect a need for supportive conversations with mental health experts. It may also reflect a need for prolonged conversations about existential issues such as guilt, grief or the meaning of life that may take time and require a mindful presence, but not necessarily training in mental health.

The state´s protocol specifies that a claim for the latter type of conversation can not be considered to be outside the legal remit of the municipality. These legal obligations are provided for in section 3 of the Warranty of Dignity which states that users of nursing and care services are entitled to assistance in the form of conversations about existential questions if necessary (Verdighetsgarantien, 2011). Further, as long as the municipality offers supportive conversations as rights-based services to adults above 18, with professionals educated in mental health, these conversations are rights-based for people above the age of 65 on an equal basis. This is stated unequivocally in the Health and Care Act in its emphasis on equality.

Pre-application assistance

By pre-application assistance, I mean assistance aimed at preparing someone in need of healthcare to be in a position to apply for it. This includes spending enough time with the person in question to enable communication about healthcare needs, as well as to overcome their ambivalence. It also includes offering information about service-users' rights and opportunities. In the case of mental health, for various reasons pre-application assistance may be particularly decisive. Hence, the capacity of service-users to receive rights-based mental health services may depend on municipal practices at the pre-application stage.

Pre-application assistance: Legal guidelines

The state gives a mixed message as far as the municipality´s obligation to offer pre-application assistance is concerned. There are indications regarding the strong legal obligation to ensure that everyone in potential need of mental health services is informed about their rights, as exemplified by the annual report from a Norwegian ombudsman for patients´ and service-users´ rights. The report criticises a number of municipalities for enacting practices where written application is required before they start assessing people´s needs for services. The quotation below from the ombudsman´s report spells this out:

> "The municipality has an obligation to have a system in place for capturing change among service-users and patients, and must on the municipality´s own initiative assess whether increased services for patients or service-users are to be offered. It is not permitted to omit carrying out necessary measures as a result of the lack of a formal application" (Pasient- og brukerombudet i Buskerud, 2016, p. 3).

The ombudsman referred to the Norwegian *Public Administration Act*, which stipulates that the municipalities are obliged to offer supervision to its citizens so as to enable them to secure their interests (Forvaltningsloven, 1970). She also referred to the *Regulation for Quality,* which establishes that the municipality is obliged to offer "services adapted to (…) or others who have difficulties in expressing their needs themselves" (Kvalitetsforskrift for pleie- og omsorgstjenestene, 2003). It should therefore be noted that legislation is in place for the municipalities to ensure that all service-users in need of mental health assistance are informed about existing services and their rights to such services.

On the other hand, this picture appears more nuanced in the *Act on Patient- and Service-users´ rights* (Pasient- og brukerrettighetsloven, 2001). It establishes that people´s healthcare rights depend on their status as users or patients. It is stated that a patient is: "a person who consults health and care services with a request for health services, or someone the health and care service delivers or offers health assistance in the individual case" (Pasient- og brukerrettighetsloven med kommentarer, 2015, p. 10). A user is: "a person who asks for or receives services covered by the Health and Care Act, which is not health assistance (…)" (Pasient- og brukerrettighetsloven med kommentarer, 2015, p. 10). These definitions indicate a less clear-cut status in the case of pre-application assistance, in terms of whether citizens are entitled to receive it and the municipalities are legally obliged to offer it.

The way government deals with information to service-users is interesting as can be seen in a government circular (Pasient- og brukerrettighetsloven med kommentarer, 2015). One particular type of information is emphasised, namely information aimed at safeguarding people from the negative effects of an over-solicitous healthcare service. The purpose of information as a legal obligation and a right seems to be to increase the individual´s level of activity related to an otherwise excessively active healthcare service. Section 3 in the circular specifies that users or patients have the right to be informed about injury or serious complications potentially caused by the public healthcare system. However, the issue of people´s need for information about existing, rights-based health services is not addressed. Neither is it specified in the legal text or the government circular that information could increase the state´s or municipality´s level of activity related to the individual. Instead, the government circular declares: "Information is a necessary precondition in order to enact the right for codetermination and in order to provide a valid consent to treatment" (Pasient- og brukerrettighetsloven med kommentarer, 2015, p. 20).

Thus, the Act on Patient- and Service-user´s rights and the accompanying government circular appear to give somewhat mixed messages about the legal obligation to offer

information. The act does not abolish the obligations printed out by the ombudsman, described in the Public Administration Act. Nevertheless, the provision of information to allow people to take control of their post-treatment stage emerges as an indirect indication of the limited relevance of information at the pre-application stage.

4.2. Non-legally binding state guidelines in documents associated with the National Action Plan for Mental Health

In the recommendation concerning the National Action Plan for Mental Health (1999-2006) (Sosial- og helsedepartementet, 1998) and subsequent Action Plan documents the state has issued a non-legally binding set of guidelines aimed at the municipalities on the subject of mental health services for older people. An indicator of the plan´s continued impact 15 years later is its position in a yearly circular issued by the Norwegian Directorate of Health outlining the state's goals and key priorities for,[9] inter alia, the municipalities. For 2013, the year when my fieldwork took place, this document stated that the National Action Plan for Mental Health was still essential to Government policy on mental health in the municipality (Helsedirektoratet, 2013).[10] Five aspects of the Action Plan documents contain recommendations on the policy regarding mental healthcare for older people.

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[9] In 2013 the title was "national goals and prioritized areas". In 2014 and 2015 it was "national goals and prioritizations in the health and care field".

[10] This document is mentioned together with the National Action Plan document concerning substance abuse.

Resources must be targeted

One of the early recommendations is that resource expenditure in the municipal mental health field is to be targeted at certain groups. Older people do not figure among the target groups, whereas young age qualifies for target group status.

Targeting as universalistic mending and maintenance

At first glance, the support for age-based targeting as indicated above seems to contradict the legally binding equal rights in the provision of mental health services for everyone irrespective of age. It may appear to be illogical to aim at having a national policy in which there is equal coverage for everyone together with preferential treatment of certain groups. However, this is perhaps a somewhat hasty interpretation. Some aspects of the way in which Action Plan officials discuss targeting make targeting sound as though it were on a par with equal rights. Below, the former bureaucrat Tore, from the Ministry of Health and the Directorate of Health, describes his experience of disagreements among bureaucrats in the Ministry. These were disagreements from the Plan´s incipient phase:

> "Those in the ministry who were working in what I call "the nursing and care crew" could not understand the reason for the need for mental health nurses in the municipalities. They meant the nurses who were already working there, were able to handle mental health as part of their ordinary everyday work. They accused us (the people employed in the ministry in charge of mental health) of wanting to create special care services. [11] "Special care services" was the big bad word in those days, you know…

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[11] In Norwegian: Særomsorg.

> However, I told them, "No, this is <u>not</u> about creating special care. What this is about is that people with mental health problems should receive adequate and competent services, too".

It is evident in this quotation that, from the standpoint of the national authorities, targeting was not intended to promote preferential treatment of certain groups above others. The intention behind targeting was to ensure universal coverage of health care services. For the advocates of the National Action Plan, it was necessary to target resources for mental health since it was widely recognised that not everyone was always adequately covered by the services.

This interpretation resonates with the plan's description of the background for a particular focus on people with mental health problems. The description indicated a failure (in 1998) of the provision of adequate services for people with mental health problems. A similar mind-set can be seen in the plan when it indicates that there also existed a need within the mental health field to target resources to certain groups: for example people from the Sami population or immigrants, refugees, asylum seekers, deaf people, substance abusers with mental health problems and disabled persons with mental health problems (Sosial- og helsedepartementet, 1998, pp. 19-20). This list of target groups within the mental health field includes vulnerable groups commonly considered to be subject to unfavourable treatment. An impression is therefore that the early version of targeting promoted by the Action Plan reflected a concern for equal access for everyone to healthcare.

It is worth noting here that an unspoken premise is implicit in the understanding conveyed. The premise is basically that universalism is intact in Norwegian welfare state practices. The introduction of targeting is not an alternative to universalism. Rather, it is a way of handling exceptions to the general rule of universalism. It is implemented as part of a strategy to rectify for universalism and to maintain it.

The way targeting policies are implemented in the mental health field therefore perhaps illustrates E.N Anderson´s (1996) point about the impact on collective actions fired by deeply-held convictions or beliefs. A collective understanding of the Norwegian welfare state as characterised by an intact universalism fosters a distinct type of national policy. In line with Anderson's analysis we may further argue that the outcomes of collective actions often differs from what people anticipate. Thus, universalistic beliefs have nourished a type of targeting in the mental health field that engenders non-universalistic outcomes.

Targeting as adaptation to financial constraints

A further possible interpretation is that targeting has reflected the adaptation to a context of limited resources. Eva, a former Action Plan supervisor at a Regional Governor´s office, says, "We only had limited funds. We could not distribute it amongst a lot of people. We had to spend it where the need was greatest". The quotation highlights how convictions about an intact Norwegian universalism, or an aim to promote it, was only one reason why targeting emerged as being reasonable. Economic concerns also played their part.

Targeting as investment in productive citizens

Another former Action Plan supervisor, Lars, describes the mixture of logics prompted by the Action Plan policies. Whereas the initial state protocol portrayed targeting as a method for ameliorating and maintaining universalism, he describes an experience of how this changed along the way:

"The chronically ill were the first to receive assistance. That was really justified, and they now have far better lives as a result of the policies aligned with the National Action Plan. But this way of thinking was then applied to

other groups as well: small children, young people and those who had a job became target groups".

This quotation conveys the impression of targeting as a process which at the outset was treated by the national authorities as a way of strengthening universalism. Gradually, however, the state´s guidelines changed, perhaps because people had started getting used to the notion of targeting. This made it appear natural to expand targeting to those groups which had not been selected not due to assumed victimhood of occasional gaps in an intact universalistic system. Children, young people and those with a job do not emerge as the type of groups who are most vulnerable to universalistic gaps. What they share is rather a common capability to be seen as productive or potentially productive, in which case they also emerge from the stance of the national authorities as groups commendable for economic investment.

The lack of target group status for older people: Mixed messages

The explanations why older people were excluded from the target group list are given by state representatives as mixed messages, as we shall see below.

Tore, formerly employed in the Ministry of Health, refers to the fact that plans for provision of care for the elderly were already in place. He appears to think that it was acceptable to play down the issue of older people´s mental health in an Action Plan setting, since elderly care had already received its share of investments and attention. He adds that at the time when the Action Plan was launched, there was inadequate awareness about the competence required to handle older people´s mental health issues. Finally, he describes older people´s more difficult access to municipal mental health services as a result that was neither planned nor intended by the national authorities:

"I don't think it is a deliberate policy decision. It's the result of a mind set concerning how the municipality must prioritize its resources. People over 65 often receive something from their elderly care contact. I think they (: the municipal representatives) are probably thinking: "Given our limited resources, we prefer to spend it on people who would otherwise not have received anything". Those who are working in the municipalities are not necessarily always angels, either. If an old, depressed chap seeks assistance, he is more likely to be seen as a chronic case, as someone who is unlikely to recover, and so they prefer to spend their time on someone who is likely to recover".

The quotation describes targeting and its consequences for older people as a result of a policy of adaptation to financial constraints and the aim to ensure amelioration and preservation of universalism. Further, age-based targeting emerges not as a result of indications taken from the state´s signals, but of local prioritizations.

It is salutary to note the telling ambiguity in the descriptions offered by the state officials. This ambiguity is about whether or not the position of older people in the municipal mental health field has been planned for from the state´s perspective or not. One interpretation of this ambiguity is that it reflects Rauch´s point about how decentralised structures foster national policies of universalistic decline in Scandinavia. Decentralisation prompts a dynamic where the national authorities can avoid blame for policies of universalistic withdrawal. Responsibility for universalistic withdrawal can be ascribed to the municipalities (Rauch, 2008). The ambiguity reflected in how the state´s representatives describe what happened to older people in the mental health field perhaps reflects a fine balance. This is a balance where on the one hand the state ensures that the municipalities are governed in a desired direction, whereas on the other, it is concealed the extent to which state governance is actually taking place.

Protect the individual citizen from intrusive services

Another directive from the National Action Plan for Mental Health places strong emphasis on people´s roles as citizens: as participants in civil society, local communities and families. The plan portrays the role of the citizen as threatened by colonialization from alternative roles: as clients, costumers or patients. According to the Action Plan, being seen as a patient stands in contrast to being seen as "a whole human being with a body, soul and spirit" (Sosial- og helsedepartementet, 1998, pp. 5-6).

In these directives it is assumed that the relationship between public healthcare representatives and the individual citizen is unbalanced. The public healthcare representatives are often inclined to exert excessive power over the individual. This means that the Action Plan also appears to indicate that public healthcare representatives are expected to limit their level of activity related to individual citizens. The implicit message is that the interests of the individual often requires healthcare services that are less intrusive than is traditionally the case. The plan thus indicates that it is more urgent to avoid unwelcome intrusiveness, than to prevent public healthcare services from becoming too weak, distant or indifferent.

This message about the dangers of a too intrusive healthcare chimes with the account above regarding the way the Act on Patient- and Service-user´s rights handles the question of information. The underlying idea appears to be that it was more urgent to protect the individual citizen from too intrusive healthcare services, than to protect them from their stance of passivity.

Another interpretation of these guidelines is that they reflect the kind of unwelcome development in healthcare services predicted by Lappalainen (1987) and Vabø (2007). This development implies that economic austerity results in the suppression of essential tension between two sets of ideas about human nature, both of which are necessary for good care. One such set of ideas has to do with human autonomy and the capacity for coping and decision-making, while the other concerns ideas about human dependency

and needs for protection (Lappalainen, 1987). What the Action Plan clearly shows, is that the first set of ideas should be emphasised at the expense of dependency and needs for protection. This may in turn be seen as an indirect result of an aim to reduce costs in line with the above-mentioned comment from the Regional Governor official highlighting the limited resources available in the plan.

It may appear somewhat surprising that the Norwegian welfare state has embraced ideas concerning the need to protect individual citizens from healthcare intrusiveness. Certainly it seems odd in light of the historical Norwegian heritage of strong trust in the state´s capacity to provide all citizens with good welfare (Vike et al., 2002, p. 23). However, it emerges as more understandable if we also consider the prevailing tendency in the scholarly literature on universalism and the Nordic welfare state. It is clear from recent scholarship that a key trait of universalism is its capacity to foster individual autonomy, and to prevent humiliation of the individual by the state. The popularity of universalism in Scandinavia can partly be attributed to its well-known capacity to realise individual autonomy (Häikiö & Hvinden, 2012; Kildal, 2006; Trägårdh, 2008; Vike, 2013).

An understanding of universalism as capable of engendering individual autonomy, and as desirable as a result of that, may pertain to a collectively held belief system. As described by Anderson (1996), this belief system may impact on patterns of action. One possibility is that Norwegians at various societal levels may be responsive to healthcare ideologies emphasizing the value of autonomy at the expense of dependency and protection. Thus, concerns for cost-cutting merge with historically embedded and emotionally loaded popular beliefs.

Activate the individual citizen

In line with the above-described interpretation, the Action Plan also highlights the importance of promoting active individual citizens. This emphasis on active citizens is a logical continuation of the emphasis above on the dangers of a too active healthcare

service. It is indicated in the plan that services for people with mental health problems should foster a given set of values, namely "autonomy, independence and the ability to cope with one´s own life" (Sosial- og helsedepartementet, 1998, p. 6). Mental health services should promote the individual service-user´s capacity for activity and participation. Such services should encourage the user's perspective, orientation and governance. In keeping with this, it is repeatedly mentioned how treatment must build upon users´ needs. This language, in which the user´s needs are emphasized, seems to convey an implicit message about traditional Norwegian mental healthcare practices. The underlying message is that traditional mental healthcare models were anchored in other concerns that did not regard the user. The previous long-standing emphasis on other concerns resulted in a situation, in 1998, where it was necessary to abandon traditional guiding ideals.

The plan´s definition of the user's perspective highlights exactly what the main weakness of the traditional guiding ideals were. Taking the user's perspective means enhancing participation, contribution, the possibility for influence over one´s own treatment as well as engagement in decision-making processes, activation, coping and openness. It involves an attitude of respect towards the autonomy of individuals. One of the key aims is to contribute to a normal life such as that outlined in the plan as: "welfare, increased quality of life and participation in societal life through autonomy, independence and the ability to cope with one´s one life" (Sosial- og helsedepartementet, 1998, p. 7).

Once again, unilateral emphasis on one of the two sets of ideas about human nature mentioned by Lappalainen (1987) is here evident. This view of human nature emphasizes autonomy and active living at the expense of dependency and the need for protection. The plan indicates that one of the main weaknesses of the traditional Norwegian models was the tendency to consider citizens too much as dependent beings and treating them as such, without giving due consideration to autonomy. Implicit in this policy was the need for future mental health services (from 1998 an onwards) to

substitute their traditional outlook for a new one. According to the old view citizens appeared to be dependent and unable to cope. According to the new view, citizens should be independent, self-supporting and able to cope.

Independence and coping – and older people´s mental health

Guidelines about the need to treat people as independent beings who are able to cope can be studied in the context of popular attitudes to age and older people.

The scholarly literature points to the popular tendencies to evaluate age negatively, partly due to its association with dependency (Daatland & Solem, 2011, p. 121). The literature also mentions a tendency to assume that older people are lonely. Such assumptions about older people´s loneliness is partly described as prejudice, in the sense that older people are often assumed to feel more lonely than they report to be (Tornstam, 2011, p. 111). It is also partly described as an empirical matter of fact founded in statistical evidence (Kvaal, Halding, & Kvigne, 2014, p. 110). Finally, the literature also indicates that there exists a long-standing yet prevalent myth that older people do not benefit from psychological therapy. (Engedal & Bjørkløf, 2014, p. 26).

The tendency to associate age with dependency, loneliness and the reduced ability to cope may influence the way municipal representatives perceive the wording in the Action Plan. One possibility is that the wording comes across as indirect statements about the low prioritization of older people´s mental health needs.

Information about rights - mainly to productive citizens

One of the statements of the Action Plan concerns information. The information strategy document in question (Sosial- og helsedepartementet, 2001) describes the aim of ensuring the dissemination of knowledge among people about their mental health-related rights. It mentions that the strategy is intended to a limited extent to benefit the population in general. However, the most significant part is not designed to benefit everyone. The main emphasis will be on ensuring that information reaches targeted

groups, which do not include older people. Instead, information is intended to reach children and teenagers and their network, young adults in education and in employment as well as staff and various leaders in working life.

The strategy document fails to explain why these groups are singled out. Neither does it explain why older people do not figure among them. However, other sections of the document indicate that concerns for productivity may in part account for this omission. The section about working life begins as follows: "Sick leave absences due to mental health problems and mental disease increase more than any other group of pension recipients" (Sosial- og helsedepartementet, 2001, p. 7). The message implied is that information about mental health-related rights is important because of the potential effect on labour market participation. As a consequence, older people, who do not actively participate in the workforce, are not considered important to the information strategy.

Given Norway´s reputation for universalism, these programmes, which promote better information to some groups, are surprising. Universalism requires equal healthcare rights for all citizens in need. The information strategy seems to violate that principle, given its indirect focus on easier access to healthcare rights for some citizens irrespective of healthcare needs. On the other hand, there are other aspects of the Norwegian, universalistic tradition that make it predictable. Esping-Andersen (1990) describes the labour market participation issue as a dilemma for universalism. A prerequisite of universalism is welfare rights for everyone irrespective of work performance. However, its viability depends on a situation where most people are working (Esping-Andersen, 1990, pp. 28,48).

In line with this understanding, and with Anderson´s (1996) framework on beliefs, the information strategy may be seen to reflect universalistic belief or adaptation to it. Collectively shared convictions about labour market participation as a universalistic value makes it appear acceptable, even if not entirely so, to inform participants in employment better.

Once again, this can be interpreted as reflecting a pattern of subtle universalistic transgression. Transgression happens subtly, not necessarily in the way that the state encourages the municipalities to formally refuse older people´s applications for mental health services. The subtlety of this process may reflect the logic of cosmological change outlined by Fredrik Barth (F. Barth, 1989). Here, people perceive it as legitimate to try out new cults and their efficiency as long as these do not do infringe established taboos too radically (F. Barth, 1989, p. 54).

4.3.   Summary

The state has issued a range of guidelines to the municipalities of relevance to the way they handle older people´s mental health issues. Some of these guidelines are direct whereas others are less so.

The legally binding, direct guidelines are that all citizens have equal rights to mental healthcare irrespective of age. Moreover, there are some vague indications regarding mental health obligations and rights. However, unclear signals do not allow municipalities to neglect a set of grey areas by arguing that they are outside their legal remit. Some ambiguity surrounds the question of citizens´ rights and municipal obligations to offer pre-application mental health support. Nevertheless, the current legislation does not justify a municipal policy of excluding pre-application assistance to people with mental health problem from its portfolio.

The documents associated with the National Action Plan for Mental Health convey statements that are not necessarily legally binding. Some of these are of a more indirect nature. They may be considered in part to contradict the legally binding guidelines.

One of the National Action Plan guidelines is that municipal mental health services should be addressed to target groups. This may be considered to challenge the policy about all citizens´ equal rights. It is indicated in other statements that mental health services should protect individuals from excessively active public healthcare services, and see and treat patients as independent, coping, participating agents instead. Such

statements appear — at least in part — to challenge the legal guidelines about pre-application assistance. Finally, the Action Plan indicates that information about mental health-related rights should be less readily available to older people than to other groups, presumably due to productivity concerns. This challenges the legal guidelines about equal rights for all citizens.

Paradoxically, universalistic beliefs seem to play a part in the pattern whereby the National Action Plan documents introduce policies rooted in other welfare state principles.

5. The reduction and increase in state signals

How the state monitors laws and guidelines to the municipalities

This chapter describes what civil servants say about their follow-up work related to the municipalities. It draws attention to the guidelines about mental health services for older people in the previous chapter. By "follow-up work", I mean state measures aimed at ensuring the realization of state guidelines aimed at a municipal level. These include inspection measures, information conferences as well as well as economic and emotional encouragement.

It will be seen that the state´s follow-up work is likely to increase the impact of some guidelines on municipal practices and to reduce the impact of other guidelines. Power relations and universalistic beliefs shape the pattern whereby guidelines increase and decrease in significance this way. A likely result is non-universalistic outcomes in municipal practices affecting older people with mental health problems.

5.1.   Monitoring legal guidelines

Checking the obligation to ensure equal rights

All citizens have equal rights to mental healthcare irrespective of age. An important question now concerns how the state follows up municipal compliance with the obligation to ensure equality — both in general terms but also, more particularly, in the mental health field.

The Regional Governor´s civil servants report that their legal inspection work basically comprises audits and appeal case processing. It rarely addresses the issue of equal rights. Three factors are evident in their accounts, as described below.

1) Difficult to operationalize the term "equality"

The Regional Governor´s officials claim that "equality" is a challenging term to put into practice when it comes to healthcare. Hege explains: "Equality does not mean that everyone must be treated the same way… If older people are treated differently, then the reason may actually be that their needs are different. There are so many variables when it comes to human beings".

This statement conveys a perception that municipal compliance with the obligation to ensure equal rights is difficult to check. It is hard to determine whether an empirical situation reflects an illegal type of inequality or a lawful and perhaps desirable differential treatment of people with different needs.

2) Imprudent to check compliance with equality?

An additional explanation seems to be conveyed by a reaction in a group interview. The question was whether any of the Regional Governor´s methods could detect discrimination if it occurred. Irene replied in a forthright manner that a range of other arenas and procedures would have enabled the Regional Governor to detect discrimination if it were to occur. Her point was that failure to address equality in audits and appeal cases does not necessarily mean that the Regional Governor lacks capacity to discover discrimination. Having concluded, her colleague Kåre turns to her and exclaims, "Oh, it was so <u>good</u> to hear you say that!"

My interpretation of this exchange is that the resolute tone and response of relief reflect emotions elicited by my question about discrimination and equality. This question has encountered informal norms defining it as imprudent to question the Regional Governor´s capacity to detect discrimination. Such norms may in turn reflect assumptions embedded in universalistic belief, for example about the state´s role as a bearer of universalism (Vike et al., 2002) and of equality as a key outcome of

universalism (Anttonen, Haiikö, et al., 2012, p. 7). It could reflect assumptions about universalism as basically intact in the Norwegian welfare state, and a positive evaluation of this (Anttonen & Sipila, 2012, pp. 34-36).

Such universalistic beliefs highlight how obsolete and imprudent it is to question the state´s capacity or resolution to safeguard equality. In line with this interpretation, the Regional Governors´ reaction may reflect corresponding norms guiding inspection work related to the municipalities. Shared universalistic belief engenders a code of honour encouraging caution regarding questioning the other party´s commitment to equal rights.

3) Inspection would require reports. Reports fail to arrive

Irene also comments, "If we had been informed that a municipality were operating with an unofficial guideline that in practice prevented people above a certain age from applying for certain services, then we would have followed it up. However, we had to receive information first, indicating a need for it".

This statement conveys an understanding that inspection regarding equality may be legitimate, but only under restricted terms. This may reflect a norm of state non-intervention in municipal matters. Non-intervention is a way for the Regional Governor to display respect for municipal autonomy. The quotation indicates that the practice of non-intervention is particularly strong at the pre-application stage. Compelling evidence is needed if the Regional Governor is to intervene in municipal work concerning the pre-application stage. Apparently, this stage emerges to the Regional Governor as some kind of municipal private sphere: one which the state would do well to refrain from examining.

Checking the protection of rights: Methods and mind-sets

Another legal directive described in the previous chapter, concerns individual rights in mental health. Every Home-Based Services service-user who needs conversations about

existential questions has a right to this. Every Home-Based Services service-user with unmet social needs has a right for assistance aimed at meeting those needs. Every mentally ill person with an apparently incurable mental health problem, or with a need for assistance that he or she may be unable to articulate, has the right to assistance. Below, I give various accounts by officials regarding how they ensure that the municipalities grant people these rights. I go on to show how tacit ideas about human nature and the nature of healthcare foster a mind-set which in turn shapes procedures for following up rights.

Legal administrative decisions protect citizens´ rights

The accounts portray one instrument as key in controlling the obligation to grant individual healthcare rights, namely the legal administrative decision. Scrutinizing legal administrative decisions is often an important element in the methods used by the Regional Governors to check whether citizens gain their rights. Erna expounds on how legal administrative decisions are key to the Regional Governors´ follow-up work:

> "The legal administrative decision informs the service-users and patients of the services they are to receive. Having a legal administrative decision means that they can appeal, and that their case can be considered afresh. Further, without legal administrative decisions, the municipalities would have greater leeway to act as they pleased regarding the number of people they employed etcetera. Also, if a legal administrative decision is insufficient, for instance in the sense that it specifies only that a person is granted a right for "practical assistance", but not for a specific number of hours, then it's hard to establish whether the right is complied with. Legal administrative decisions are important".

This quotation exemplifies a set of tacit beliefs guiding the Regional Governors´ legal inspection. The beliefs concern the nature of human healthcare needs and the nature of good healthcare services:

Healthcare needs are perceived as easily defined and delimited. These needs are understood to present themselves to the individual in such ways that the legal procedures for applying and appealing usually promotes access to services the individual needs. Such beliefs may appeal to people in a society characterised by universalism. Universalism is assumed to foster social protection through rights protection (Rauch, 2008, p. 268). It is also assumed to promote individual autonomy (Häikiö & Hvinden, 2012, p. 74; Rothstein, 1998, p. 157) and to prevent the state from humiliating the individual by being overly intrusive (Sefton, 2008, p. 612).

Thus, universalistic belief in rights´ protection, the value of individual autonomy and non-intrusiveness on the part of the state make a distinct type of inspection method stand out as good. A follow-up methods centred on legal administrative decisions emerges as highly desirable. This follow-up procedure may be challenging inasmuch as it may fail to capture important aspects of human nature and certain healthcare needs. Some people, or at least certain groups of people, may not have a good understanding what their healthcare needs are, given for example, the ambivalence surrounding the idea of receiving assistance. Other people may struggle to communicate their need for serious healthcare to the relevant municipal body. Sometimes, this is a result of poor information on rights and existing services, or people think that professionals lack the necessary time and concentration to listen. A follow-up regime focused on legal administrative decisions may fail to capture how the municipality handles situations of the latter kind.

One official, Andreas, confirms the impression that the pre-application stage falls outside the Regional Governor´s follow-up work. When I ask whether there is any room for inspection regarding the pre-application stage, he replies, "No, I don't consider that there is much room for that within current practices and current legislation". I ask

whether the idea of an alternative follow-up regime is feasible. He replies, "I don´t think so. The Regional Governor´s role is to be a guarantor of legal security. We need an application before we can intervene. The application indicates a potential need".

In this case also, there is evidence of a norm of non-involvement in municipal matters. Once again, the non-involvement norm is described as particularly crucial to the pre-application stage. The norm of non-involvement may be embedded in a wish to protect a relationship of trust between state and municipality. This may be the result of a view of human nature where ideas about individual strength and capacity for participation are important. The positive evaluation of trustful state/municipality relations, and the emphasis placed on individual strength, may pertain to deeper patterns of universalistic belief in Norway.

Appeals and their capacity to safeguard basic needs

Employees voice different perspectives on the Regional Governor´s juridical instruments in terms of their capacity to ensure protection of people´s healthcare needs. Below I illustrate the difference by means of two quotations about the meaning of appeals:

On the one hand, Andreas says, "There is often a connection between service quality and people´s inclination to appeal. We receive very few appeals about the Home-Based Services. There may be reason to assume this is a sign that people are generally satisfied with service quality of these services". The quotation exemplifies a guiding idea behind the Regional Governor´s inspection work, namely that human beings in need of healthcare are capable of action. It is easy for them to pursue the satisfaction of their needs by means of juridical instruments like appeals. What we see here is the impact on the state´s follow-up procedures of a tacit idea concerning human beings´ capacity for autonomy, participation and taking action.

On the other hand, Åse problematizes the impact of a follow-up work centred on appeals, saying:

"We receive lots of appeal cases, we process them all, and if a case is sufficiently serious, then we decide to initiate an audit. We consider how all the singular cases relate to legislation and to professional standards. However… If the situation is that people generally appeal about cancer treatment, but older people with mental health problems and their care partners generally tend <u>not</u> to appeal, then…. we are governed by the ones who appeal, they are the ones who decide where our focus is to be. Older people with mental health problems do not appeal very often, and that means that mental health among older people is a minor issue here".

Here, we see a critical view on the Regional Governor´s legal inspection work and its focus on appeals. This focus is described as founded on a questionable view of human nature. One possible consequence is that the Regional Governor´s capacity for ensuring healthcare related legal security depends on how well citizens or their needs fit with this view of human nature. This view emphasizes individual´s strength and capacity for taking action, including the capacity to appeal. Those people who have inconvenient needs may also be at risk of not having their healthcare needs met – at least if the Regional Governor´s work of checking has an impact on municipal practices. Given that there are differences between patient groups in terms of how easily they can be classified as capable of acting inequalities may follow as unintended result of the Regional Governor´s follow-up. Inequalities may affect older people with mental health problems and others less inclined to make their voice heard through public channels. One inference in line with this is that the most resourceful and articulate citizens may be most favoured by the state´s follow-up work, whereas the most vulnerable are side lined.

One interpretation of the tacit founding in certain ideas about human nature is that it reflects a conflation of ideas from two historical currents. One current stems from a historic legacy in Norway where the state is seen as the individual citizen´s ally in the citizen's struggle for autonomy (Trägårdh, 2008; Vike, 2013). The other is a development where economic austerity leads to narrow views of humanity in healthcare. This may happen by portraying human beings as autonomous and able to cope, as well as by downplaying human vulnerability and dependency, and needs for protection and care (Lappalainen, 1987; Vabø, 2007).

Control of rights protection: Excluding certain clauses

The Regional Governor´s officials report that some healthcare rights, including those in the mental health field, are seldom subject to Regional Governor´s control. The service-users' right in municipal geriatric services to talk about existential issues is a case in point. The officials offer various explanations why, as we shall see in what follows:

Prioritizing the most important clauses

Andreas explains, "We don't follow up the municipalities on whether they offer people conversations about existential questions. We prioritize the more important issues, such as ensuring that they do not put patients´ beds in the bathroom".

It is evident from this statement that, owing to the Regional Governor´s limited resources, it is necessary to select some clauses in order to maximise effective checking. The clauses prioritised should be the most important ones, implying that the Regional Governors would not need to check the less important ones. However, it should be noted that the need to select particular clauses does not imply that one clause is necessarily more important than another. As Andreas goes on to explain, "I realise that social and psychosocial health have an equal status with other "must-do-tasks", so it isn´t that this is less important". His comment suggests the way prioritization reflects a more pragmatic, unofficial kind of logic.

This unofficial logic appears to be characterised by a tacit understanding of human nature and of the relation between the individual and healthcare services. It means that it is more important that people should not have to sleep in the bathroom, than to have someone to talk to about existential questions when in need. In other words, it seems to make better sense to safeguard the former than the latter.

The connection between the lack of resources and the need to prioritize clauses highlights one possible spin-off effect of limited resources. It enables society´s belief structures to surface. Thus, part of the Norwegian belief structure is expressed in the idea that it is of fundamental importance that the state should prevent people from sleeping in the bathrooms. One possible interpretation of this is that it reflects the idea that sleeping in bathrooms threatens the need to see oneself, or to be seen by others, as a respectable, worthy person. The need for basic human dignity is considered to be greater than the need to have someone to talk to about existential issues. One reason why this seems obvious, is that the idea of sleeping in a bathroom resonates with a deeply rooted Norwegian legacy where the state is seen to promote individual autonomy (Trägårdh, 2008; Vike, 2013). In contrast, the need for existential conversation may appear to signal human dependency, which seems to be at odds with the ideals worth promoting by the state according to this strand of Norwegian belief.

Unmanageable to check compliance in the case of mental health rights

Another explanation offered for why some legal obligations and rights seldom are checked is that it is hard to observe these regulations and rights. The bureaucrats maintain that the municipalities´ mental health-related obligations are elusive. Irene remarks that the central authorities often fail to provide supportive statements in their guidelines while criteria that might enable mental health-related work to be followed up is also lacking.

Mention of the Warranty for Dignity (in which the right for conversations about existential questions is embedded) in the group interview elicited signs of disapproval

from the participants. Irene rolled her eyes, which I took to indicate that this regulation is not taken seriously. She exclaims, "Oh, that one is just so much like a speech on the national day.[12] It is worth nothing in itself, we make use of it only occasionally, in order to support other sources". Such a comparison between a regulation and a national day speech conveys an interesting perspective on the Warranty for Dignity. It is seen as an instrument for legitimization. The aim is to reach people´s emotions and beliefs in such ways as to make the national authorities appear willing to realise the ideals conveyed by the Warranty. Irene elaborates, "Legislation in the healthcare field is often imprecise and redundant. All politicians involved in the health field love adapting laws. These politicians are all very eager to make it look as though they are taking action". The citation conveys that legitimacy for the national authorities, rather than an aim to bring about practical realities, is the real purpose behind legal texts like the Warranty.

Åse, from another Regional Governor ´s office, expresses a similar view about the Warranty for Dignity:

> "We don't follow it up systematically, because it's difficult to monitor such a regulation. How does one measure "dignity"? I guess this field is not necessarily suited for governing through legislation. However, politicians also often adopt legislation in areas where legislation does not fit. They seem to prefer this above doing more things which could really have helped, such as increasing funds".

The conviction conveyed here is that national politicians, who have adopted the Warranty and the entitlement to conversations about existential questions, have not

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[12] In Norwegian: «17.mai-tale-aktig»

aimed to put it into practice. Instead, legislation is of help to the national authorities since it diverts the societal gaze from the authorities´ failure to invest adequately in municipal healthcare.

This standpoint is in line with Vike et.al and Rauch (Rauch, 2008; Vike et al., 2002), who suggest that the national authorities seek to avoid blame and responsibility for a capacity problem or for universalistic decline. It also resonates with the view put forward by Brunsson, namely that modern institutions make use of legislation for purposes of legitimacy (Brunsson, 1989).

Preventing municipal expenses – protecting trust

The Regional Governor officials offer yet another explanation for their failure to check tightly worded clauses such as Section 3 in the Warranty for Dignity (about the right for conversations about existential questions). Åse explains:

> "Some of the municipalities in this county belong to the so-called "ROBEK list" (a list of municipalities with such tight budgets that they have to seek the permission of the Regional Governor to take up loans). Our leaders here (at the Regional Governor´s office) have told us (the officials responsible for checking municipal compliance through legislation) that they want us to inform them about it if we consider carrying out audits that might have financial consequences for the ROBEK municipalities… I can´t remember we have ever discussed the possible initiation of such audits. Neither can I recall that we have ever suggested anything of the sort to our leaders, and have been told by them that we could not do it. … It is more as though we are constantly aware of the financial aspect the whole time. "

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> However, we don't have to inform the leaders about how we are processing the <u>individual</u> cases from the ROBEK municipalities. We do not permit concerns for the municipal economy to influence our processing of the individual cases. The only thing we have to be careful about is to demand of ROBEK municipalities that they change a whole practice in ways that may involve huge costs.

> It is not that we are encouraging the ROBEK municipalities to break the law. Nonetheless, we would for example probably not have initiated an audit in any of the ROBEK municipalities now, focusing on whether these municipalities were offering people conversations about existential questions".

The idea expressed here is that the Regional Governor´s checking should not cause excessive municipal spending. Further, any substantial mismatch between a municipality´s resources and its legal obligations should not go unnoticed when the Regional Governor makes decisions about checking.

Thus, what we see here is a Regional Governor statement implying sacrificing legal security for priorities of financial containment. One possible interpretation is that it reflects an awareness of the Regional Governor´s dual role as a guarantor of legal security on the one hand and a guardian of sound municipal budgets on the other. A tricky scenario emerges as a result of this duality, namely that the municipalities might perceive the Regional Governor´s guidelines as contradictory, which could compromise the Regional Governor´s legitimacy. In order to avoid this, the Regional Governor abstains from systematic checking of clauses that might otherwise have been of help to older people with mental health problems.

However, it is interesting to note that the quotation does not mention the Regional Governor´s carefulness about certain types of legal control as a sign of corruption. The

statement co-exists with an understanding portraying the Regional Governor´s role as that of an uncompromising guardian of legal security. The fair processing of individual cases is taken as a sign of how Regional Governor´s work actually fills the role as such a guardian. It is also taken as such a sign when the Regional Governor leadership opts for soft methods (like asking officials that they "inform" leaders) to encourage officials to avoid discovering routine transgressions of universalism.

Andreas shows a keen awareness of the Regional Governor´s role which seems to reflect universalistic belief. When asked whether the Regional Governor´s follow-up work is ever adapted to concerns for municipal economy, he says:

> "No, we don't think that way! We couldn´t care less about municipal finances when we are considering whether a service is professionally acceptable. We don't think tactically because people have rights in Norway irrespective of whether they live in a very small municipality up in (name of a remote, scarcely populated valley) or in Oslo".

An interpretation of the self–awareness here conveyed is that it reflects the particular belief system put forward by Anderson (1996). Beliefs involve emotions, influence information processing and motivate people to undertake collective actions whose outcomes often differ from the original intentions. Therefore, beliefs about the contribution made by Regional Governor´s work to universalism is reaffirmed each time Regional Governor officials process an individual case without regard to financial concerns. The intention behind a line of uncompromising, non-tactic processing of individual cases may be to sustain universalism. This does not exclude the possibility that contrary functions may be served by uncompromising processing. It may for example contribute to the obfuscation of the societal vision of a bigger picture of systematic universalistic transgressions, or of developments of universalistic decline. A

blurred societal vision of the bigger picture or radical development may facilitate the perpetuation of universalistic transgressions, or of universalistic decline. Thus, universalistic belief may be seen to serve as a catalyst for ongoing processes of universalistic decline.

Irene offers an additional perspective on universalistic belief and its impact on the Regional Governors´ failure to control municipal compliance pursuant to Section 3 of the Warranty for Dignity. She explains why the Regional Governor fails to follow up this clause:

> "This has to do with our credibility. People in the municipalities must experience what we do as useful and meaningful. This is particularly important to us since the Regional Governor has only limited instruments at its disposal for making things happen in the municipalities. Much of our authority comes from our ability to appear reasonable, professionally strong – and from their confidence in us. If the municipalities lack the basics, such as the possibility to help service-users with food and personal hygiene, and we start talking to them about whether they are offering people conversations about existential questions…they would just say, "You are on a different planet!" It would undermine our ability to do our job".

The statement conveys that the Regional Governor´s follow-up work is contingent on the Regional Governor´s ability to sustain legitimacy in the municipalities. It is assumed that legitimacy relies on demonstrating realistic expectations in terms of the municipal capacity to comply with current legislation. Demonstrating realistic expectations is assumed to foster municipal trust in the Regional Governor, which in turn is seen to constitute the basis of its power.

This line of reasoning highlights Grimen´s (2009) point about how a trust granter provides a trust recipient with a power basis. It may also reflect awareness of a strand of collective belief which is typically Norwegian inasmuch as trust in a state is related to a view of the state as a bearer of universalism (Vike et al., 2002). This strand of universalistic belief deters Regional Governor officials from checking certain universalistic obligations. One of the likely repercussions of the failure to check, is a corresponding failure in the municipalities to comply with statutory legislation such as Section 3 of the Warranty for Dignity. Thus, the quotation provides another illustration of how universalistic belief operates as a catalyst for non-universalistic outcomes or universalistic decline.

5.2.   Following up National Action Plan indications

The previous chapter described state guidelines issued in conjunction with the National Action Plan. The conclusion drawn was that some of the Action Plan guidelines constituted a reason to doubt whether the state was in favour of equal rights for municipal mental healthcare irrespective of age. Below, I quote some descriptions offered by former Action Plan officials employed by the Regional Governor and the Directorate of Health, regarding the way the state has followed up the Action Plan guidelines.

Making use of the Regional Governors

Tore, a former civil servant in the Directorate of Health with a key role in the National Action Plan for Mental Health, describes the plan´s implementation as successful. He justifies his opinion by refering to the Regional Governors, "We employed supervisors early on to work in all Norwegian Regional Governor´s offices. If we hadn't done so, I'm not sure how things would have turned out". This quotation reflects a recognition of the usefulness of a well-established organizational structure for fruitful dialogue between state and municipality about welfare state issues. From the central state´s perspective, this structure emerges as a useful instrument for obtaining the desired results on a national scale. One reason for why this structure is seen to be so useful may be that it encompasses trust. The trustful interface between state and municipality may prompt measures or changes the central state seeks to promote.

Dealing with emotions and relations in goal-oriented ways

Ruth, a former Action Plan supervisor, describes another dimension of the Action Plan´s follow-up work by comparing its effectiveness with what she describes as poor effectiveness of the Regional Governor´s legal control work. She has work experience in regional government both as an Action Plan supervisor and as an executive responsible for overseeing legal obligations. She describes the Action Plan´s follow-up work as much tighter and accordingly more effective than the legal control work. Her descriptions of the weaknesses of legal control and of the strengths of the Action Plan follow-up work are set out below. Let us start with the legal quality control:

> "I remember once when I worked at the Regional Governor´s office, and we went to a municipality to introduce ourselves. What happened next made me feel ill: I overheard one woman say to another: "But this was not dangerous! I didn't sleep tonight because the Regional Governor was supposed to come here!"".

This description portrays legal control carried out in such ways that it is prone to engender fear. Below, Ruth elaborates on the impact of fear on the Regional Governor´s capacity to discover transgressions of the law – including those to which older people in the mental health field are subject:

"My opinion is that legislation must be at the very core of what the municipalities are doing. Yet how can one re-vitalize the impact of legislation in older people´s mental health? Some might suggest there is a need for more "systems revisions" (a method mentioned by the administrators as key to their checking procedures in terms of legal security). However, in my opinion is this method is wrong. It means looking for mistakes… If I know that people are looking for my mistakes, then I will hide myself from them, because I'll be afraid of not being good enough. I believe one discovers far more about how things are in the municipalities by behaving as a humble cooperation partner, than by observing the law to the letter. People forget themselves then, they become enthusiastic and experience coping by opening out to you. It isn't dangerous to tell people that they are making a mistake, but I prefer them to tell me themselves. There is a need for dialogue and relationships. At the moment legislation is just words - without any relationship".

This is a description of an established structure of trustful state/municipality relations, ineffectively exploited by the state for legal control. Ineffectiveness results from how human emotions are addressed in counterproductive ways in view of the aim to ensure compliance with the law.

One hypothesis emerging from this description is that the effective implementation of the Action Plan resulted from the ability to make effective use of the established structure. Ruth seems to confirm this. She describes how the Regional Governor supervisors succeeded in influencing the municipal mind set through the methods applied when working with the plan´s aims. The supervisors did so by arranging conferences and networks, bringing people in the municipalities together, inspiring them and fostering stimulating relationships. These methods enabled mental health field stakeholders around the country to start thinking and talking in similar ways, for example, by sharing an emphasis on values like coping and independence.

Ruth´s comparison of legal control and Action Plan follow-up work contributes to an understanding of the development for older people in the mental health field. The contradictory state guidelines on the position of older people in the mental health field have been described in chapter 4. Whereas legal texts stipulate equal rights for young and old, there is evidence of unequal treatment in the Action Plan documents. In view of this, Ruth´s description above should be reconsidered. It appears that the state has implemented effective methods for its espoused non-universalistic aims and ineffective methods for its universalistic aims. Thus, the state has facilitated a particular situation where the municipalities respond to the guidelines by carrying out non-universalistic policies, whereas the national authorities preserve their reputation as guardians of universalistic welfare.

This description resonates with literature on how decentralised structures enable Scandinavian national authorities to avoid responsibility for universalistic retrenchment (Rauch, 2008). Ruth´s description indicates a concrete approach for the state to prepare for universalistic retrenchment but to avoid being seen as responsible for it.

By making use of effective follow-up methods for non-universalistic aims these aims will be embedded in municipal practices. However, the design of these follow-up methods serves to highlight the voluntary adherence of municipal stakeholders. Thus, non-universalistic policies emerge as voluntary and freely chosen from a municipal

perspective. They are unlikely to be interpreted as a result of power exertion on the part of the state. At the same time, the state makes use of other follow-up procedures related to universalistic aims. These encourage fear and distance, which serve to shield the state from too much official information about universalism´s position in Norwegian municipalities. Failure to obtain official information facilitates the avoidance of blame for universalistic decline. Therefore the impact of the two follow-up methods is that they conceal effectively the state´s responsibility for non-universalistic policies.

In line with this interpretation, a key function of the state´s legal control is that it maintains the appearance of national authorities committed to universalism. The universalistic outlook may be crucial for the legitimacy of national authorities in a society as deeply influenced by universalism as the Norwegian one. Following Brunsson´s perspectives on modern institutions (Brunsson, 1989), the state may even be interested in being seen as particularly keen to realise a popular ambition at a time when it is not in a position to do so.

Dealing with money in goal-oriented ways

The supervisors also describe their follow-up work as effective because of the way this follow-up work handles spending policy. Below, Lars describes the impact, in the mental health field, of the financial aspect of their work on the position of older people:

> "It is necessary to place responsibility for this where it belongs. The municipalities were compelled to act as they did due to the earmarked grants. The Regional Governors were meticulously controlling whether they were spending the money (earmarked state grants within the Action Plan´s frames) as the state told them to. I was travelling around, "preaching" about our spending policy. We said that money was to be spent on children, teenagers, substance abusers and on prevention. It came as no surprise that older people were not prioritised".

> I ask what would have happened in a hypothetical situation where a municipality had sent Lars an application suggesting that the municipality focused only on older people.
>
> "I think that municipality would have been in trouble, then", Lars says.

This quotation indicates that it was logical that the state should make use of money in ways that improved municipal services for the young rather than the old. The Action Plan supervisors state that an important aspect of their work consisted in administering municipality applications for earmarked grants to mental health services. They processed the applications according to criteria stipulated by the National Directorate of Health.

Further, all the supervisors convey an impression of very tight municipal budgets As Ruth comments:

> "The funds allocated to the municipalities are so small that it is not possible to comply with the law. I don´t understand why the municipalities don't tell people who complain about their services: "Tell the politicians in Parliament this, because they are the ones who took the decision. In this county, the names of the politicians are…."

The quotation expresses an awareness of the tendency of the national authorities to neglect proper correspondence between municipal obligations and the resources at their disposal. This understanding may in turn indicate that there was reason for the Action Plan supervisors to expect that an economic incentive would be an effective way of attaining the aims of the Action Plan. Ruth describes an experience concerning the impact of the state´s use of money as an incentive as follows:

> "I once asked all the municipalities in my county to send me an overview of the number of Individual Plans they had drawn up. I did that to establish how exactly they were spending the Action Plan money. A little later I received a telephone call from the Health and Care leader in (name of a big municipality). "We need a meeting!" he said. The background was that his municipality had not complied with the requirement concerning Individual Plans, which had led the Regional Governor to withhold 5 million crowns .[13] We arranged a meeting and they sorted out everything very quickly. I smiled to myself afterwards and thought, "I told him to act, and he acted". The state can really influence the municipalities depending on whether the state withholds or grants money".

The passage illustrates the effect of economic incentives on the state´s capacity to realise its aims with regard to municipal mental healthcare. The message here echoes Anderson´s point on how management strategies aimed at protecting those values cherished by people must involve more than coercive state power. There must be an ethical and moral code backed up by emotions, and an economic system that makes it cost-effective to carry out the aim (Anderson, 1996, p. viii). In the mental health field this insight about the financial aspect seems to have been exploited in such ways as to facilitate universalistic downscaling. Universalistic downscaling has had an impact on older people.

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[13] The Norwegian monetary unit.

5.3. Consequences for older people with mental health problems

The patterns described in this chapter occur in a context where a national financial capacity problem marks the Norwegian welfare state (Arbeids- og administrasjonsdepartementet, 2003). This problem also occurs in a context of international welfare state convergence where one outcome seems to be the reduced impact of universalism on welfare states previously known as universalistic (Achterberg & Yerkes, 2009). Thus, the Regional Governor´s failure to check municipal compliance with respect to certain universalistic obligations can be interpreted as follows:

Failure to check universalistic obligations may prompt non-universalistic municipal practices. It may account for a broader pattern of welfare state convergence and universalistic decline in Norway.

However, this is not the same as saying that state representatives act as they do because of an aim to contribute to universalistic decline. On the contrary, their work, including the failure to check certain clauses, appears to be fostered by universalistic beliefs. These beliefs concern universalism´s status as intact, the value for universalism of a relationship of trust between the state and municipality, as well as ideals of individual autonomy and state non-intrusiveness.

The consequences of this set of ideas is in keeping with the kind of belief singled out by Anderson (1996), with an impact on information processing and, accordingly on patterns of action on a state level. These patterns of action contribute to ongoing processes of international welfare state convergence. In Norway this is tantamount to universalistic decline. Poor access of older people to municipal mental health services, and the downplaying of the psychosocial aspect of elderly care, may be seen as expressions of universalistic decline.

5.4. Summary

The findings presented in the last two chapters indicate that the state sidesteps effective control of those guidelines that might have ensured older people´s equal access to

mental health services. At the same time, the state checks other guidelines effectively. These guidelines appear to support directly or indirectly what we know about the unfavourable treatment of older people in the mental health field. It is therefore likely that the impact of the state´s follow-up work has increased the impact of the espoused Action Plan guidelines while reducing the impact of the legal guidelines.

A possible impact on the municipal mental health field is the emergence and maintenance of non-universalistic practices exemplified by the difficult access of older people to mental health services.

The state signals outlined in these two chapters should be seen as embedded in broader patterns of international welfare state convergence. Universalistic decline in Scandinavia may be the result of such convergence. Such a claim is different from saying that those state agents who make universalistic decline happen consciously want this to happen. The findings presented here indicate contrary conclusions. Universalistic beliefs are often to be found throughout their patterns of action. These beliefs have certain consequences in a setting of power imbalance between state and municipality and ongoing processes of universalistic decline. The state has the power to relinquish responsibility to the municipalities for carrying through universalistic decline; moreover, the state makes use of this power thereby avoiding blame and responsibility. Universalistic belief governs the way this happens.

6. Accepting responsibility and passing it on

The political and administrative leadership

In this chapter we will look at political and administrative leadership in the municipality, the way responsibility regarding mismatch between obligations and economic means is handled. A key argument is that trust in the state encourages the leadership to accept municipal blame and responsibility for solving the welfare state´s capacity problem. Accepting responsibility leads to a dynamic of passing responsibility on down the line within the municipal organization. This dynamic is likely to have unfavourable consequences on the position of older people in the mental health field.

6.1. Limited financial resources: the culprits

The municipality I have studied has only limited funds at its disposal. Political and administrative leaders promote two contrasting perspectives on blame and responsibility for the municipality´s difficulties in matching its obligations with economic means. One perspective downplays whereas the other tends to highlight municipal blame and responsibility.

Reluctance to picture the local politicians as responsible

The excerpt below illustrates a local politician's experience of how Norwegian local politics are characterised by limited political leeway. An exemplary view of responsibility is implicit in the following description:

> I was sitting next to Guri at the listener´s bench during a meeting of the political Committee for Health and Care. Guri is a Labour politician with a seat in the municipal Chairmanship and the Municipal Council. While chatting during the breaks, Guri remarked as follows: "I like to attend these

committee meetings for Health and Care, because this is where most of the municipality´s expenditures come from". She remarked that the municipal economy is under such pressure that the possibilities for local politicians to make meaningful political choices are very limited. "For the most part, what we are doing here is administration", she said. I asked whether she thought that local politicians in other municipalities had a similar experience and she replied, "It may be different in some other municipalities: those with significant income from hydroelectric power, for instance. In those cases there may be more room for acting at a political level. Here, however, there is little room for real politics".

This extract highlights a view of the role of a local politician. The responsibility for keeping the municipality´s budget under control is a key feature of this role. Further, this understanding of the role as a local politician is portrayed as non-exclusive for this municipality. Local politicians in a number of Norwegian municipalities experience their main responsibility as one of tackling financial issues.

The term "administration" refers to a restricted or non-existent capacity for local politicians to take autonomous political decisions. Instead, politicians find they have to handle decisions made by other people elsewhere.

Since the state imposes several compulsory tasks on the municipalities, and since it is also a substantial source of funds, the excerpt contains an implicit point about the state. Local politics is considered to be about administering the state´s decisions, and does so within a framework of limited economic resources. The autonomy, and thus the capacity for responsibility that the local politicians enjoy, is therefore absent or threatened. The same applies to the official intentions underpinning the role of local politicians as independent local policy makers.

Local politicians are blameworthy and must take responsibility

The excerpt below shows how the understanding of the role as a local politician as an "administrator-disguised-as-politician" co-exists with another understanding of role, highlighting municipal responsibility:

> 41 local politicians have taken seats in the Municipal Council hall. The mayor states that it is time to move on to the economic interim report. Guri, who is the spokesperson for the largest majority party, approaches the rostrum and says:
>
> "The municipality´s budget seminar took place last week. The Chairmanship was there,[14] and so was the Regional Governor and the Alderman.[15] The Alderman gave us "the scripture on the wall". He said there was a serious concern now about the municipality´s funds, which have continued to decrease. Thus the question is: What should we do in this situation? We could of course have chosen not to build a nursing home. Yet, we must build it. Let´s just hope the national government has good news for us in the state budget".
>
> A number of politicians went on to emphasize their recognition of the serious economic situation. It was frequently mentioned that the Health and Care sector in particular represents a huge and increasing expenditure.

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[14] In Norwegian: Formannskapet.

[15] In Norwegian: Rådmannen.

This excerpt displays a mismatch between the municipality´s obligations and the economic resources at its disposal. The description resonates with a general recognition of the way a capacity problem marks the Norwegian welfare state (Arbeids- og administrasjonsdepartementet, 2003). It also conveys a dual message from a local politician about how best to approach the capacity problem. One part of the message is that it is impossible for the local politicians to solve the problem. This follows from the description of how one possible solution might have been to abandon the project of building the nursing home, at the same time as the municipality was obliged to build it. It also follows on from how the only viable solution is described as one implying intervention from the state. These aspects of the excerpts reflect a leadership perspective that downplays municipal responsibility for the capacity problem.

The other part of the message is different, namely that local politicians alone must adopt responsibility to bring the difficult economic situation in order. This reflects a perspective that highlights municipal responsibility for the capacity problem and that downplays the state´s responsibility.

6.2. Trust in the state - and how it empowers perspectives in which municipal responsibility is accentuated

The excerpt may illustrate how municipal leaders end up accepting blame and responsibility for mismatch between money and obligations regardless of perceptions to the contrary.

It also points to how the Regional Governor has issued statements to the municipal leadership during the budget seminar. Thus, the excerpt indirectly provides information on the chain of communication about responsibility for the capacity problem. The state, represented by the Regional Governor, has had a role in this chain. It is unclear what exactly the role has involved. However, when I ask Guri about this later, she describes the Regional Governor´s role as being one of limited significance.

The conclusions drawn by the municipal leaders were reached of their own accord. This description of a municipality accepting responsibility for a capacity problem is partly due to communication with the state. This may bring associations to Grimen´s point about how trust involves acting with only limited precautions (Grimen, 2009). On one occasion, Guri told me that the Regional Governor´s presence in these yearly seminars is very useful, since its representatives provide the politicians with sound economic advice. Thus it seems that from a local political perspective the Regional Governor´s presence at the budget seminar is not seen as a reason to arouse suspicion. This may be considered as a product of state trust.

The inclination to place trust in the state´s representatives, in this case the Regional Governor, encourages local politicians to downplay certain perceptions. These are perceptions that the state, rather than the municipality, is to blame for the capacity problem and that the state has the power to assume responsibility for acting upon it. State trust on a municipal leadership level may here be seen to provide the state with a basis for power. It may enable the municipality to accept definitions of reality that are at variance with municipal experiences, but are in the interest of the national authorities. These mechanisms may serve to conceal the state´s role in the type of universalistic retrenchment processes suggested by Rauch (Rauch, 2008).

6.3.   A consequence of state trust: Passing on responsibility

The way local politicians follow up Guri´s message by demonstrating the willingness to accept responsibility strengthens the impression that trust in the state is implicit. By tacitly defining the capacity problem as a local political responsibility, they deprive themselves of the legitimacy of acting upon alternative definitions highlighting the state´s responsibility.

One consequence is that it encourages local politicians to look for groups to blame or take the responsibility within the municipality. The numerous references made by politicians to the Health and the Care sector´s huge expenses implicitly seems to portray the health and care sector as blameworthy. Once again, a likely result of this portrayal

is patterns of action founded in assumptions about the Health and Care sector in particular as being responsible for resolving the capacity problem.

Thus, a mechanism described by Vike et.al (2002) is here visible. It is a mechanism where power is expressed as the capacity to pass on responsibility for a fundamental capacity problem to someone further down the line in the welfare state hierarchy.

Necessary to protect sector interests in an intra-municipal battle

It may prove challenging to talk or act officially based on other perspectives than the one in which local blame and responsibility are emphasised. The chain of events quoted in the sections below, from the afore-discussed meeting in the Municipal Council, illustrates that:

> The mayor now says that the top administrative leader for Health and Care, Petter, will inform us about the increasing costs of the Health and Care services. Petter turns on his power point presentation and starts explaining, "There are several expenditure drivers behind the increases in the sector. The first has to do with increased needs and rights. Since people are less prone to illness at high age now than in the past, an increased need for enduring health and care services has ensued".

> Petter mentions other expenditure drivers as well: people are applying for a greater variety of services than was the case in the past while also expecting higher quality, he explains. He mentions that people no longer put up with mistakes in healthcare, and remarks, "The audit authorities safeguard a practice that forces us to have solid documentation if we are to say "no" to a rights-based service".

> Finally, he describes the Coordination Reform as an important expenditure driver. "The reform implies the requirement to assume responsibility for

patients (for which the state, and specialized healthcare, were responsible earlier). We receive a grant from the state, which is meant to cover sleepover days for patients ready to be discharged.[16] The grant was intended to enable us to spend money on prevention. But we have found that the grant is insufficient. Once we have paid for the co-financing of hospitalizations there is already a deficit".[17]

The leader here presents various explanations for the high and increasing Health and Care costs. It is hard to see how local politicians could have influenced any of these substantially. One of the most prominent explanations is the so-called Coordination Reform, passed by the Norwegian national government a year in advance. [18] It represented a formal shift of responsibility from the state to the municipality. Economic incentives were introduced to encourage the municipality to look after patients who would previously have been taken care of by the state. According to the white paper about the Coordination Reform (St. meld. Nr. 47, 2008-2009), the reform would not increase costs for the municipality. On the contrary, it would release resources the municipality could use for prevention or health promotion. As described here, however, the municipal experiences with the reform have differed from the envisaged outcome. The Health and Care sector has ended up with a more substantial portfolio but without

[16] «Sleepover days» is my translation of the Norwegian term «overliggerdøgn», which I have often heard used by politicians. It refers to a system that was introduced with the Coordination Reform. A "sleepover day" occurs when the municipality fails to assume responsibility for a patient that the hospital has defined as dischargeable. The municipality is charged 4000 Norwegian crowns for each day it fails to adopt responsibility for a patient defined as dischargeable.

[17] "Co-financing of hospitalization" is another element of the Coordination Reform. In order to provide the municipality with economic incentives for taking responsibility for more patients, the municipality has, as a result of the reform, become responsible for paying part of the expenses associated with hospitalizations. This is a cost that was previously paid in full by the state.

[18] one year before I undertook the fieldwork.

the envisaged positive economic consequences and possibilities for prevention and health promotion.

My impression of this account is that it problematizes the understanding of the municipality as blameworthy and thus responsible. Responsibility for the current experiences of mismatch between ambitions and resources should be ascribed (partially at least) to the state.

But the field note below shows a possible setback to the collective local political adoption of reality descriptions that downplay municipal blame and responsibility:

> Lotte, a politician from the Committee for Education and Culture, walks up to the rostrum. Somewhat irritated, she says, "We have just dealt with the interim report in the Committee for Education and Culture. And I must say that we have many talented employees in that sector who display a high level of budgetary discipline. Focus <u>there</u> is more on what one can get out of the money, rather than on how much money one has. Besides, it may be worth remembering that any investment in education is an investment in the future!"

The extract conveys a negative reaction to what has emerged from the quoted politician´s stance as complacency on Petter´s part. An implicit expectation conveyed is that the Health and Care sector leader should have accepted blame and full responsibility for his sector´s expenses. This expectation may in turn be interpreted as a result of tacit trust in the state:

Given that one of the hallmarks of Norwegian society is the long-standing deeply embedded idea about the state as a universalistic enabler, accounts such as Petter´s above may implicitly be interpreted in that light. His message about, for instance, the

Coordination Reform is unlikely to be received as an invitation to common local political resistance related to the exploitation the municipality is subject to from the national authorities. Instead, implicit assumptions about the state´s benevolence give the impression that a leader has attempted to evade responsibility or attempted to favour sector interests. Thus, the excerpt exemplifies E.N Anderson´s point about how beliefs influence collective patterns of information processing which in turn have consequences for collective patterns of action (Anderson, 1996).

Concerns for productivity acquire weight in a setting of universalistic belief

The excerpt illustrates how the welfare state´s protection of older people´s needs may easily come under pressure in a cultural setting characterised by universalistic belief. When onerous deliberations about prioritization are on the political agenda, universalistic belief holds sway in arguments regarding investment in productivity, thereby acquiring particularly strong weight. An interpretation of this is that it is because universalistic practices are commonly seen to depend on maximum levels of labour market participation (Esping-Andersen, 1990).

Cementing the definition of local responsibility

Below, I present a final field excerpt from the debate in the Municipal Council. It conveys how tacit state trust informs the way politicians whose bonds of loyalty are primarily to the Health and Care sector react to the politician's criticism experienced by Petter:

> Jan, a Socialist representative from the Committee for Health and Care, says, "A difficulty for the Health and Care sector when it comes to curbing expenditure is that (…) it is not possible to adopt a decision that establishes that people must not get ill. The Health and Care sector could be subject to insufficient budgeting".

> Hanna from the Christian Democratic Party remarks that she thinks it is unfair to compare the Health and Care sector with other sectors. "I think a categorical picture is being drawn here of how the top administrative leader governs these services, because things are more unpredictable in Health and Care than in Education", she says, adding, "It may be that we have under-budgeted for Health and Care (...) The situation must not be interpreted as if it were the result of poor governing".

These comments reflect the defence of the Health and Care sector against what has emerged as an intra-municipal attack. The defence is interesting also because the Health and Care sector comprises a larger proportion of older service-users than is the case in the sector of Education. Thus, the discussion could be seen as a tacit expression of a distinct type of conflict described by the sociologist Svein Olav Daatland, where the generations are pitted against each other (Daatland, 2008).

The latter two quoted politicians respond to the attack on the Health and Care sector by defending it. However, they do so from a perspective where the municipality emerges as responsible for the capacity problem. An unintended consequence of the defence is that it contributes to a gradually increasing impact on the political environment of a clear-cut assumption. It is an assumption that there is an internal municipal battle which results from a capacity problem that is primarily local. The stronger the perception of such local warfare becomes, the more likely is it that the state´s contribution to the capacity problem appears to be invisible or irrelevant to local leadership.

The consequence is once again a consolidation of the state´s power base related to the municipalities, which was originally facilitated because of state trust as part of collective beliefs. While the internecine warfare continues amongst the various municipal sectors about access to limited resources, the state´s contribution to the municipal problems goes unnoticed. A likely effect is for municipal leadership to look to solving welfare state

dilemmas by delegating responsibility and blame to the lower echelons of the municipal hierarchy.

6.4.   Rights-based services in difficult times

There follows a quotation from the top administrative leader for Health and Care. It is from a joint meeting between the leader and all his subordinate administrative leaders in the Health and Care sector:

> "Last year, when I attended meetings in the leader group of the chief executive…The focus on the Health and Care sector was very negative at that time due to over-use. And that´s the way it has always been. But this year we have made strong efforts to try to single out which among our citizens´ needs trigger rights. We cannot refuse if a need triggers a right. If we try to say no, then someone else will just make us offer that service anyway".

This quotation reflects the way the politicians, when in need to prioritize due to limited resources, must give precedence to services defined as rights-based. Based on Petter's comments earlier in the same meeting, rights protection emerges as one of two ways whereby an issue can be included in the budget in spite of a lack of resources. The first way is if politicians consider the prioritization of an issue as an investment in terms of reduced future economic costs. Apart from this investment argument, the rights argument is the only one that, according to this line of reasoning, can lead to an issue gaining priority.

The state is always right

The significance ascribed to rights calls to mind descriptions in the academic literature regarding the popularity of universalism in Scandinavia. Citizens´ rights are among the key aspects of universalism. However, in the excerpt above, rights do not emerge as being necessary to prioritize merely because they are considered to be so important in themselves. The description of how someone obliges the municipality to grant rights indicates that partly, the power of rights follows from the municipality´s perceived need to adapt to the state´s inspection work.

Below, I present an extract that, from the leadership´s perspective, throws light on the importance of adapting to the state´s follow-up work. The sequence is from a session during the Municipal Council meeting in which Petter informs the politicians about a child welfare case which attracted considerable media coverage:

> Petter explains, "What happened was that the municipality received a letter from the Regional Governor. They had written that we had violated 26% of the deadlines in child welfare cases. Later it emerged that the Regional Governor had miscalculated and that the correct number should have been 6%. However, the local newspaper had already got hold of the letter and had started their investigations. They found something that was suitable for a front page headline (the front page displayed a girl holding her teddy bear and looking up, visibly scared, at the shadow of a big arm. The newspaper stated that her father had battered her and that she had failed to receive adequate assistance from the municipality)".

Jan comments, "I must say it´s not fun to be a politician when things like this happen and people ask: "What are you doing? and one gets the feeling that this municipality is severely degraded".[19]

Petter continues, "However, in reality our municipality is one of the relatively good ones in this county. I must say that if the Regional Governor is concerned about 6%, then things must really be in order in this county. However, what I most regret is that we started an argument with the Regional Governor and the police in the local newspaper. Our approach related to the audit authority (the Regional Governor) is that they are always right. If we disagree with them, then we are the ones who are mistaken".

This excerpt highlights Harald Grimen´s point about trust as a way of acting, as well as his point that sometimes one acts trustfully because there are few alternatives (Grimen, 2009). The excerpt above shows how deep reverence for the state is not always the reason for the municipal leadership adapting to Regional Governor signals. Rather, a display of state trust pertains to what municipal leaders must do in order to avoid unwelcome events. This interpretation follows from the clearly ironic references to the Regional Governor´s miscalculations and inappropriate over-reacting. It also results from an apparent joke regarding the way leaders pretend to agree with the Regional Governor even when this is not the case. As these signs of distrust in, and disrespect of, the state emerge here, they appear to be signs of a resistance which it is impossible to act on.

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[19] In Norwegian: «er en versting-kommune».

Patterns of action based on trust and which are related to the state appear to be superior to patterns of resistance. Resistance could jeopardise the municipality´s reputation or the politicians´ relationship with the electorate. Jan´s comment above, on his aversion to the way media headlines question his job as a politician supports this interpretation. It could also be argued that resistant patterns of action related to the state are inconceivable since they risk harming the municipality´s capacity to assert itself in a tacit competition with other municipalities. The use of the term "severely degraded", as well as the comparisons of statistics of different municipalities, support the latter interpretation.

The extract also illustrates the importance of the media´s role in governing the leadership´s state-related patterns of action. The media emerges as capable of shaping the municipality´s reputation among people in the local community. Petter´s observation above may be taken to mean that the media is tacitly understood as being guided by state trust and state respect. One of the consequences is that open disputes between the municipality and the Regional Governor should be avoided because of the risk of a negative impact on the municipality.

This situation may influence patterns of action on part of the municipal leadership. The leadership may seek to handle the capacity problem by adapting to the state´s control work rather than to the actual content of legal rights and obligations.

6.5.   Adopting the state´s definition of adequate quality

There is a tendency among politicians to adopt the state´s definitions of adequate quality in municipal healthcare. The excerpt below, from the Committee of Health and Care, highlights this issue:

Jan introduces Tone, the Service Office leader, who is to give her monthly orientation. Tone addresses the politicians. On this occasion, her task is to provide the statistics.

She mentions the number of new applications received by the Servicer Office for different categories of healthcare services. She goes on to specify the age of the longest-standing case in each category, the previous month's figures, the number of appeal cases and how many of these have been sent to the Regional Governor or an internal unit for appeals processing. She explains the number of appeals cases the Regional Governor has changed and the number of cases in which the Regional Governor has confirmed a municipal decision.

At one point later on I ask Tone why the politicians request these figures for every meeting. She explains that the reason in part is related to financial issues. Moreover, there is a concern to deal with matters on which the inhabitants had provided feedback. Finally, the number of appeal cases and the number of those cases in which the Regional Governor had an impact, are indicative of a desire to implement quality control in healthcare services.

It is worth noticing the variables included in the template. Some of them appear to correspond with those described in chapter 5 of this thesis as crucial to the Regional Governor´s follow-up work: The municipality´s handling of documents such as the application, the legal administrative decision and the appeal is treated as a central indicator for whether the healthcare people receive is adequate. It is worth bearing this point in mind since later chapters will describe how people lack access to rights-based mental health services as a result of mechanisms that cannot be captured by checking these documents.

The politicians´ adoption of the state´s variables may express implicit trust in the state´s capacity and good will to define quality on the local politicians´ behalf. This may in turn emerge as logical given that the capacity problem is defined as a local one. A logical response from a local politician responsible for a capacity problem may be to check the fields the state is likely to check and to disregard other legal obligations.

6.6. Universalistic belief and gender relations: Impact on leaders´ ideas about work in the Home-Based Services

Later chapters will throw light on the way signals from municipal leadership influence work in the Home-Based Services with older people´s mental health issues. Below, I have therefore included an excerpt illustrating the leadership´s ideas about Home-Based Services work. The excerpt may attest to the way universalistic beliefs and gender relations have an impact on these ideas:

> Jan, the committee leader from the Socialist party,[20] explains that the next case on the agenda concerns an internal audit report about the Home-Based Services. He introduces it by describing a telephone call he has received from someone who expressed dissatisfaction with an ineffective use of time in the Home-Based Services.
>
> The comment gives rise to a discussion among the politicians about work in the Home-Based Services. The discussion is about the extent to which Home-Based Services work does, and should, limit its actual service provision to what is stipulated in the legal administrative decisions. Reidar, a man from

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[20] In Norwegian: Sosialistisk Venstreparti.

the Conservative party comments in a puzzled tone ,[21] "It is a bit strange if they (the Home-Based Services) go to people's homes and act in a different way from the legal administrative decision recommendations". Britt, a woman from the Labour party replies,[22] "But I know that sometimes the Home-Based Services comes to someone's home to clean her bedroom, for example. And then the person says, "Can't you clean my windows today instead"". Ragnhild from the Progress party supports this statement, [23] adding, "Or they go to someone's home. The coffee table may have been prepared and the person may have taken the trouble herself, and asks whether they would like to sit down and talk instead" .

Jan replies: "I must say I think it is tragic that people are lonely. It must be terrible to live like that. But as politicians, we have been attending courses about the "LECL" principle, [24] that is: the "lowest effective care level" principle. It is possible that these people should have received a legal administrative decision establishing that they would receive help to get out and socialize".

Reidar from the Conservative party asks to speak again. He asks, "Is it possible that applicants should have received more supervision about what they are eligible to apply for? Because I must say it is questionable whether some people´s expectations may be too high".

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[21] In Norwegian: Høyre.

[22] In Norwegian: Arbeiderpartiet.

[23] In Norwegian: Fremskrittspartiet.

[24] In Norwegian: LEON-prinsippet.

Wenche from the Socialist party raises her hand. "My opinion is that we, as a municipality, must say something about what people are entitled to. And when it comes to loneliness…". She pauses and continues in a deeper voice, "I don´t mean to be rude. But the future challenges in this municipality are vast. And loneliness should perhaps be resolved in other ways: through voluntary work, for example".

Universalistic beliefs and state trust influence ideas about legal administrative decisions

This excerpt illustrates how legal administrative decisions and rights may be seen as instrumental in limiting costs on the one hand and for service quality on the other. This is interesting because according to the Regional Governor officials, (see chapter 5), legal administrative decisions were instruments for obtaining all citizens´ rights to high-quality welfare. Legal administrative decisions seemed to appear to Regional Governors as instruments for universalism. The excerpt above enables us to appreciate a slightly different assumption on the part of local politicians. In a discussion amongst politicians on legal administrative decisions and people´s rights, both come across as being effective both in economic restriction and in promoting universalism. Some variation between the politicians as to which of these two – universalism or economic restriction - is the stronger, is evident. Reidar seems to be a strong exponent of the idea of legal administrative decisions as instruments for cost control. The others appear to be adopting more mixed positions. We will return to this apparent difference presently.

One of the reasons why instruments such as legal administrative decisions are of importance to local politicians may be their acceptance of responsibility for a capacity problem. The Norwegian Study of Power and Democracy described the capacity problem as a national one (Arbeids- og administrasjonsdepartementet, 2003). This indicates that it may be impossible for a municipality to solve it. When the municipal

leadership accepts responsibility, one of the consequences is the pressure of combining economic control and compliance with quality demands imposed by the state. Instruments such as legal administrative decisions may be welcome to the leadership in this setting since these facilitate reality perceptions where contradictory demands emerge as reconcilable. A legal administrative decision may appear to be capable of ensuring people their rights, which is a sign that the municipality is dealing adequately with its universalistic obligations. A legal administrative decision may also serve as a guarantee that the municipality does not award people more than what they are entitled to. This may emerge as a sign that the municipality also handles the economic control part of the capacity problem.

The comment in the excerpt above regarding the need to prioritize rights and not to take responsibility for loneliness, can be seen to reflect a dynamic of belief. By interpreting given empirical descriptions as expressions of loneliness and tacitly interpreting loneliness as being outside the area of citizen´s rights, a conclusion becomes natural. The conclusion is that company provision falls outside the Home-Based Services´ portfolio, and that this is reconcilable with universalistic ideals.

Trust in the state may also explain why, in their assessment of local service quality, the local politicians appear to be influenced by the state's inspection work. In the excerpt above, Wenche argues that loneliness is not encompassed by rights. Yet according to the Regulation for Quality Section 3 (Kvalitetsforskrift for pleie- og omsorgstjenestene, 2003), the municipality shall develop written procedures in order to meet the basic needs of users of nursing and care services. These needs include "social needs such as the possibility for companionship, social contact, community and activities" (Kvalitetsforskrift for pleie- og omsorgstjenestene, 2003). This indicates that Wenche´s argument above is based on a false premise. However, at the same time, it may be adapted to the state´s inspection work if the clause is not among those frequently checked by the Regional Governors.

Gender relations tend to decide which perspectives are spoken and unspoken

A final finding from the excerpt where the politicians discuss Home-Based Services work, concerns what perspectives are considered legitimate to voice in public. There is a conflict in this sequence between two types of assumptions concerning Home-Based Services work. However, one of these appears to be perceived as less legitimate to voice in public. Each encompasses standards for proper behaviour in distinct types of situations. This conflict does not follow the left/right cleavage that divides the politicians physically in this meeting: Representatives of the Labour party and the Progress party, on both sides of the right/left divide have expressed similar perspectives. One interpretation of the source of conflict is that it reflects a difference between perspectives traditionally associated with men on the one hand and women on the other:

In the man's view people who are employed by an organization in order to complete a task normally do so without focusing their attention on unrelated matters. There is a moral dimension to this perspective. Loyalty to the standards set by employers - in this case by means of legal administrative decisions - is normal, and this is not only true in the sense that it is standard practice. When an employee receives his or her salary from an employer, he or she is obliged to behave loyally and reliably towards the employer and in accordance with the employer's wishes. In moral terms compliance with legal administrative decisions is therefore superior stance to that of non-compliance.

The second perspective, here voiced by two women, is that it may be normal, or morally superior, when in charge of healthcare, not to adhere strictly to an original plan at all costs. This perspective is, however, only implicit in the apparently factual, value-free description the women offer as their understanding of Home-Based Services work. Their language does not indicate they are challenging the view on normality. Given the context in which the factual descriptions are expressed it appears to be reasonable to

interpret these as indicative of disagreement. The fact that forthright disagreement or defence for this second perspective appears to be considered out of question is illuminating. It may indicate that the first perspective in which compliance with legal administrative decisions as a moral imperative is conveyed, becomes an official definition of reality which in turn gives guidelines to the Home-Based Services.

The political discussion about Home-Based Services work may lead to a consideration of a theoretical point made by Vike et al. (Vike et al., 2002). This concerns how the attempts of Norwegian municipalities to handle the capacity problem often results in the organization distinguishing between two types of responsibility. Some parts of the organization, often dominated by men, handle the economic, administrative and discourse-related responsibility, while other parts of the organization, often dominated by women, handle responsibility for meeting people in need of assistance.

The political discussion about Home-Based Services work may illustrate how a gendered division of responsibility can have consequences for groups with certain types of healthcare needs. If care perspectives of relevance to an adequate handling of their healthcare needs are traditionally associated with women´s sphere of responsibility, then it is possible that they may not be expressed in arenas of leadership. The lack of an official voice for these perspectives may have consequences in a situation where other, officially acclaimed perspectives, gain precedence. The perspectives that gain precedence inform the guidelines given by leaders to Home-Based Services subordinates, which in turn influences Home-Based Services practices. Later chapters will present findings indicating that leadership guidelines may have consequences for older people´s access to mental health services to which they are entitled.

Seeing older people as lonely – and needs for social contact not covered by rights

The majority of the Home-Based Services´ service-users are above the age of 65. The above-quoted political debate about Home-Based Services work illustrates how popular ideas about older people may inform ideas expressed by leaders concerning healthcare for older people.

Jan´s comment about the "Lowest Effective Care Level" principle appears to be based on the understanding that an older person who has prepared a coffee table and then asks for a talk, signals loneliness. The excerpt from the debate also makes it clear that a common view seems to be that loneliness, or needs for social contact, fall outside the remit of the Home-Based Services. As a result, it appears to be natural to opt for certain patterns of action: for example, leaders should let the Home-Based Services know that there is a need to make service-users aware of the real situation so that they understand that they cannot apply for assistance when suffering from loneliness.

However, a situation may arise where other needs or expectations are involved in instances where someone has gone to the trouble of preparing a coffee table in advance. Some service-users may experience needs for public assistance due to mental health-related crisis, while others need, or wish for, a conversation about existential questions. Yet others may not be aware of how their needs are covered by rights, or they may not know what services are provided by the municipality. Home-Based Service-users in all the suggested situations are entitled to receive assistance from the municipality, according to the state´s juridical guidelines. Some Home-Based Service-users may collect an application form, complete and return it to the municipality. But this approach is not familiar to everyone. Their informal request for assistance may be to prepare a coffee table and ask for a conversation. Coffee tables and requests for talks may indicate wishes or needs for services to which one is entitled even if the individuals in question are unaware of this. In line with the state´s guidelines, it would then follow

that the Home-Based Services is legally obliged to respond to them in other ways than through reality orientation.

Two conditions may account for why attending to the coffee table situation is interpreted as falling outside the Home-Based Services´ portfolio. One is that widespread clichés about older people and their needs makes it appear natural to interpret coffee table situations in a particular way. This interpretation is in line with recent Norwegian research indicating that Norwegian municipalities often justify a practice of offering more limited healthcare services for older people with reference to an understanding of older people´s needs as being different (Gautun & Grødem, 2015).

A second condition is that politicians are seeking to resolve a national capacity problem and that a key ideal in this respect is to grant the citizens exactly that to which they are entitled. In an earlier section of this chapter we saw how the importance ascribed to rights resulted from the leadership´s need to adapt to the state´s inspection work. A possible consequence of such adaptation is that those rights the state fails to observe, are considered by politicians to be less important to secure. The rights aspects of the aforementioned coffee table situations may be among those aspects of municipal practices the state´s follow-up work fails to encompass. Thus, the leadership also fails to interpret and treat these as rights aspects. This may have repercussions on the signals from local political leaders to their subordinates in e.g. the Home-Based Services. Moreover, there may also be negative consequences in terms of older people´s access to mental health services. There may be certain aspects of the so-called coffee table situations, and other comparable situations, that make them crucial given the aim to grant older people their mental health-related rights.

6.7.   Summary

This chapter has described a dual experience among political and administrative municipal leaders. On the one hand, they have only limited room to act politically. It would therefore appear to be unreasonable for them to accept blame for the local manifestations of the capacity problem, or to assume responsibility for solving it. On the

other hand, trust in the state prompts the same leaders to embark on patterns of action founded in a different definition of reality. This different definition of reality implies that the municipality is to blame and must assume responsibility for the capacity problem.

When the latter definition becomes governing for patterns of action, responsibility for the capacity problem is handed down the echelons in the municipal organization. The Health and Care sector has been singled out as the chief culprit and therefore responsible. The capacity problem is also by leaders in a municipal capacity dealt with in ways that are consonant with trust in the state. One of the implications is that politicians adapt to guidelines from the state´s inspection work. This leads to the marginalization of legal obligations and rights which the state´s follow-up work fails to encompass. Rights of relevance to older people with mental health problems are among these.

A gendered division of responsibility, as well as popular notions about older people´s needs have a significant impact on how the local politicians handle the capacity problem. The gendered division and the popular notions enable leaders to communicate to the Home-Based Services that they must reality orient their service-users so that the service-users know what they are entitled to. This would discourage them from applying unnecessarily for assistance for coverage of certain types of needs. Among the needs that politicians consider people are not entitled to, are those to which people are entitled in accordance with current legislation. Further, some of these are of particular relevance to older people with mental health problems.

7. Producing a universalistic appearance

The Service Office

This chapter describes how work at the Service Office contributes to the position of older people in the mental health field. It argues that the Service Office provides the municipality with a universalistic appearance. This universalistic appearance has consequences for municipal practices related to older people with mental health problems. Further, if similar practices are to be found in many Norwegian municipalities, it is likely that it influences state policies which have unfavourable consequences for older people with mental health problems.

7.1.   Two types of case processing

One of the key tasks of the Service Office is to adopt legal administrative decisions pertaining to a range of municipal healthcare services. The legal administrative decisions define what the providers - as the Home-Based Services and the Mental Health Team - are to do in each individual case.

Professionals at the Service Office mention two types of case processing. One comprises the routine cases,[25] while the other the cases are considered to raise matters of principle. I will start with the first one.

Routine cases

One caseworker, Toril, explains that professionals at the Service Office often consider Home-Based Services cases to be routine as these cases are more straightforward.

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[25] In Norwegian: "Plankesaker".

Two aspects of the Home-Based Services cases seem to contribute to their status as routine cases. One is that when a Home-Based Services case reaches the Service Office´s table, Home-Based Services professionals have often already assessed the service-user´s situation and decided what services to offer. The leader Tone explains that strictly speaking, the Service Office, rather than the Home-Based Services, should have made the initial assessment and decision in each new Home-Based Services case. However, new Home-Based Services patients are often discharged from the hospital. Since patients are discharged in the afternoon, when the Service Office is closed, it is the Home-Based Services professionals who frequently make the first assessment and decision, whereas case processing at the Service Office gives written confirmation of a decision already made. Tone refers to this type of case processing as follows: "We never overrule the Home-Based Services´ assessment". Thus, one reason why Home-Based Services cases are often considered to be routine cases is that they are seen to require few difficult deliberations on the Service Office´s part.

There is a second aspect of Home-Based Services cases that contributes to their status as routine cases, namely that they are so obviously seen as rights-based services. I ask Tone whether she has ever considered reducing service levels in Home-Based nursing services given the need to cut costs. "No, that I don´t do", she replies and explains, "Because what the Home-Based Services carries out is necessary health assistance. It is something which people are entitled to". Her observation conveys a dual understanding of Home-Based Services work: On the one hand, resource levels in the Home-Based Services are already considered to be low enough to be exactly within the margins of legality. The service-users receive exactly that to which they are entitled and nothing more. On the other hand, current Home-Based Services practices are, after all, not infringing the rules to the point of illegality. In other words, they are not currently violating the rights of service-users. The tasks currently devolving upon Home-Based Services practices concern those that people are entitled to according to the law.

Chapter 4 in this thesis has described findings that may shed light on the afore-mentioned point. In the same chapter, we saw how the offer of conversations about existential questions, and meeting the service-users´ social needs, are part of the legal obligations of the Home-Based Services. I ask Synne, who is responsible for processing Home-Based Services cases at the Service Office if she has been trained to adopt legal administrative decisions granting service-users a right for conversation, if the people in question are in need of it. Her reply indicates that current legal administrative decisions in Home-Based Services cases fail to include this type of rights-based services. It is possible to deduce from her reply that legal administrative decisions in Home-Based Services cases omit these rights-based services:

> "I am not sure of what the law said. When I worked in the Home-Based Services in (name of another municipality) we had something known as "supervision". That meant that we just looked in on a casual basis to see how things were going (with a service-user). When I am processing cases here, I add my own interpretation: If I see that there is a need, then I invent something. I may write, for instance: "Assistance with food when needed". I am not the restrictive type of person, so I think: "Right! We have provided supervision!" I can take short cuts as long as they are professionally justified because expenditure in the Home-Based Services has to be reduced. They are under pressure and they don't receive more funding".

We here see that the ideal of legal security is important in Home-Based Services case processing, as an example of routine case processing. From the perspective of the Service Office, real-world outcomes in the Home-Based Services should be in keeping with legal requirements. However, we also see that a lack of legal knowledge is prevalent in this type of case processing. A likely outcome of case processing based on

the above-mentioned understanding of legislation is the systematic violation of clauses like Section 3 in the Warranty for Dignity. Home-Based Service-users fail to get their rights for conversations about existential questions.

The excerpt also displays how — although Home-Based Services cases are defined as routine cases and thus as being easy to process — inadequate legal knowledge complicates case processing. Lack of knowledge makes rights-based services appear illegal to caseworkers. Services people are entitled to, but that are assumed by the case workers to be illegal, are nonetheless sought included in legal administrative decisions.

Below, I have included a final quotation about routine cases. I ask Synne how she knows what the legal term "necessary health assistance" means in concrete cases:

> Synne picks up a booklet from her colleague´s desk. "I have been wondering about that myself", she says, "because we haven't got anything like this to help us".
>
> The booklet is a government circular on cash-for-care. "There are definitely some queries I'd like to raise. I wish I'd been able to help everyone with everything. I am not inflexible in outlook. However, we have legislation and guidelines that say you have to consult the private market about certain things. I think this is difficult. For example, I was talking to a young woman who had cancer and who had to struggle to reach her car, and she was unable to shovel snow. She was really stressed. But shovelling snow is <u>not</u> part of the municipality´s services. If people need help with that, then

perhaps they should be referred to the Volunteer Centre.[26] But of course people are preoccupied with questions like: who is going to mow the lawn?"

The excerpt displays the different responses to experiences among Service Office professionals concerning the juridical support surrounding the processing of Home-Based Services cases versus the juridical support that surrounds processing of matters of principle. The current Home-Based Services case processing practice is described as failing to provide for human needs that from a professional perspective seem important. Current legislation is considered a hindrance rather than a help in meeting the needs of Home-Based Services service-users.

In sum: respect for legislation is important to the way the Service Office handles cases considered routine cases. Home-Based Services cases are normally considered routine cases. These account for slightly under half of the total number of cases the Service Office processes. Insufficient knowledge of relevant legislation gives rise to systematic violation, or weak protection, of some of the Home-Based Services users´ rights. Mental health-related rights, as e.g. the one following from Section 3 of the Warranty for Dignity, are among those rights that in practice are poorly protected.

A high proportion of the service-users in the Home-Based Services are above the age of 65. The Service Office´s regime of processing Home-Based Services cases thus exemplifies the violation of older people´s mental health-related rights.

Matters of principle

Cases defined as matters of principle differ from the routine cases in that they are subject to discussion in weekly action team meetings. Toril, Line and Trude attend these

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[26] In Norwegian: "Frivillighetssentralen".

meetings on a regular basis. The leader Tone also usually attends and occasionally also one or two other caseworkers that might be working on a particularly difficult case.

The most frequently discussed cases concern cash-for-care, support contacts or relief services. Some of the cases concern older people. This applies in particular to cash-for-care cases. The main weight of the time spent, however, is not on cases regarding older people.

A recurrent theme in these meetings is how the individual applicant´s situation is in keeping with juridical demands. Below follows an excerpt from an action team meeting. This shows how the meeting attendants make use of detailed knowledge about legislation in their deliberations:

> Toril, Line and Trude are sitting in Tone´s office with their coffees and a stack of case documents on the table in front of them. These documents contain information about applications for municipal services as well as recommendations for legal administrative decisions. Toril is talking about a case. It concerns a mother who has applied for cash-for-care in order to care for a child having experienced a car accident. Toril conveys doubt about the outcome. Elisabeth challenges her, "But what kind of care work is it she (the mother) is going to do that can be considered "particularly burdensome?"[27] Where does this fit into the government criteria as stated in the circular?" Toril replies, "I suppose what she is planning to do here would fit into the criteria about general supervision". Elisabeth argues, "But this isn´t about general supervision! And cash-for-care is to be granted in cases of an ongoing need. An "ongoing need" is, according to the Regional Governor,

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[27] This term refers to a term from the government circular on cash-for-care.

one that lasts for at least three months. According to the case notes here, none of the professionals involved in the case is able to indicate how long the need will go on for". Toril appears to be listening attentively to Elisabeth. In the end the only conclusion reached is that there is a need to gather more information.

Elisabeth, Line and Trude leave the room after the meeting while Toril and I remain for a few minutes. Toril looks tired and anxious. She says, "It´s so difficult with children. It´s far easier when applicants are older people".

In the meeting the following week Toril introduces the case again. She looks and sounds relieved. She comments, "I have struggled with this case for three weeks. But now I've immersed myself in the government circular on cash-for-care and can see that it's not right to offer cash-for-care in this case". She justifies her observation by referring to a couple of sentences in the government circular. Trude and Line, who had expressed doubt about the case in earlier meetings, or were even in favour of the opposite outcome, watch her with friendly, open expressions. Three weeks of case processing has now been brought to an end and the cash-for-care is refused.

The excerpt shows how legislation influences the processing of those cases defined as matters of principle. Juridical sources, including government circulars and previous Regional Governor´s appeals cases, are invoked in discussions. The terms used in favour of a given outcome – like "particularly burdensome" and "the criterion about general supervision", are legal terms. This indicates a high level of legal knowledge and that this knowledge is actively used.

Considerable periods of time and personnel resources are invested in identifying what is involved in a legally correct outcome. The way caseworkers continually consult their papers, indicates the extent to which an authoritative source outside the room regulates what happens within it. My interpretation is that this authority is the state, since it is the state that makes the law. The reason why a perspective gets its way and ends up becoming the municipality´s practice, is that it emerges as most in line with legislation granted by the state.

The fact that most of the cases dealt with in these meetings are those of people below the age of 65, alongside the low frequency with which Home-Based Services cases are discussed, shows a pattern. The pattern is that the types of cases involving a larger number of young applicants are better processed and more meticulously handled in terms of legal security than the types of cases dominated by older applicants. The comment above about how it feels more difficult to process cases concerning children fits into this pattern.

7.2.   On the balance between ways of thinking

The distinction between routine cases and matters of principles reflects two conflicting strands of Service Office work. One strand produces real-world outcomes which are very much consonant with the state´s legal guidelines, while another produces outcomes which are more dubious from a legal perspective. However, these may be more consonant with a pragmatic policy of economic control and adaptation to the providers´ interests. Below, I describe four ways in which the Service Office balances between the opposing ways of thinking.

1) Different stakeholders and arenas safeguard different ways of thinking

The first way of balancing logics emerges from a description from the leader Tone. She mentions an experience of duality where different arenas within the Service Office safeguard different logics. She says, "Although I never talk about finances when we discuss professional matters in meetings (here at the Service Office), cost is always in my mind".

The quotation highlights how two parts of the Service Office as an organization safeguard opposing logics. Some Service Office stakeholders belong to arenas producing outcomes that fit well with the state´s healthcare legislation guidelines. It is standard practice in these arenas to play down the impact of pragmatic concerns such as financial pressure and concentrate on legal requirements. This is indicative of support for a universalistic logic where citizens´ rights must take precedence over fiscal concerns As we have seen, Tone is always beset by financial concerns, which indicates there is also a pragmatic logic whereby financial concerns and budgeting take precedence. The last part of the comment is indicative of the way other Service Office arenas or stakeholders take responsibility for the pragmatic logic.

A similar dynamic is evident in the contrast between the caseworkers who are responsible primarily for matters of principle versus those who are mainly in charge of routine cases. An earlier section of this chapter described an example of how case processing of Home-Based Services routine cases was characterised by insufficient knowledge about the Warranty for Dignity. Conversely, caseworkers responsible for matters of principle sometimes refer to their legal competence in order to challenge non-universalistic practices. Line belongs to the latter category. She explains that she has on occasion telephoned the Mental Health Team about service-users who she considered to be in need of mental health services. She says, "They (in the Mental Health Team) have sometimes replied that the person concerned is not able to benefit from their services. Then I ask people in the Mental Health Team: "Are you sure this (refusal) is because of the law and not because of tight budgeting?". This quotation reflects a drive towards the production of outcomes consonant with the state´s guidelines irrespective of fiscal concerns.

Line also says that when she started working at the Service Office, the municipality was not accustomed to granting support contacts to older people. [28] She comments as follows: "But I asked, "Why not?", and argued that older people have the same rights as everyone else. And I dare say that it is thanks to me the municipality is now granting support contacts to older people". This quotation betrays an excellent knowledge of the state´s legal indications. It also reflects an understanding of Service Office work as implying an obligation to ensure such guidelines are actually implemented. Further, it attests to the fact some individuals and arenas within the Service Office are able to, and allowed to, produce real-world practices which are consonant with legislative demands irrespective of budgetary concerns. This can sometimes be beneficial to older people and those with mental health problems.

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[28] Support contact is a service all citizens in need are entitled to in accordance with Section 3 of the Health and Care Act regarding the right to a social life and meaningful spare time.

2) Same stakeholders - different ways of thinking

There is another way in which two strands of Service Office work prompt contradictory outcomes: the same Service Office representatives use opposing ways of thinking, and apply them to practices, depending on the circumstances.

As we have seen above, Line appeared to be prepared to risk expressing her opinion for the sake of universalism and citizens´ rights, including for older people´s rights. There follows below an excerpt which shows another approach. Here she comes across as being more tolerant of a pragmatic adaptation to the interests of providers even if such an adaptation involves diverging from solely legal principles. This excerpt is taken from an action team meeting attended by four Service Office colleagues, including Line:

"Imagine what the reaction would have been if we had written in a legal administrative decision that the Home-Based Services had to meet a service-user merely to sit down and talk!". Line says this with laughter, and with a humoristic glint in her eye. The three other people chuckle. I ask, "What do you mean? Who would have reacted? Your leaders?" "No! The Home-Based Services would have reacted!" Line goes on, "If they had received that kind of a legal administrative decision, they would have been furious!"

In this case the Service Office colleagues, including Line, express an awareness of the providers´ scepticism towards work at the Service Office. The joke concerns an aspect of Service Office work which is always distressing, namely the anxiety of exceeding the limit of the providers, which could give rise to unwelcome reactions from them.

The laughter seems to indicate that this awareness negatively affects the caseworkers and their practices. It conveys a recognition of the fact that strictly speaking, certain case processing practices might be correct, like granting rights for conversations, but it is not possible to put these into practice. Service Office case processing must take into account, and adapt to, the providers´ interests. These interests include - as far as the Service Office´s stance is concerned - the potential resistance of the Home-Based

Services to a legal administrative decision establishing that they were to spend time just talking to service-users. Line´s humorous comment about the idea of adopting such legal administrative decisions conveys an awareness of the fact that adaptation to providers is all too necessary.

3) Making non-universalistic outcomes look universalistic

A third way of handling divergent strands of Service Office work involves interpreting descriptions so as to make the non-universalistic descriptions appear to be universalistic. Two types of interpretations are relevant. The first becomes apparent in situations where an application from an older person with mental health problems lands on the Service Office´s table. The Service Office leader Tone has the following to say:

> "If we find an older woman who lives alone and is depressed, then we have to do something about that. We are obliged to do so. However, since this is rather vague and also we've found it hard to reach through to the Mental Health Team, a slightly different approach may be taken. We may for example provide that person with a support contact or a placement in a day-care centre".

In this case we see the strand of Service Office work that produces outcomes consonant with economic and pragmatic concerns. The quotation concerns those situations where strict adherence to a juridical line of reasoning would indicate that a case should lead to the adoption of a legal administrative decision granting Mental Health Team services. However, for pragmatic reasons, it is challenging for the Service Office to adopt that type of legal administrative decision. The pragmatic reason as to why it is challenging to adopt the correct legal administrative decision is that the Mental Health Team is reluctant to enact legal administrative decisions in the case of older people. The

quotation indicates that one way in which the Service Office can handle these cases is to reinterpret them. Given that the most correct outcome in legal terms is considered to be hard to obtain, the applicant´s needs are re-defined. The reinterpretation makes a day-care centre placement or a support contact appear adequate. Once again, a possible consequence is that older people receive some services in compensation for the mental health services to which they are entitled.

A likely outcome of such interpretations is a mitigated universalism: All citizens, including the elderly, receive healthcare services. However, old people are not guaranteed mental health services adequately adapted to their mental health needs to the same extent as other age groups are. Failure on the Service Office´s part to grant Mental Health Team services in some cases concerning older people reflects a pragmatic policy of adaptation to providers, but this emerges on paper as a universalistic outcome reflecting an individual´s need. Instead of employing its formal authority to impose a more legally viable practice with respect to the Mental Health Team, in this case the Service Office gives precedence to a policy of pragmatism and financial control. This logic has an impact on the outcome. However, its non-universalistic impact is not immediately evident and the final outcome is that observers are likely to interpret this as universalistic.

Another type of re-interpretation regards certain grey areas. These are the grey areas between 1) mental health needs, 2) needs for social contact, and 3) a service-user´s need for sufficient time for contact with a professional to be able to communicate a need for assistance. With regard to mental health assistance, Tone states that it often has to be offered in parallel to assistance with people´s social needs. She states that in her view people´s needs for assistance in the case of social needs requires voluntary work rather than public services. I ask whether one of the implications is that it is no coincidence if Service Office caseworkers neglect to inform new Home-Based Services service-users that they can apply for someone with whom they can chat. She replies, "No, it is no coincidence. They <u>cannot</u> say that, because that would be a shell".

The quotation displays another type of interpretation which contributes to making the non-universalistic appear to be universalistic. Service Office caseworkers who observe indications of contact needs among their service-users are discouraged from interpreting these as indications of a desire for a rights-based service. The leader´s statement indicates that subordinates are encouraged to interpret them as indications about wishes the municipality should not attend to. These wishes include, importantly, people´s social needs, which are considered to fall outside the jurisdiction of the municipality. By interpreting indications of contact needs as signals about social needs, and by defining social needs as falling outside the municipality´s responsibility, a distinct information practice ends up appearing to be logical. It implies a systematic failure to inform Home-Based Services service-users about their rights for conversations in accordance with the Warranty for Dignity, or about their rights for assistance with social needs in accordance with the Regulation for Quality.

The quotation also conveys that the failure to provide information serves a function. It prevents the Service Office from disarming a "shell". A "shell" in this setting may denote either "provoking an economic crisis" or "provoking strong negative reactions from the Home-Based Services" - or perhaps a combination of the two.

In this instance, one aspect of Service Office work involves contributing to economic control through interpreting empirical situations in distinct ways. For two reasons, the failure to inform Home-Based Services service-users about their right to apply for conversations may lead to deprival of rights for Home-Based Services service-users. One reason is that some are deprived of their eligibility for the pre-application assistance they need in order to be able to apply for assistance.

A second reason is that failure to be informed about one´s rights may prevent some people from applying for assistance with social needs, or for assistance in terms of conversations on existential questions. People in need are entitled to both. Given the high proportion of older service-users in the Home-Based Services, a consequence of the information practice described is that the legal security of older people is

compromised. Older people lose access systematically to the mental health services they need and to which they are entitled.

The design of the state´s follow-up work may be one explanation why, to Service Office professionals, the Service Office´s patterns of interpretation and resulting practices, appear legally tenable. As noted in chapter 5 in this thesis the state often fails to check legal clauses such as Section 3 of the Warranty for Dignity. It also fails to check municipal compliance with the legal obligation to ensure equal treatment of young and old, as well as processes on a pre-application stage that affect legal security.

4) One strand of Service Office work produces "true" outcomes. Other outcomes are deviations

A fourth and final way for the Service Office to handle the two strands of its work, involves distinguishing between the importance and "real-ness" attributed to the outcomes produced by each. One type of outcome is seen as a more "true" reflection of the municipality´s intention, and thus as more important than the other type of outcome, a point illustrated by the excerpt below:

> It is lunch break in the Town Hall canteen. Five caseworkers from the Service Office share a table with Petter, the top administrative leader for Health and Care, as well as with his financial consultant and his two supervisors.

> I am sitting opposite Heidi, a caseworker, who enquires about my research. I describe to her the municipal arenas my fieldwork encompasses and explain that my aim is to gain an understanding of the municipality´s policy regarding mental health services for older people.

> Out of the corner of my eye, I note that Tuva, a caseworker seated further down the table, is looking towards us. She is clearly paying attention and is interested in our conversation. After a while Tuva leans forward towards me

and says, "But that depends on who you talk to. Because although someone might tell you "this is the municipality´s policy it is not necessarily the case!"

Here, the understanding conveyed is that the municipal organization has more than one idea about desired municipal healthcare provision: differing views among municipal stakeholders may result in differing practices. In spite of such differences in opinion, one municipal position is seen as superior to others. More weight should be attributed to this position. The outcomes of this latter position are seen to reflect the municipality´s real intention better than its counterparts.

The fact that the comment occurs in a context where the subject of debate is older people´s mental health services appears important. It indicates that, from the Service Office´s perspective, the distinction between the "true" and the less "true" municipal position is of importance for an understanding of municipal practices related to older people in the mental health field. One explanation may be that the Service Office is characterised by a perception that the Mental Health Team is reluctant to allow older people access to their services. From the Service Office´s perspective, it is illegitimate to refuse older people access or to treat them as less worthy of being admitted to healthcare on grounds of age. The notion of illegitimacy makes it important for Service Office professionals to demonstrate distance to what is perceived as the Mental Health Team´s interpretation of the municipality´s position.

Strictly speaking, the Service Office has responsibility for imposing its understanding of the "true" municipality position on the Mental Health Team and it is authorised to do so. However, as we have seen earlier in this chapter, the Service Office does not seem to make full use of that authority. The failure to impose on the Mental Health Team a practice of equal treatment represents a challenge to the Service Office. It could easily be seen to reveal fractures in the Service Office´s commitment to legal security. This

impression is mitigated by interpreting the Mental Health Team´s position as a deviation from the more important and "true" municipal position.

7.3.   Consequences for older people´s position in the mental health field

The sections above show that there are two ways of thinking which govern the Service Office´s case processing practices. A policy of pragmatism and economic control is safeguarded in such ways so as to avoid open challenges with a universalistic logic. The pattern whereby the Service Office oscillates between the two ways of thinking has consequences for older people´s access to mental health services.

On the one hand, it has direct consequences. Case types dominated by older people are subject to less meticulous case processing, at least as far as mental health-related rights and obligations are concerned. Further, older people´s needs are re-interpreted in ways that are likely to result in their being deprived of the mental health services to which they are entitled. These approaches represent direct threats to older people´s legal security in the mental health field.

On the other hand, the pattern has indirect consequences for older people with mental health problems: The Service Office way of thinking that engenders universalistic outcomes in certain categories of cases serves a function. It makes it appear as though the universalistic violations that are engendered by the policy of pragmatism and economic control are less "true" or important. The universalistic outcomes provide the municipality with a universalistic appearance, thereby mitigating the impression that the position of older people in the mental health field reflects universalistic decline or failure. The failure to see it as universalistic decline or failure makes the need to combat age-based inequality or the violation of older people´s mental health rights seem less urgent. In turn, this enables municipal stakeholders both within and outside of the Service Office to exert economic pressure without running the risk of being perceived as violating universalism.

7.4.   Emotional commitment to deeply embedded values

Another question deserves to be addressed here. It concerns what motivates Service Office professionals to balance the two ways of thinking the way they do. It appears to be of particular importance to understand how these professionals are driven to make the municipality´s practices come across as universalistic.

One hypothesis is that loyalty to representatives at the higher levels of the municipal hierarchy is important. Thus, professionals at the Service Office would be concerned about the municipality´s capacity to sustain its reputation as a guardian of universalism. Such a hypothesis gains weight in the light of the descriptions of the theoretical chapter in this thesis of the popularity of universalism in Norway. Below, I present a sample of field excerpts indicating that other mechanisms are also important in addition or as alternatives.

Standing up for moral values

The first excerpt is from a leader meeting in the Home-Based Services. Line from the Service Office has been invited to inform the Home-Based Services leaders about a legal administrative decision recently adopted by the Service Office:

> One of the Home-Based Services leaders, Lovisa, allows Line to speak. Line approaches the leaders who are seated around the table. She starts by saying that the legal administrative decision in question is embedded in a new section of the Health and Care Act. Line explains that people have new rights now. These rights concern a type of service known as "personal assistants". She goes on to say that this service did not exist earlier, and so no part of the municipal organization has had responsibility for it until now. The expressions of the other attendees appear to have become solemn as Line talks. Their body languages indicates irritation.

When Line finishes talking, Lovisa takes the floor again. She meets Line's gaze and announces forcefully, "But I don´t understand why you are adopting this type of decision when our organization isn't prepared for it".

Some leaders around the table nod in agreement. Lovisa continues, explaining that there are unresolved issues related to the employer-employee relationship. She explains that these difficult issues are a source of concern for Berit, a leader, who has suddenly become responsible for the new type of service resulting from the Service Office´s decision.

Line's reaction is visibly emotional. She explains that she understands that they find this challenging. Then, she continues, "The municipal leadership should have planned for this ages ago because that section has been part of the law for some time. But the leadership didn't. And the Service Office cannot neglect to offer people these services. This is the law. People have the right".

I go to the Service Office after the leader meeting. Line is not there, but I meet her colleague Toril and mention where I have been. "Yes!" Toril says, "Line was completely drained when she returned here after the meeting".

This is an example of defence on the Service Office´s part for the universalistic value of citizens´ rights. The inclination to support this value does not emerge primarily as a result of loyalty to higher hierarchic levels of the municipal organization. On the contrary, the Service Office has adopted a legal administrative decision, which it has set out to defend, in spite of lack of indications from the municipal leadership. It is therefore reasonable to infer that the hypothesis about loyalty to higher hierarchic levels as an

important driving force is incomplete. There must be another motivational mechanism at play.

We also see how emotional costs appear to be involved in the Service Office´s defence of universalism. The emotional aspect makes it emerge as the expression of a phenomenon that appears to loom large at the Service Office, namely that commitment to legal security is a matter of deep personal and moral convictions. Personal commitment to legal security provides Service Office professionals with motivation and a sense of moral strength to maintain unpopular positions in spite of pressure from both the providers and the Service Office´s superiors.

The excerpt below constitutes another example of the highly emotional nature of the commitment to legal security. It highlights how this commitment provides Service Office professionals with a sense of autonomy and capacity for resistance related to the upper echelons of the hierarchy:

> It is in the autumn and there is a weekly meeting in the Action Team at the Service Office. Tone gives an account to the other attendants of the municipal budget process. She explains that a stakeholder higher up the municipal hierarchy has asked her to review the Service Office´s lists over cash-for-care recipients. She remarks, "He asked me to consider whether there was anyone who would leave in six months time, thereby reducing expense". Line looks astounded. "Are you saying he asked you to consider whether anyone would die?" "Yes", Tone replies, and continues, "And I can´t do that. I am not God. I´m not a soothsayer".

The excerpt describes another aspect of the Service Office´s commitment to legal security. It conveys the conviction that there are certain values the Service Office can,

and must, uphold irrespective of orders from municipal superiors. The municipal leadership may well treat it as an overarching responsibility to use all means in the quest of economic austerity. However, this does not deprive the Service Office of the freedom and obligation to make its own decisions, sometimes in conflict with those of the leadership. The Service Office safeguards values that cannot always be subject to financial considerations.

The spiritual and emotional aspect of the above exchange of replica, reflected in the terms "God" and "soothsayer", is of relevance to a couple of points from chapter 3 in this thesis. One concerns E.N Anderson´s term "hot cognitions" about ideas important to beliefs, associated with emotions and capable of defining the direction of human planning efforts (Anderson, 1996). The other point concerns the way universalism has historically relied on the will to give precedence to moral values above financial concerns as observed by Nanna Kildal and Stein Kuhnle (2008, p. 230).

In line with these points, a reasonable inference is that the Service Office´s commitment to rights and legal security mirrors universalism´s position as a hot cognition to many Norwegians. As a hot cognition, the commitment to this notion is sometimes capable of outweighing fiscal concerns in decision-making processes.

A competing or supplementary hypothesis is that a concern for organizational legitimacy motivates Service Office professionals to find a balance between these two approaches. Legal administrative decisions may, for instance, be seen to provide the municipality with a universalistic appearance on which the municipality depends to maintain its legitimacy as an organization. This interpretation may appear to be reasonable in the light of the descriptions from chapter 3 of universalism´s popularity among Norwegians. It may also emerge as reasonable from the perspectives of the institutional theorist Nils Brunsson (Brunsson, 1989), quoted in chapter 2, on modern organizations.

Nevertheless, the quotation below indicates that it would be insufficient to interpret the Service Office´s pattern of balancing between approaches as a result of the pursuit of

legitimacy for the municipality as an organization. The excerpt contains Tone´s response to a comment on my part about our individual interviews with older people and care partners, conducted as part of the action research project. I mention that these interviews gave me the impression that service-users receive services of varying levels of quality. Tone reacts as follows:

> "What is that about?" Tone appears to be distressed and continues: "Marta, that woman who lives alone up in the hill, receives worse services than Olga, who lives in the town centre and who has powerful care partners?" I indicate that I think this is the case. Tone says, "We are very committed to equal rights (…) so if you come across such examples I really want feedback. When care partners threaten me and say they are going to contact the newspaper, for example, (if we don´t let them have their way) then I tell them that they can just go ahead. We can´t let things like this affect our services (…). A concern for equal treatment and sound casework account for why the purchaser-provider model has lasted so long in this municipality".

This quotation also portrays the Service Office´s commitment to equal rights as being a highly emotional issue. It is an example that reveals engagement in values capable of taking precedence over strategic concerns, such as the municipality´s reputation. The description of the raison d´être of the Service Office as being about the value "equality", gives credence to the impression that something very fundamental is at stake here.

On another occasion, Tone elaborates on the question about the Service Office´s raison d´être. She explains how the Service Office exists due to a concern for values like "equality" and "sound case work", but also due to a concern for "the totality". She says that by "the totality" she means equality of access to healthcare for all the municipality´s citizens. Whereas the providers focus on their own service-users, professionals at the

Service Office always have to consider the repercussions of their decisions on all inhabitants. These descriptions resonate with descriptions of the term universalism as it figures in the scholarly literature as a principle whereby everyone should be included in public welfare arrangements (Anttonen, Häikiö, et al., 2012, pp. 4-5; Kildal & Kuhnle, 2007, p. 14).

It is overridingly clear that Service Office professionals are often driven to act as they do because of personal, moral and emotional commitment to values such as equality and citizens´ rights.

7.5. Universalistic belief: impact on views of responsibility and blameworthiness

I have argued earlier in this chapter that the case processing logic that engenders universalistic outcomes in some categories of cases serves a function. The logic and its outcomes enable municipal stakeholders to downplay the impression of the position of older people in the mental health field as an example of universalistic failure or decline. The descriptions above indicate that a deeply embedded commitment to values associated with universalism prompts Service Office professionals to fill this function.

In the sections below, I will present a series of field story excerpts illustrating another way in which universalistic belief contributes to the position of older people in the mental health field. Universalistic belief at the Service Office facilitates the Service Office´s inclination to adopt the role as a municipal scapegoat for a capacity problem which is prevalent throughout the Norwegian welfare state. The existence of a municipal scapegoat influences municipal patterns of action related to the state. In turn, these municipal patterns of action have consequences for the capacity of the national authorities to enact policies with non-universalistic outcomes in the mental health field.

An earlier section of this chapter described how the Service Office´s processing of Home-Based Services cases is often limited to confirming decisions already made by the Home-Based Services. In this respect, Tone also commented that Home-Based Services professionals would often be most displeased in those cases where the Service Office actually assessed a new case and adopted a legal administrative decision about Home-Based Services. Below, Tone elaborates on this experience with the Home-Based Services:

> "(…) They see that things have changed (in the service-user´s health state). For example, the services we (at the Service Office) have ordered may be beyond the immediate needs of the service-users. But then I tell them (the people in the Home-Based Services) "It's wonderful that the situation has changed! Now you can take that into consideration".

> I ask, "And then they evaluate and reduce the services themselves?" Tone replies, "Yes!"

> I ask why she believes people in the Home-Based Services are so angry with the Service Office if, in practice, the Home-Based Services make many decisions themselves. Tone, somewhat bemused, says, "Perhaps they are angry because we are the ones who put our signature to the legal administrative decision?"

The message conveyed here is that it is primarily on paper that the Service Office governs the Home-Based Services through its legal administrative decisions. In practice, the Service Office often functions as a secretary that puts in writing the decisions of the Home-Based Services. The role as a secretary includes the role as a scapegoat. In this respect the Service Office seems aware of the understanding that its role includes

producing symbols of control - like legal administrative decisions with the Service Office´s name on them - but often not to actually control the providers.

Silje offers another interesting perspective on the Service Office´s role when it comes to responsibility and blame. She works at the Service Office now, having formerly worked in the Home-Based Services. Her description of the tensions between the Service Office and the Home-Based Services is as follows:

> "Amongst ourselves (in the Home-Based Services) we used to say that "people at the Service Office are just adopting decisions: They aren't thinking of the resources (…)". But of course a conflict of interests between them (the Home-Based Services) and us (the Service Office) is the inevitable outcome as there is not enough money. And there is definitely not enough money for anything".

The quotation illustrates an understanding that neither the Service Office nor the Home-Based Services can influence significantly the causes of the constantly present tensions between them. These tensions are instead seen as the inevitable result of a mismatch between the municipality´s obligations and its resources. This perspective is worth paying attention to, since it is the state that defines the legal obligations while also largely funding Norwegian municipalities. The implicit message in this last quotation from a Service Office professional is therefore that from the municipality´s perspective, it is the state that should be treated as being primarily responsible for the tensions between purchaser and provider. The state prepares for intra-municipal tensions by imposing an insoluble task on the municipality. The municipal stakeholders still try to resolve it as a local phenomenon. The last quotation displays how patterns of action apparently based on assumptions about the capacity problem being a local one co-exists with other assumptions about the nature of the capacity problem. That the Service

Office´s patterns of action are often guided by the assumptions of a local capacity problem does not preclude the existence of other types of assumptions about the nature of the capacity problem. These other assumptions may include the inherent potential for resistant patterns of municipal action related to the state.

7.6. Trust in the state as a bearer of universalism

A question now arises. It concerns how Service Office professionals end up accepting the role as a scapegoat for a capacity problem that may be impossible to handle within the framework of a municipality.

One answer is that they accept responsibility, and thus the role as a scapegoat, due to the tendency already described to invest in the idea that Service Office work contributes to universalism. In line with E.N Anderson (1996), we may hypothesize that universalistic belief enables Service Office professionals to downplay the salience of information that is at odds with their beliefs. This may lead Service Office professionals to downplay the significance of information indicating that the capacity problem cannot be resolved at local level.

In line with E.N Anderson (1996), we may also interpret Service Office patterns of action in the light of the idea that beliefs motivate sacrifice. The inclination to make sacrifices for universalism may explain distinct Service Office practices related to the providers, which in turn influence the providers´ view of responsibility and blame. When Service Office professionals act as universalistic warriors in their interaction with the providers it corroborates the impression among the providers that the local Service Office is responsible, and therefore blameworthy, for a situation where some legal administrative decisions are overly ambitious in relation to the municipality´s resources.

Another, possibly complementary, explanation is that the idea of local responsibility stems from a perceived lack of alternative frames of interpretation. The lack of alternatives arises from a situation where municipal stakeholders, including those at the

Service Office, take for granted that the state should be seen to be upholding universalistic values. If the state is in favour of universalism, it cannot be held as responsible for the municipality´s difficulties in carrying universalism out.

This interpretation should not be dismissed because work at the Service Office appears attuned to Regional Governor guidelines. Regional Governor attuning at the Service Office is evident in several ways. Caseworkers quote Regional Governor´s appeal case decisions in meeting discussions. The content of appeal case decisions influences the outcome of new legal administrative decisions. When a Service Office professional expresses doubt in a meeting about the outcome of a case, a colleague on occasion suggests telephoning the Regional Governor to request advice. Pernille, who leaves the Service Office after some months in order to begin a job in healthcare in another municipality, after some time reflects as follows: "I have come to realise how we had been raised in (name of the municipality) by the Regional Governor in (the name of the county of the municipality where the fieldwork takes place)". All these examples illustrate how the Service Office´s work is attuned to the state´s signals, at least to those issued by the Regional Governor.

The Service Office´s pattern of action related to the Regional Governor brings to mind Harald Grimen´s account of the term trust (Grimen, 2009). The pattern implies that Service Office professionals act with few precautions related to the Regional Governor. The Regional Governor plays an important role related to Service Office professionals, in safeguarding values they cherish. Service Office professionals relate to the Regional Governor as if the Regional Governor were competent to, and capable of, assisting them in realising the universalistic values in which they believe. Belief in the Regional Governor´s capacity and will to assist the municipality in realising universalism may reduce the inclination for professionals at the Service Office to blame the state for the municipal difficulties in realising universalism. Tacit state trust is, thus, one reason why the Service Office accepts the role as a local scapegoat for the welfare state´s capacity problem.

The term "trust in the state" should not be equated with uncritical respect for the Regional Governor. The inclination to act with few precautions related to the Regional Governor does not prevent Service Office caseworkers from noticing that the Regional Governor makes mistakes. However, it is noteworthy that the Regional Governor´s mistakes also appear to be treated in line with a pattern of trustfulness, as illustrated by the following:

> A post on the programme in the Action Team meeting is a review of a handful of new Regional Governors´ appeal case decisions. Toril reads aloud a section of what the Regional Governor has written in a concrete case. Tone expresses disapproval of the Regional Governor. Visibly irritated, she asks, "What is the name of the caseworker who has processed this? We need to have a meeting with them now!"

This illustrates what has been identified as a Regional Governor´s mistake, and that it is handled at the Service Office as an exception. The mistake is acted on as if it reflected a mere failure on part of an individual Regional Governor caseworker, or as if it resulted from an occasional unfavourable occurrence in the Regional Governor´s practice. In other words, the mistake is treated as sufficiently insignificant to be managed through simple measures such as a face-to-face meeting.

The excerpt below coveys the perception that it may be in the Service Office´s interest to continue to trust the Regional Governor and to continue to adapt its work to Regional Governor´s guidelines. Line tells me in a light-hearted way:

> "Everyone says that different practices are being enacted in different Regional Governors' offices. I have discussed an idea with some colleagues

in neighbouring municipalities, which belong to another Regional Governor´s office. Our idea is to invite representatives from two different Regional Governor´s offices together for a common meeting. However, we are not convinced that they (the Regional Governors) would dare to meet together".

Here, a Service Office´s perception is conveyed about the Regional Governor as fallible, but nevertheless trustworthy. The fact that Service Office professionals discuss measures aimed at protecting the preconditions for their own trust in the state, may in itself be seen as a reflection of a strong and resilient state trust.

The fact that a controlled party may be interested in trusting the controller is mentioned by Harald Grimen, as we have seen in chapter 3. This point concerns institutionalized distrust as a frequent precondition for trust in institutions. In the relation between the Service Office and the Regional Governor, the Service Office´s capacity to present and see itself as a trustworthy guardian of universalism depends on its capacity to comply with Regional Governor guidelines. It is important to the Service Office to present an image of compliance with Regional Governor guidelines to its environment, partly because of the deeply embedded belief in universalism. Universalistic belief at the Service Office highlights the importance for Service Office professionals of seeing the Regional Governor as a trustworthy universalistic control agent.

Below follows another description of how trust in the Regional Governor becomes manifest at the Service Office. It is from Tone, who has the following about the Regional Governor´s guidelines to say:

"The Regional Governor never gives us feedback indicating that anyone here (in this municipality) receives "too good services", so we (respond in such a

way as to) reduce the level a little further. Then we hope for appeal cases, so that we can test out whether the level is professionally sound".

The quotation above indicates that the Regional Governor fills an important function related to the Service Office. The Regional Governor is respected as an authority on welfare state legislation and as knowledgeable about citizens´ rights and the municipality´s obligations. The ideas of legal obligations and citizens´ rights are key to the Service Office´s belief system. Thus, the Regional Governor also becomes crucial to the Service Office, as an authority on legal obligations and citizens´ rights.

In an earlier section of this chapter, we saw that Service Office professionals appear to be irritated about the Regional Governor´s mistakes. This last quotation shows how the Service Office also treats the Regional Governor as a special kind of authority: as a bearer of mystic, hidden knowledge. The Service Office´s acceptance of the Regional Governor as a bearer of such knowledge has consequences. It characterises the way the Service Office interprets and acts on vague legislation, and the way it interprets and acts on the Regional Governor´s failure to define the content of legal requirements.

An underlying attitude of trust in the state engenders a pattern of trying and failing, where Service Office professionals try to secondguess what the state might actually mean. One of the possible consequences is that the Service Office´s attuning to the state increases even more.

In line with Grimen´s (2009) perspective, we can say that the Service Office´s tendency to act trustfully in relation to the state makes the Service Office more vulnerable to an abuse of power from the state. In this light the commitment at the Service Office to moral values associated with universalism emerges as logical. Trust in the state as a bearer of universalism makes Service Office professionals disinclined to act based on alternative interpretations where the state emerges as responsible for their local experiences with a capacity problem.

One of the consequences is that it not only emerges as clearly necessary for Service Office professionals to adopt responsibility themselves for realising universalism in a local setting. The quotation below also indicates that it is necessary to identify the stakeholders within the municipality who can be treated as blameworthy for the municipality´s difficulties in combining resources and obligations. Tone says:

"The providers refer to us in the following terms: "They are sitting there at the Service Office, making decisions without understanding that we lack the capacity to carry through what they are deciding". But I must say I am tired of hearing them say that "we lack the resources"! There is legislation here that we have to comply with. We have obligations. <u>We</u> (at the Service Office) can´t help the fact that legislation is so elusive. We are struggling to make them (the providers) understand that we haven´t drawn up this (legislation) ourselves".

The comment about elusive legislation, uttered in frustration, is a tacit reference to the state and its responsibility for the municipality´s difficulties in carrying out universalism. However, it is clear from the quotation that it is the other municipal stakeholders who are identified as the main culprits. In other words there are two understandings of blame and responsibility implicit here. However, the understanding that seems to provoke the strongest emotional reaction and ends up governing Service Office patterns of action includes blaming the providers for disregarding legal requirements. This is a natural result of a trust in the state, just as it is a natural result of state trust that the providers treat the Service Office as a scapegoat for the capacity problem.

7.7. Trust in the state and universalistic belief: Consequences for older people

The sections above have outlined a distinct pattern of Service Office case processing and interaction with providers. The pattern is characterised by trust in the state as a bearer of universalistic values such as legal security and equality. Service Office trust in the state as a bearer of universalism contributes in three ways to the position of older people in the mental health field:

1) A local shock absorber fosters local strategies - which cement the situation of older people

Firstly, trust in the state encourages Service Office professionals to base their practices on an understanding of the welfare state´s capacity problem as a matter that can be resolved at local level. This leads the Service Office to consider patterns of action that result in it playing the role of local scapegoat for the welfare state´s capacity problem. The Service Office thereby contributes to a reduced likelihood of joint municipal strategies for holding the state accountable for the capacity problem.

The failure at local level to hold the state accountable enforces a local case processing dynamic which results in outcomes that look universalistic but without implying the real cost of universalism. The Service Office´s distinction between routine cases and matters of principle belongs to this dynamic. The consequence is inferior legal security for older people with mental health problems than for other groups. The Service Office´s failure to develop legal administrative decisions ensuring older people equal access to mental health team services, its failure to grant Home-Based Services users their rights in accordance with the Warranty for Dignity and the failure to inform Home-Based services users at a pre-application stage about their mental health-related rights, are all examples of universalistic transgressions. For various reasons, however, they do not emerge so easily to Service Office professionals as universalistic transgressions. This

makes them emerge as possible to sacrifice in a setting where the overarching aim is to maintain economic control and to make practices look universalistic.

2) Enabling targeting policies unfavourable to older people

There is another consequence of state trust, at least if the pattern described in this chapter can be said to be common to Norwegian municipalities:

The universalistic appearance produced by the Service Office allows the state to avoid having to grapple with information about the non-universalistic consequences of municipal attempts at handling the capacity problem. Lack of official information enables the central authorities to redact national welfare policies in line with a distinct, tacit assumption about local welfare state realities. In line with this assumption, universalism is fundamentally intact in Norwegian municipalities. The assumption about an inviolate universalism facilitates the ability of the central authorities to address financial challenges by gradually substituting universalism with targeting policies. This is the case because it becomes possible to present targeting policies as policies of mere universalistic amelioration. As such, these policies are likely to gain support rather than to meet resistance in a society influenced by universalistic belief.

In the earlier chapters on the state, we saw the introduction of the state's targeting policies as part of the National Action Plan for Mental Health as having followed such a pattern. The findings presented in those chapters indicated that older people´s poor access to municipal mental health services is a result of such targeting policies. In this chapter we have seen how local practices facilitate the national authorities´ capacity to structure their policies on the idea of an inviolate universalism. Thus, the Service Office may indirectly be seen to assist the national authorities in launching and gaining support for policies of universalistic withdrawal.

3) Providing a universalistic look and affecting the state´s inspection work

The Service Office´s pattern of finding a balance between two case processing approaches can be seen as a product of trust in the state. But it influences the position of older people in the mental health field in yet another way. It results in information being withheld from the state about how the municipality handles those legal clauses whose compliance the state fails to check. At the same time, it provides the municipality with exactly those universalistic symbols the Regional Governor officials need in order to base checking work on tacit assumptions about an intact universalism.

Chapter 5 in this thesis on the state has shown that a likely consequence of the Regional Governor´s checking work is the failure on the state´s part to detect certain types of universalistic transgressions. Chapter 4 and 5 have also argued that the clauses the state fails to follow up may be of particular importance to older people with mental health problems. Later chapters in this thesis will present additional findings in support of this conclusion.

Futher, we have seen that the state´s failure to follow up certain clauses is likely to affect the position of older people in the municipal mental health field. This is because the Service Office seems to adapt to the state´s follow-up work by paying more attention to clauses checked by the state, than to those not checked.

In chapters 4 and 5 on the state, we have seen that the state often neglects to check municipal compliance regarding universalistic obligations encompassing the pre-application stage. The present chapter on the Service Office has shown a case processing regime in which legal requirements concerning the pre-application stage have been marginalised. The failure to comply with the legal requirement to inform Home-Based Services users about their rights for conversations according to the Warranty for Dignity is a case in point.

Further, chapter 5, on the state´s follow-up work, has shown that the state usually neglects to check municipal compliance with the legal obligation to ensure equal

treatment of old and young. This chapter has described the Service Office as resisting to overrule what is seen as the Mental Health Team´s reluctance to admit older people to their services on an equal basis with young.

Finally, chapter 5 described how the state often fails to check municipal compliance with respect to the right to conversations about existential questions. In line with this, this chapter has also shown how processing of Home-Based Services cases at the Service Office often fails to encompass the right for conversations about existential questions.

7.8.   Summary

The Service Office gives the appearance of a municipality which seems to be capable of carrying out universalistic healthcare obligations imposed on it by the state through legislation. The Service Office's belief in universalistic values, such as citizens´ rights and equality, and trust in the state as a bearer of universalism, motivate Service Office professionals to cultivate this appearance.

One of the consequences is that municipal stakeholders within and outside the Service Office act on the welfare state´s capacity problem as if it were a local responsibility to solve it. They act accordingly, but in practice it is impossible for the municipality to carry out its universalistic healthcare obligations within the resource frames at its disposal.

The impossibility of realising universalism within current resource frames, combined with the understanding that it is necessary to act as if it were possible, engenders a distinct Service Office dynamic. It balances the need to produce the superficial appearance of a locally attainable universalism with the need to protect the municipality from the financial burden of universalism. This dynamic puts older people with mental health problems at a disadvantage. Certain aspects of their situation make it possible to prevent them from achieving their rights, thereby reducing costs without challenging and compromising the municipality´s universalistic look.

Purchaser units like the Service Office influence the position of older people in the mental health field also through their indirect impact on state policies. The semblance of universality enables the central authorities to campaign and gain support for targeting policies disguised as policies of universalistic amelioration. The policies enacted as part of the National Action Plan for Mental Health with unfavourable consequences for older people are an example of such policies.

Finally, the semblance of universalism also influences the type of information achieved by the state through its checking work. By providing the state with exactly those universalistic symbols the state seeks in order to continue checking the municipalities as if universalism were inviolate, the Service Office and the Regional Governor cooperate in a joint enterprise. Each assists the other in avoiding to recognise, and thus to act upon, the position of older people in the mental health field as an example of universalistic failure or decline. They aid and abet each other.

8. Resisting silently - reducing standards

The Home-Based Services

This chapter deals with how gender relations infringe on the work undertaken in the Home-Based Services. The Home-Based Services workforce is predominantly female and conducts work traditionally ascribed to women´s sphere of responsibility. Gendered patterns of action infringe on Home-Based Services work both from the outside and from the inside. They facilitate universalistic retrenchment with consequences for older people with mental health problems.

A key argument is that gender relations nourish societal attitudes to Home-Based Services work which, when experienced in the Home-Based Services, reaffirm an impression in the Home-Based Services of their subordination. A mix of gender relations and state trust govern Home-Based Services responses to devaluation of their work. The responses prompt encapsulation of official information, within the municipality, about the consequences of universalistic retrenchment. This facilitates the consolidation and perpetuation of national policies of universalistic retrenchment, and of blame and responsibility avoidance.

8.1.   Decisions made higher up a hierarchy: Two Home-Based Services responses

The Home-Based Services adopt a dual approach to experiences of decisions made by others with a negative impact on Home-Based Services work. This partly comprises silent resistance to other municipal agents and partly a reduction in professional standards in order to adapt to the circumstances. Below, I describe examples of this approach by means of field cases.

Silent resistance

Silent resistance: Examples from communication within the Home-Based Services

Below there follow some field excerpts highlighting a Home-Based Services approach to experiences of devaluation of themselves and their work:

> A cartoon is hanging on a bathroom door in the Home-Based Services premises. It displays thirteen blue birds on a roost. The biggest bird, which is completely blue, is perched at the top. The other birds become smaller the further down the roost they are perched. The further down they are, the more covered they are, also, by white droppings. The birds at the rung are no longer blue, but all white. The accompanying text is in English and says, "When top level guys look down, they only see shitheads. When bottom level guys look up, they only see ass holes".

The drawing illustrates the perception of the Home-Based Services as positioned at the bottom of a hierarchy, and of those more highly positioned as disinclined to value Home-Based Services work. It also conveys that resistance is a natural response when faced with denigration. Finally, it describes how resistance should be silent in nature. It should involve engendering contempt amongst Home-Based Services professionals for those people higher up the scale who are considered to treat them contemptuously.

This accentuation of silent resistance implies the minimising of considerations of alternative paths of resistance. Flying away fails to figure as a viable form of resistance. The same applies to informing the big bird at the top about how repulsive his actions are, in order to make him stop. Transferred to the Home-Based Services, therefore, the

drawing encourages its professionals to resist silently instead of opting for exit strategies or confronting those at higher levels.

Prevalent in Home-Based Services descriptions of devaluation is a tacit portrayal of the agents behind it, as municipal agents. Therefore, the big bird at the top of the roost does not represent the national government. Prominent amongst the municipal agents which the Home-Based Services appears to be frustrated about, is the Service Office. Hilde, a Home-Based Services nurse, says, "Our cooperation with the Service Office is not very satisfactory. I suppose we feel they don´t always consider our level of capacity. Some of the legal administrative decisions they draw up are too demanding in relation to our capacity. We are more used to prioritizing what is important". The quotation reflects a negative evaluation of the Service Office due to how onerous the tasks imposed on the Home-Based Services are.

Below, a few other field excerpts illustrate how intra-municipal devaluation is a theme in discussion amongst Home-Based Services professionals:

> A Home-Based Services nurse, Vilde, stops me in the corridor in the Home-Based Services premises and explains that there has been a meeting between several municipal agents about a new service-user. Someone from the leadership level has, among other things, commented: "The municipality has no satisfactory service to offer this person, so we will put her in the Home-Based Services". Vilde is visibly upset when she tells me this. She remarks angrily, "So who are we then? Are we second-rate?"

Here again, a perception of devaluation is conveyed. Some people higher up the municipal hierarchy are seen to treat the Home-Based Services as mere recipients of issues and of service-users they want to get rid of. Devaluation emerges also from the

language used by those higher up the hierarchy about the Home-Based Services. The language creates an impression in the Home-Based Services that they are considered "second-rate". The term "second-rate" as used above indicates that exemption of the Home-Based Services from the same, high quality ideals that apply for other services, is perceived as a sign of devaluation.

The extract below also describes an exchange from a Home-Based Services leader meeting where other municipal agents figure as the main agents behind devaluation of the Home-Based Services:

> Britt, a Home-Based Services leader, tells her leader colleagues around the table in a dry and light-hearted tone, "There was a man from (name of another municipal building) who turned up at our premises one day last week. He was going to dump a load of old chairs on us. He said the other building was going to be refurbished and that they wanted chairs of a more updated design". Britt continues, "I guess they considered it too bad to just throw away the old chairs. So they palmed them off on us instead". Her six colleagues smile in a resigned but complicit way.

Again, we see how a municipal agent figures in the role as a devaluator. The dumping of the old chairs by the municipality in the Home-Based Services premises is interpreted as an indication of how others consider lower quality demands to be applicable to the Home-Based Services but not to themselves. In similar fashion to the cartoon, the passage displays silent resistance as a natural response to devaluation. The leaders´ laughter expresses resistance. However, the resistance is silent in nature in the sense that it is voiced within the Home-Based Services´ frames, rather than verbalised through official channels.

Silent resistance: Examples from communication with those on higher municipal levels

Below follows a field excerpt from a lunch break in the Home-Based Services canteen. It illustrates what may constitute part of the background to silent resistance, and the form that communication may take when Home-Based Services professionals and representatives from the higher echelons of the hierarchy meet:

Approximately fifty women are sitting at various tables in the Home-Based Services canteen. They have each their greaseproof papers, sandwiches, salads and cups of coffee in front of them. Chatter is audible throughout the room. Karianne, who I know from my fieldwork in the Town Hall, where she works as a supervisor in the municipal administration, enters. I overhear someone ask an employee what Karianne is doing here. "She has come here to give us "LEAN" education", the other one replies*.

Anja, who has a senior position in the Home-Based Services, grabs the door knob, smiles and says: "I am locking the door because then they will have to stay in here!". She looks at Karianne, who has just walked up to the other end of the canteen, several meters away from Anja, and is standing next to the power point projector.

Karianne faces the assembly and says in a light-hearted, self-ironic tone, "I have come here to ruin your lunch break – again!". The audience is silent. Karianne continues, "Your leaders have said that you are to stay here while I talk. I wouldn't be so indiscreet as to tell you which of your leaders it was who said that. But according to them, the only possible way for me to talk to all of you while you were all assembled and sitting down would be while you were eating". Again, silence follows. Karianne goes on to say, "I am here in order to talk to you about something that is called "LEAN", and that you

are going to start using here". Karianne explains that the top administrative leader has positive experiences with LEAN, and that he wants to implement it in the organization. She pauses. "But I must admit that talking like this… makes me a bit embarrassed".

The above extract illustrates communication between Home-Based Services professionals and higher hierarchic levels within the municipality in a specific kind of situation. The Home-Based Services sacrifice their lunch break, and the reason is interruption from the leadership, apparently not for the first time, and for some, apparently without prior notification. These aspects of the situation make it highly suitable for bringing about a pre-existing Home-Based Services understanding of intra-municipal devaluation. The silent response to Karianne´s joke about the ruined lunch break may reflect that the interruption actually has been interpreted as a sign of intra-municipal devaluation.

My impression of the silence is that it is eloquent, and that it conveys aggression and resistance. It is as if what I am hearing is the attitude of the lowest positioned birds in the cartoon. It is as if it conveys the message that all one can do when receiving unpleasant things from above is to stay put and to conceal one's anger. Open verbalized protest due to the loss of one´s lunch break or a general disillusionment with things imposed from above, is out of question.

The fact that Anja locked the door may reflect several attitudes. It may be a sign of humour, as a way to allow everyone present to find relief from an unpleasant, common experience of being in an unwelcome predicament. It may indicate a self-policing attitude in the Home-Based Services with a view to preventing exit strategies, as well as open, verbalised resistance. Irrespective of its exact meaning, the consequence may be that those present find it difficult or impossible to opt out of the situation.

Margrete, a Home-Based Services leader, comments as follows when I later ask for her interpretation of the type of pressing silence I perceive this situation to convey. "At least", she says, "I don´t think it has anything to do with Karianne as a person. Everyone really likes her". Margrete explains that she thinks that silence reflects a general weariness in the Home-Based Services of how things are continuously imposed on them from above. Karianne herself says, when I ask her later on, that she also assumes the Home-Based Services are tired of having things imposed on them from above. She adds that she often finds those situations personally difficult when she feels pressurised to defend ideas she does not necessarily believe in. "Besides", she remarks, "It is so typical that measures like LEAN are introduced when economic cutbacks are on the agenda. Such measures will of course provoke resistance then. It would have been smarter to suggest such measures when the retrenchments had already been introduced".

Margrete´s and Karianne´s comments indicate that the lunch break episode reflects interaction between three municipal parties who all find themselves in a predicament. Home-Based Services professionals are in a dilemma between their need for a break and the expectation to display loyalty to the municipal leadership. The Home-Based Services leader is in a dilemma between loyalty to the representative for the top administrative leadership and to her subordinates. Karianne finds herself in a predicament regarding expectations from the top administrative leader and the Home-Based Services leaders, her own convictions and the indications from Home-Based Services professionals in the audience. Everyone is struggling to reconcile contradictory demands. Karianne´s joking may be interpreted as an attempt to make everyone see and recognize their community. The silent resistance that meets this appeal conveys that the audience interprets the situation differently. LEAN education and the interruption of their lunch break is instead received as yet another sign of intra-municipal devaluation.

A cause of silent resistance: The capacity problem

The above quotation from Karianne about LEAN and cutbacks conveys that LEAN education pertains to a municipal leadership strategy aimed at cost efficiency. This point

is interesting, especially in the light of the 2003 Norwegian Study of Power and Democracy which concluded that the Norwegian welfare state experiences a capacity problem (Arbeids- og administrasjonsdepartementet, 2003). It is also interesting in light of Rauch (2008) and Vike et. al.´s (2002) analysis of how the national authorities have an interest in avoiding blame for universalistic retrenchments or responsibility for handling the capacity problem. The authors indicate that Scandinavian and Norwegian state authorities promote this interest by decentralising responsibility and blaming the municipalities. Vike et.al (2002) also describe Norwegian society as strongly characterised by trust in the state. In line with these perspectives, state trust could be seen to contribute to a situation where the municipalities are particularly liable to accept appeals for them to accept responsibility and blame.

In line with this again, the lunch break situation described above could be seen as an indirect product of state trust and state policies of retrenchment and blame and the avoidance of responsibility.

It is a situation where diverse municipal stakeholders act in line with a perception of the capacity problem as soluble at local level. Belief in solving at a local level prompts the leadership to identify techniques suited to solving it. LEAN is one such technique, and it is implemented here by the municipal stakeholders in spite of disbelief in or doubt about its effect. Disbelief causes mutual alienation among municipal stakeholders when talking about it. This discourages open communication. The Home-Based Services silence may thus be a partial result of alienation resulting from doubt about the many ideas imposed upon them from above, rooted in a misguided idea of the capacity problem as being locally soluble.

A cause of silent resistance: Trust in the state conceals common interests

In line with my account of the perspectives of Vike (2002) and Rauch (2008), it is possible to view all those involved in the lunch break situation described above as sharing interests related to the state. It should be noted that they are all in a dilemma because of state policies of retrenchment combined with blame and the avoidance of responsibility.

In spite of this, silent resistance in the Home-Based Services conveys that it is not the state´s policies, but the municipal leadership, that is considered responsible or blameworthy. Another interpretation of this view is that it reflects a Norwegian tradition of trust in the state. Following Grimen (2009), we may see the lunch break situation as an example of how trust receivers in the state exert power over and exploit those who grant trust in the municipality.

It is in the state´s interests that those who instil trust in the municipality abstain from recognizing and acting upon an understanding of shared interests across municipal agencies. Municipal perceptions of shared interests related to the state could adversely affect the state´s capacity to avoid responsibility for the capacity problem or the state´s capacity to avoid blame for retrenchment policies. In this light, a shared municipal inclination for state trust provides the state with a power basis. It prompts municipal approaches to the capacity problem that generate intra-municipal conflict, which makes it easier for the state´s role to remain unseen.

State trust is not the only way of accounting for why the Home-Based Services emphasizes intra-municipal conflict of interests in a situation where the state exploits the municipality. Another interpretation is that the state simply emerges as too distant or overwhelming to be considered relevant. Further, a tendency to blame those higher up in the hierarchy may reflect a pattern described by Michael Lipsky (2010) of an intrinsically conflictual relationship between organizational managers and street-level

bureaucrats. In line with this interpretation, conflicts may occur here, as elsewhere in the world, because street-level bureaucrats seek to augment their autonomy, whereas management aims to reduce the autonomy of the street-level bureaucrats (Lipsky, 2010, p. 25).

Gender relations prompt signals causing Home-Based Services resistance – and its silence

In the exchanges below I have included the sequel to the lunch break story. It highlights yet another facet of the Home-Based Services failure to recognize common interests with others in the municipal organization. It concerns gender relations. The excerpt also highlights how gender relations explain that Home-Based Services resistance often is silent in nature:

Karianne says that LEAN is a way of working which may help people spend less time on activities such as looking for pens, in other words, on what within LEAN is called waste. She explains that LEAN is an organizational concept originally developed by TOYOTA and that:

> "When working within a LEAN framework an essential task is to identify waste within the organization. Within LEAN, waste means anything but that which, according to the user, represents a value".

She explains:

> "For example, a value for one of your service-users could be to get the medicine one is supposed to take in order for one´s everyday life to be as satisfactory as possible. Or it could be to have a wound treated, or maybe to talk a little…Everything around those tasks, that is, any activity not directly related to that which the user sees and values, represents

waste. Another example of waste could be to go beyond the legal administrative decision. Transport also represents waste within the LEAN framework. The service-user doesn´t see or care about the fact that you are travelling from home to home. It is important to note, though, that not all these examples represent unnecessary activities. In LEAN, there is a distinction between necessary waste and unnecessary waste".

The term "necessary waste" here expresses a dual societal attitude to traditional women´s work and to Home-Based Services work as a category of traditional women´s work. On the one hand, Norwegian society recognizes a certain element of traditional women´s work as necessary. On the other hand, Norwegian society is not fully convinced, and women´s work is not so much regarded as important and associated with high quality standards, as it is treated as a necessary, unwelcome expense.

The term "waste" conveys this implicit message about the traditional work of women and of Home-Based Services work as a related branch, as it were, as a negative phenomenon. The use of the term "waste" as it is applied to indispensable aspects of Home-Based Services work – such as travelling between homes – discourages employees in the Home-Based Services from taking pride in their work. It may even encourage feelings of shame. Shame and the lack of pride increase the possibility that those who feel responsible for certain brands of or values associated with Home-Based Services work will refuse to make demands on behalf of the Home-Based Services or values associated with its work. Such feelings may also discourage open protests when the task or a value is threatened. A dis-inclination on the part of the Home-Based Services to make demands, or to protest, may make it easier for the municipality to sustain a universalistic appearance. As noted in earlier chapters, a universalistic appearance in the municipality makes it easier for the national authorities to embark upon, and sustain, policies of universalistic retrenchment and blame and responsibility avoidance. Consequently, the use of the term "waste" with reference to Home-Based

Services work when communicating with Home-Based Services workers, may pertain to broader patterns of power exertion and change in the welfare state.

The coupling of the terms "waste" with "necessary" may at first glance seem to contradict the impression of a power dynamic aimed at discouraging pride while encouraging shame. However, the inherent contradiction in this message may serve to strengthen an inclination for shame, lack of pride and avoidance of verbalised resistance.

The term "necessary" indicates that no one has in reality said or meant that Home-Based Services work is redundant or shameful. Thus, if anyone from the Home-Based Services should have perceived it that way then this is an individual failure resulting from that person´s misunderstanding. The urge to respond to a message one is told but which one has in reality not received, may increase the propensity for shame. This applies in particular to those people or groups who are socialised into a strong sense of individual responsibility for adapting to and internalising other people´s messages.

The fact that the door is locked when communication on "necessary waste" occurs makes the situation emerge as an example of double bind communication. A characteristic of such communication is that it precludes a response. The reason is that it exposes its recipient to two contradictory messages at the same time in a situation where no exit strategies are available (Møhl, 2009).

Another interpretation in line with this is that the lunch break example embodies an attempt on the part of the municipality at handling double-bind communication from the state to the municipality. As noted earlier in this thesis, the state indicates that Norwegian municipalities are, and yet paradoxically are not, obliged to grant older people equal access to mental health services. The municipality´s attempts to handle the state´s contradictory messages gives rise to new instances of double-bind communication within the municipality. This is what we see exemplified in the lunch

break situation. Double-bind communication within the municipality has the effect of discouraging demands and open protests. Part of the reason is that it plays on societal devaluation of traditional women´s work while resonating with women´s socialisation into patterns where they become inured to feeling shame for shortcomings in their surroundings.

Double-bind communication within the municipality may thus foster the Home-Based Services´ propensity for acting like the lowest positioned birds in the cartoon. The need to stay put and avoid open protests comes across as being crucial.

An example of silent resistance to higher levels: in Home-Based Services meetings with service-users

The sequence below illustrates silent resistance to higher hierarchic levels as played out in Home-Based Services contact with the mental health needs of older people:

> It´s the evening shift in the Home-Based Services. I am travelling around in a car with Turid. She is an experienced nursing assistant who is also trained in mental health.
>
> We have just visited an older woman. Turid has told me she is suffering from early dementia. She has ensured that the woman has eaten and has assisted her in taking medicines. She has fed the cat too. "All the tasks I accomplish have to be in line with a legal administrative decision", she tells me. I ask whether a legal administrative decision accounts for her feeding the cat too. "No!" she replies. "No, that´s not written in any legal administrative decision. We do that simply because we are human beings".

The passage conveys how work in the Home-Based Services gains societal legitimacy through legal administrative decisions. It also highlights a Home-Based Services ideal of silent resistance against the legal administrative decisions. My impression that legal administrative decisions are seen as instruments for societal legitimacy follows from the application of a prescriptive language when talking of legal administrative decisions. It is also as a result of the way the legal administrative decisions are among the first aspects of Home-Based Services work I am introduced to as an outsider. The impression conveyed is that Norwegian society, or relevant aspects of it, will support Home-Based Services work only if perceived as being embedded in legal administrative decisions.

The above excerpt also displays how resistance against legal administrative decisions in some situations is considered to be an ideal. The reason is that there may be conflict between the societal and the humanistic legitimacy of Home-Based Services work. Although legal administrative decisions provide societal legitimacy they prevent humanistic legitimacy. Therefore, the aim to embed Home-Based Services work in humanistic ideals sometimes requires the sheer will to silently disregard or disobey legal administrative decisions. This type of understanding - of contrasts between professional and organizational ideas about what legitimate work in the Home-Based Services comprises - is also described in other studies on Norwegian Home-Based Services. The Sociologist Jörg Kirchhoff concludes in his doctoral thesis on home care in Norway that the Home-Based Services employees he has studied perform a type of task he calls "hidden services". The term "hidden" refers to the failure of these tasks to be recognised in the organization (Kirchhoff, 2010, p. 206).

The understanding of legal administrative decisions as instruments for societal legitimacy resonates with accounts offered earlier in this thesis. Both the Regional Governors, the local politicians and a representative for the administrative leadership have highlighted the value of legal administrative decisions. Their descriptions of why legal administrative decisions are valuable indicate that they provide Home-Based Services work with societal legitimacy because they are seen to prove that the Home-

Based Services extend healthcare rights to all citizens. One interpretation in line with this is that legal administrative decisions provide societal legitimacy to Home-Based Services work because they resonate with Norwegian, universalistic beliefs. To the world outside of the Home-Based Services, legal administrative decisions make their work look embedded in universalism.

Turid, however, conveys an understanding of legal administrative decisions as preventing ideals associated with universalism. According to her description of legal administrative decisions, they cannot encompass all basic human needs. The needs of the service-user described in the excerpt above which were met through feeding a cat, are among those basic needs that legal administrative decisions cannot include. Such needs may be mental health-related, for example needing the company of a living being (in this case the cat). It could also be a mental health-related need for self-respect: for seeing oneself as a cat owner who is of use to another creature, rather than as just someone dependent and ill. Irrespective of what the needs are, they are considered by Home-Based Services professionals to be so essential that for human beings it is imperative to meet them. The fact that these needs do not figure in legal administrative decisions is taken as a sign that silent resistance is the most appropriate response. It becomes important for Home-Based Services professionals to silently attend to them nevertheless as an act of protest.

It may come as a surprise that feeding a cat should be an act of silent resistance. Earlier in this thesis, we saw mental-health related legal clauses stipulating rights for Home-Based Services users to assistance with their mental health needs. We have also noted previously quotations from Regional Governor officials who describe legal administrative decisions as instruments for the protection of the rights of all citizens. Thus, it is possible to imagine that legal administrative decisions might enhance rather than hinder the Home-Based Services´ possibilities to guarantee mental health assistance to older people. However, as attested by the excerpt about feeding the cat, the understanding of the legal administrative decision has undergone transformation

on its way from the state to the municipal leadership and now, to the Home-Based Services. Regional Governors treat legal administrative decisions as instruments for universalism. The municipal leadership treats them as combined instruments for universalism and cost containment. In the Home-Based Services, legal administrative decisions emerge as mere instruments for confinement, as hindrances to humanism, and as instruments for societal legitimization.

According to Vike et.al (2002), Norwegian municipalities handle the welfare state´s capacity problem by distinguishing between two types of responsibility. Men in the municipal organization often manage the financial, administrative and discourse-related responsibility while women take responsibility for the meetings with service-users (Vike et al., 2002, pp. 13, 65-71). The attitude of the Home-Based Services towards legal administrative decisions may reflect this division of responsibility. To the predominantly female workforce in the Home-Based Services, legal administrative decisions emerge as pertaining to the "economic, administrative and discourse-related responsibility" and thus, as someone else´s domain. This understanding discourages alternative ways of treating legal administrative decisions, such as exploiting them in order to ensure the inclusion in legal administrative decisions of the mental health needs of older people.

Reducing standards to adapt to austerity measures

Silent resistance is not the only way the Home-Based Services approaches decisions made higher up the municipal hierarchy which exert a negative impact on Home-Based Services practice. It co-exists with other approaches. A research article published in 2015 about Home-Based Services work with older people´s mental health in the present municipality describes Home-Based Services employees as using a variety of strategies when dealing with legal administrative decisions and their failure to include mental health-related tasks. The authors describe how some professionals conduct only what the legal administrative decisions stipulate while others protest. Still others offer the assistance they consider necessary irrespective of what the legal administrative decision stipulates (A. Skatvedt et al., 2015, p. 25). In the sequences below I describe an approach

I consider to be dominant alongside the approach of silent resistance. This comprises reducing standards for satisfactory healthcare provision in order to adapt to decisions taken at higher levels. The quotations included here display a gradual movement from silent to open resistance and then towards reducing standards.

The leadership´s decision: Excluding mental health

I attend a brief meeting between Turid and two colleagues before accompanying her in the car. The colleagues divide the working lists between them. They explain to me that the working lists reflect the content of legal administrative decisions and set out what they have to do in each home. I peruse some of these lists and remark that they include only tasks related to somatic health needs. I enquire whether the lists ever include tasks related to mental health needs, such as conversations. "No, 99% of the tasks on these lists concern physical health", Johanne replies. As Turid goes on to explain:

> "It was different in the past. We used to offer a kind of service called "supervision" which meant dropping in on someone at home just to see how he or she was and to have a chat. But we´re not allowed to do that any longer".

The quotation describes change leading to restricted possibilities for the Home-Based Services to attend to the mental health problems of older people. The description corroborates a statement from the research literature, namely that there is a general tendency in Norway to undermine steadily the psychosocial aspects of elderly care (Abelsen et al., 2014).

The Home-Based Services´ response: From open and silent resistance - to reducing standards

Cecilie and Berit are nurses in charge of Home-Based Services routines. They describe "supervision" as one of two Home-Based Services tasks previously included in Home-Based Services working lists and now excluded as part of the change process. Putting rollers in hair was the other task. According to their accounts, this facilitated observation of the state of the service-users, while being an occasion to chat about the well-being of the service-users. At a certain point, however, both putting rollers in hair and supervision were removed from the working lists. Cecilie explains how:

> "Here in the Home-Based Services we used to offer a service called supervision before. But our previous top administrative leader abolished that because she wanted to save money. So she said we could only carry out those kind of tasks that were defined as absolutely necessary health assistance: only those tasks that, if not carried out, would lead to a situation where things did not… work out so well for the service-user. The leader meant that supervision didn´t represent necessary health assistance. She said that if people were feeling unsafe or anxious they should get a security alarm".

I ask how Home-Based Services employees reacted to the restrictions. "Oh, there were strong reactions against them then", Cecilie says. She explains that supervision is permitted again now. I ask whether that has led the Home-Based Services employees to take back their old engagement in favour of supervision. She says, "No. It has kind of … become part of us now: that supervision is something we are not supposed to do". I ask what she thinks about that. "I have come to agree. We should spend our time on things that are more important than supervision", she replies.

The quotations highlight the impact of the psychological mechanism of cognitive dissonance. It displays how a welfare state setting characterised by a mix of gender relations and state trust encourages specific ways of handling cognitive dissonance. These specific ways of handling cognitive dissonance may affect the provision of mental healthcare for older people. However, processes in the older people´s mental health field may be seen as early manifestations of general processes of change in the welfare state. In that light, the quotations above can be read as examples of how cognitive dissonance in a specific setting is handled in such ways as to prompt universalistic decline.

Cognitive dissonance occurs when a person´s thoughts, knowledge or attitudes and his or her actions fail to correspond. This results in an uncomfortable state of dissonance in the person concerned. People will normally try to respond to the state by seeking to reduce the dissonance. One approach towards dissonance reduction involves changing one´s actions, while another involves changing one´s ideas (Svartdal, 2012). The quotations above display a shift on the part of Home-Based Services from the first to the second approach in relation to experiences of dissonance between ideas and practices resulting from decisions made on higher levels. The approach which is described in terms such as "strong protests" implied attempts to change actions. The approach which is described in terms such as "It has become part of us now… that supervision is something we are not supposed to do" expresses a change of ideas in order to adapt to actions.

Gender relations and the outcome of cognitive dissonance

Gender relations may influence the extent to which the first or the second approach is selected. It may also influence the ease or difficulty with which a move from the first one to the second one occurs:

The tendency to change ideas rather than actions is bolstered owing to the fact that the Home-Based Services workforce is comprised predominantly of women. There are two reasons for this. Firstly, the socialisation of women in general, and of nurses, as a predominantly female profession, in particular, emphasizes the ideal of adaptation to others´ needs. A possible repercussion of this ideal is that ultimately it encompasses not only the service-users´ needs, but also demands from higher hierarchic levels.

Secondly, As Vike et.al have noted (2002), when Norwegian municipalities inherit the capacity problem from the state they handle it in a specific way. They distinguish between two types of responsibility. One is the organizational, discourse-related responsibility which is often taken care of by men. A side-effect is that the predominantly female workforce in the Home-Based Services may perceive indications from higher hierarchic levels as outside their sphere of influence. Thus, they may emerge as more fixed than would otherwise have been the case. Another side-effect is that Home-Based Services professionals may be prevented from seeing the formal system as providing opportunities for enabling changed actions. These side-repercussions may facilitate patterns where the Home-Based Services solve cognitive dissonance by changing ideas rather than by changing actions. Alternatively, they prompt smooth transitions from a "changing actions" approach to a "changing ideas" approach.

Below, Berit describes the gradual move from one Home-Based Services approach to another as a result of the leadership´s introduction of new policies on supervision and putting rollers in hair:

> "Both employees and service-users were sad at the time. Worried care partners were telephoning the Home-Based Services to say for instance: "My mother has been alone for two days and I am so worried about her". You tried to protest in meetings… Some wrote to the newspaper. As far as

the patients are concerned, this has everything to do with their well-being: about how they feel. But I guess for the most part, what happened was that we – the employees – just sat here talking among ourselves".

This quotation highlights silent resistance, and in part open resistance, as an initial response to new ideas causing cognitive dissonance.

Berit goes on to explain that the Home-Based Services are once more allowed to carry out supervision and to put rollers in hair. I ask whether that has led the old engagement in favour of supervision and putting rollers in hair to resurface. Her answer displays a new stage in the move towards reduced standards. Apparently, it is no longer necessary for the municipal leadership to impose an ethos on the Home-Based Services where mental health needs are excluded from working lists. She comments:

"No. It is difficult to turn things back. The engagement is not as powerful as it once was. Although we are now allowed to carry out supervision, we haven´t received more resources (that could have enabled us to do it). And the generation who wanted rollers put in their hair is about to die out. That haircut was fashionable in the 1920s and 30s. So with time, the demand is only relevant to women between 90 and 100 years old. There are not so many women below the age of 70 who have that haircut...Of course supervision is a good thing. However, if you have a lot to do, then it feels unnatural just to go to someone's home just to ask, "Hello, are you OK?" And if we were to do supervision somewhere because someone there had had a fall...then supervision wouldn't help much either because they could just as eaasily have fallen as soon as we happened to leave. So then, they may as well just have a security alarm instead".

The quotation illustrates the way one´s standards start changing when one has carried through practices for some time that conflict with one´s standards. One starts accepting things that one found unethical earlier. Tasks that used to be seen as methods for dealing with mental health are seen as mechanical instruments for physical needs or preferences. Such needs can be met satisfactorily in other ways, or not at all. Thus, it becomes easier for Home-Based Services professionals to accept new practices without supervision and putting rollers in hair.

I ask Berit whether the Home-Based Services professionals talked face-to-face with the leader about their reactions. She replies:

> "Yes, there was a meeting with her. But she just sat watching like this (she raises her gaze to the ceiling and then rolls her eyes from side to side). It's easy, you know, to blame the one person who introduced some controversial changes which really hit us in the way we work. However, it's really about the whole system".

This quotation reveals a leader´s evasive body language when confronted with the consequences of her decisions. The body language is interpreted as a sign that the leader has also been in a dilemma, and forced to abandon her convictions. The warning against blaming an individual municipal leader for a whole system´s fault reflects self-critique on the Home-Based Services´ part. Self-critique concerns a tendency to ascribe responsibility and blame to parties lacking the power - at least singlehandedly – to change unfavourable conditions. Norwegian studies of the Home-Based Services in other municipalities draw a similar picture of the Home-Based Services. Lack of

resources frequently leads to the prioritization of medical and physiological tasks (Tønnessen, Nortvedt, & Førde, 2011).

One interpretation of the statement is that it describes a consequence of implicit trust in the state. Earlier chapters in this thesis have described how the state has instigated the municipality to downplay the psychosocial dimensions of elderly care. The failure to see and act upon current Home-Based Services practices as a result of state policies may result from implicit tacit state trust. Further, this failure may prompt a search for intra-municipal scapegoats which, in turn, serves to further blur the view of the municipality to the state´s responsibility.

Reduced standards: in contact with service-users

Earlier in this chapter, we saw how silent resistance against higher hierarchic levels influenced a meeting between a Home-Based Services professional and a service-user´s mental health needs. The sequence below displays another meeting between the same professional and another Home-Based Service-user. Here, we see a different approach to higher-level decisions about older people´s mental health:

> Turid remarks that the next person she is to attend to today is an older woman who lives alone and who suffers from a wound on her leg. "She may be a bit bad-tempered," she says before she gets out of the car and rings the doorbell and locks us in. As we enter the living room, I see a woman lying on the sofa. Turid invites her to sit up so she can lubricate her leg and put on support stockings. The woman says she will need to go to the doctor's the following day. "You will have to take a taxi then", Turid says. "The Home-Based Services doesn´t have the means to accompany you". "No", the woman replies. "The Home-Based Services… All you do is give pills". She utters this in a tone of bitterness, or even aggression. On our way out the woman turns to me. "I've had enough burdens recently", she remarks. "For

> how long?" I ask. "Since the winter", she replies. And then we leave. When Turid and I are out again in the car, Turid explains, "She lost her husband and her daughter recently".

The extract describes a meeting between a Home-Based Services professional and a service-user, where the latter signals a need or a wish for mental health-related assistance. My impression of indications of a need for mental health assistance comes from the comment about the recent misfortunes and the loss of family members. The comment about the Home-Based Services as only handing out pills conveys an inherently negative evaluation of the Home-Based Services´ failure to include mental health issues in their working lists and practices.

One interpretation of Turid´s comment about the Home-Based Services ineptitude and the fact that she leaves the woman immediately after the comment about her tribulations, is that it reflects care. Failure to respond with compassion may reflect a wish to appeal to a sense of strength and capacity for coping.

A complementary or competing interpretation is that it reflects an attempt at reality orientation. Reality orientation is rooted in an approach of adaptation to the Home-Based Services resource situation. Awareness of the Home-Based Services lack of resources leads Home-Based Services professionals to encourage older service-users to downplay symptoms of mental health-related needs in contact with the Home-Based Services, given that in any case no possibilities for attending to them exist.

The Home-Based Services failure to inform service-users about the right to apply for mental health assistance reflects an understanding of legal administrative decisions as failing to protect older people´s mental health needs. It may also reflect an understanding that the municipal agency considered to be in charge of mental health services, namely the Mental Health Team, refuses to admit older patients. Several

Home-Based Services employees have informed me that they are highly dissatisfied with the Mental Health Team because it refuses to admit older people.

8.2. Consequences for older people with mental health problems

Silent resistance and the reduction in standards has both short-term and long-term consequences for older people with mental health problems.

Short-term consequences

The example of the woman whose cat was fed shows how on a short-term basis silent resistance may allow the mental health needs of some older people to be attended to.

Reducing standards has other short-term consequence as well, for instance that older people with serious mental health problems fail to receive assistance. This causes suffering, deteriorated health conditions both mentally and physically and, in some cases, suicide. Another consequence is that older people with mental health problems are blamed for their inability to cope or pull themselves together. Laila, a Home-Based Services nurse, describes this tendency when I ask her about the many alarm calls the Home-Based Services receive. I have seen the statistics on these alarm calls and have been told that a substantial proportion of them probably reflect mental health-related needs. Calls figuring in the statistics as "assistance in the bathroom" is an example. They sometimes reflect a need to see another human being. I enquire whether Laila´s experience is that this information has been brought further up the municipal hierarchy from the Home-Based Services in order to bring it to the attention of politicians. She replies:

> "No, it´s not announced like that. I suppose what happens instead is that those service-users - the ones seeking contact – those who for example, trigger alarms due to a need for contact… A negative way of talking about that person develops among us. We start saying, like, "Now that person is

being a nuisance again...". Those patients who want contact are easily seen as being a nuisance".

The quotation highlights how the Home-Based Services is not the final stop in the process of delegating responsibility for the capacity problem initiated by the state. Delegation of responsibility happens in the Home-Based Services to service-users as well. The latter are blamed for having mental health needs or for signalling to the welfare state´s Home-Based Services representatives that they have such needs.

Blaming service-users for having mental health needs, or for signalling that they need help with mental health, is a natural consequence of the Home-Based Services approach of reducing standards. However, it implies systematic transgression of the law.

Older people who trigger alarms due to loneliness or anxiety, or who tell a Home-Based Services professional about their recent trials or tribulations can be seen as applicants for rights-based services. The rights they are claiming may be several in number. They may signal a need for conversations about existential questions, which is a right according to Section 3 of the Warranty for Dignity. They may also signal needs for assistance with social needs, to which they are entitled according to the Regulation for Quality. They may signal needs for Mental Health Team services, such as conversations with professionals with competence in mental health, for which old people have the same rights as young. Finally, they may signal needs for rights-based pre-application assistance in order to apply for mental health assistance. This might include a wish or the need for the realization of one´s right to information about the municipality´s available services.

A consequence of an approach in which standards are reduced is that older people´s symptoms of mental health needs fail to be treated as valid applications. Since applications are seen as a precondition for legal administrative decisions, a consequence is that legal administrative decisions about older people´s mental health needs are not

taken. Legal administrative decisions are key instruments for the state´s clearly stated ambition of ensuring all citizens their rights. Thus, the Home-Based Services failure to respond to older people´s symptoms of needs for mental health assistance by ensuring their inclusion in legal administrative decisions leads to depriving older people of their rights.

Long-term consequences

Silent resistance and reducing standards result in information on older people´s unmet mental health needs to remain unofficial and confined to the Home-Based Services.

Silent resistance leads the Home-Based Services to treat legal administrative decisions as impediments to, rather than facilitators of, older people´s access to mental health assistance. Treating legal administrative decisions as impediments discourages the Home-Based Services from seeking the inclusion of older people´s mental health needs in legal administrative decisions.

The approach of reducing standards results in Home-Based Services professionals interacting with the Service Office in ways that discourage, rather than encourage, the development at the Service Office of legal administrative decisions on older people´s mental health. The fact that the mental health needs of older people do not figure in legal administrative decisions, also means these needs seldom figure in appeal cases either, since appeal cases are based on legal administrative decisions. Such an omission in appeal cases makes older people´s mental health a marginal issue in terms of the state´s inspection work. Regional Governor officials describe their work as governed by the ones who appeal. And finally, the Regional Governor failure to check legal obligations concerning older people´s mental health leads a financially pressurized municipal leadership to omit prioritizing older people´s mental health.

Treatment of legal administrative decisions as impediments to older people´s mental health needs has other long-term consequences on a state level as well.

A key method in the state´s inspection work is the "systems´ revision". Of prime importance to this revision is the quality control of the municipality´s "system for internal control". The "system for internal control" is considered important due to the belief that professionals in e.g. the Home-Based Services would draw up a deviation report if violating legal requirements, for example if neglecting to ensure legal administrative decisions about rights-based services. The Home-Based Services´ failure to see legal administrative decisions as instruments for older people´s mental health rights engenders a corresponding failure to develop deviation reports about older people´s mental health rights. In the municipality where the fieldwork took place, the computerised system for deviation reports lacked a rubric for the Warranty for Dignity. There was no deviation report from the legal Home-Based Services concerning violation of the Warranty´s clause on conversations about existential questions. A long-term consequence of the failure to create deviation reports is that the state is deprived of official information about systematic transgressions of older people´s mental health rights. As noted above, failure to receive information prompts failure to check, which in turn prompts marginalisation of the issue by the municipal leadership.

8.3.   Consequences for universalism

The Home-Based Services ethos of silent resistance and reducing standards have far-reaching long-term consequences beyond the field of older people´s mental health.

Some strands of the data and theory in this thesis indicate that the position of older people in the municipal mental health field is only one early reflection of a broader trend. This is a trend of gradual, state-induced withdrawal from universalism.

Other strands indicate that a vigorous, universalistic belief structure is still in place and capable of governing the actions of diversely positioned people. Municipal actors at various levels display trust in the state as a bearer of universalism and appear to be strongly inclined to adapt to the state´s signals. The state´s representatives in the Regional Governors´ offices, for their part, indicate that they would have checked the

universalistic obligations of relevance to older people in the mental health field had they received reports indicating a need.

The Home-Based Services´ current position can therefore be seen to involve making fundamental political decisions about the future of universalism in Norway.

Exploitation in the Home-Based Services of the structure provided by legal administrative decisions and universalistic legislation would mean Regional Governors would have to check and detect systematic transgressions of universalistic obligations. Official detection of systematic transgressions would confront the national authorities with official information about how the capacity problem infringes on the prospects for universalistic practices. Such a confrontation would impede continued national policies of universalistic withdrawal and blame and responsibility avoidance.

The failure of the Home-Based Services to exploit the universalistic structure in order to confront the national authorities with such information has the opposite political effect. It sustains the impression of an inviolate universalism that merely requires mending and maintenance. A possible offshoot could be that a Norwegian universalistic belief structure ends up serving as a catalyst for continued processes of universalistic decline.

8.4.   Summary

This chapter has concerned the Home-Based Services and the way it handles older people´s mental health problems. Home-Based Services work is characterised by an understanding of how others, more highly positioned, devaluate and denigrate their work. It is other municipal actors, rather than the state, who are seen as the chief denigrators. This may be interpreted as a result of tacit trust in the state.

Gender relations influence the messages sent to the Home-Based Services from its surroundings regarding the value of its work. These also have a bearing on Home-Based Services patterns of response when experiencing higher-level decisions with a negative impact on their work. A dual Home-Based Services approach to response dominates. On

the one hand, there is silent resistance while on the other, there is the approach of reducing standards in order to adapt to circumstances. This two-pronged approach governs Home-Based Services responses to higher-level decisions of relevance to older people´s mental health as well.

A consequence of the dual approach is the encapsulation, within the municipality, of information about older people´s failure to obtain mental health-related rights. Encapsulation of information leads the state to omit inspecting how the municipality complies with older people´s mental health rights. State failure to inspect leads to municipal failure to prioritize. It also consolidates the impact on municipal practices of previously issued non-universalistic state signals about older people´s access to mental health services. Finally, it also facilitates continued national policies of universalistic retrenchment and the avoidance of responsibility and blame. At present, this applies to the mental health field but its consolidation here could pave the way for extension to other welfare state fields at a later date.

9. Reconciling new ideals with old

The Mental Health Team

This chapter describes how the municipal Mental Health Team implements national policies with non-universalistic outcomes. Older people´s more limited access to Mental Health Team services is a result of such implementation.

The link between national policies and Mental Health Team practices is not key to the Mental Health Team´s self-understanding. Instead, a local understanding of the capacity problem as permanent and likely to deteriorate in the future leads team members to emphasize prioritization. Non-universalistic outcomes with consequences for older people is the result of prioritization.

Universalistic belief shapes the pattern for production of non-universalistic outcomes. The Mental Health Team ensures this happens without challenging the credos and taboos which are key to the universalistic belief system. The failure to challenge taboos and credos makes the non-universalistic outcomes tolerable, or even invisible, from the state´s perspective, thereby encouraging that they are maintained.

9.1.   The position of older people in Mental Health Team services

Mental Health Team professionals claim they attend to some older service-users but that these service-users are few in number. They explain the low proportion with the status of older people as a "non-priority group" in the team´s work. [29] The leader Liv remarks: "We could of course have admitted more older people here. However, that would have meant omitting something more urgent".

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[29] In Norwegian: «En ikke prioritert gruppe».

This comment reflects a Mental Health Team understanding that the position of older people related to their services is not a complete mystery or completely unintentional situation. Deliberate practices by the team account in part for the fact that few older people receive Mental Health Team services.

However, the use of the term "a non-priority group" points in a different direction. It is a passive formulation, which conveys a different view from what would have been implied by claiming e.g. "We do not prioritize older people". One interpretation of the formulation "non-priority group" is that it reflects doubt or ambiguity in terms of whether or not it is the team´s choice that few older people make use of their services.

9.2.   Why prioritization: The capacity problem

The comment about older people as a "non-priority group" indicates that prioritization is a key explanation as to why few older people gain access to the team´s services. Below there follows a field excerpt illustrating the background to the importance of prioritization for the Mental Health Team. It is from one of the team´s weekly specialist meetings:

Ten women are seated around a long table in a boardroom with the leader Liv at the head of the table.

"Could you take this one?" Liv asks, as she nods at a printout she is holding. Her chin is lowered a bit while her gaze is focused on Renate who is seated further along the table, just out of reach of the printout offered to her by Liv. But Renate does not lean forward to try to take the print. She stays calm and keeps her arms still.

The printout is one of several legal administrative decisions Liv has had on the table in front of her since the meeting began. According to Liv´s recent account of it in the assembly, it concerns a woman in her early twenties who

is suffering from depression. Liv gave one of her typical accounts of the case. She started with the woman´s date of birth, her diagnosis and the name of the referring General Practitioner. Finally, she mentioned the type of health service the woman is to receive from the Mental Health Team according to the legal administrative decision, namely supportive conversations.

"Actually", Renate answers, in a warm tone, "I just don't think I can". Liv leans forward again. She continues to stretch out her hand with the printout. Her eyebrows are raised. In a matter-of-fact-tone, which is just as polite and friendly as Renate´s a few seconds ago, Liv says, "The only thing you would have to do in that situation is to write a deviation report".

Renate looks back at Liv. In the same, soft voice and polite tone, she replies: "No, I think it is better for <u>you</u> to have this case on <u>your</u> desk, and that <u>you</u> write a deviation report because it is very stressful to have a huge stack of cases on your desk, knowing you are responsible for the whole lot while also knowing that you won't be able to do anything about them".

"OK, I'll think about what we can do", Liv replies, and continues, "Because in the years to come our capacity challenges will probably just increase. Increasing numbers of service-users will continue to be referred and will outnumber the employees".

This excerpt describes an event the Mental Health Team repeats every week. The excerpt described an example of an event that is both typical and yet atypical:

It is typical inasmuch as the weekly meeting normally brings together all team members. It is also normal in that this meeting consists primarily of information about new cases. Liv gives us an account of the cases before asking who wants to take responsibility for each new case. At one point, I enquire why she does not just decide that a given

professional is to be in charge of a given case. "I do that in order to promote some democracy", she replies. I interpret this as a reflection of values like professional autonomy and establishing limits that are important to the team. This is in part important as can be seen in Liv´s statement about the welfare state´s capacity problem. As far as the team is concerned, the capacity problem is a permanent fixture. It is therefore important to be fully aware of the implications of tricky prioritization. Professional autonomy is a prerequisite for the capacity to choose ethically sound priorities.

The Mental Health Team´s ethos on the values of autonomy, the establishing of limits and prioritization is in stark contrast to a dominant Home-Based Services line as described in the previous chapter. The Home-Based Services foster a dual approach of silent resistance and adaptation related to whatever falls on their heads from above as a result of the capacity problem. The Mental Health Team, for its part, encourages open resistance to receiving decisions made elsewhere. Instead, it continuously exposes itself to a situation where a leader, in plenary, asks her subordinates whether or not to accept responsibility.

The extract is an atypical situation in the sense that the leader´s request seldom meets open resistance. The team members usually accept the leader´s requests about responsibility for legal administrative decisions. The fact that a professional here actually refuses and yet receives friendly treatment indicates that saying "no" has the leader's approval. As such, the atypical aspect of the situation serves to strengthen my impression of autonomy and the establishment of limits as part of a general concern with prioritization, as key values to the team.

It should be noted that there are other aspects of the situation which reflect the value of conscious prioritization. This is exemplified by the way the case is presented with reference to certain pre-fixed categories of information. The type of information included here serves to highlight the fact that the team´s services are not meant for everyone on equal terms. The fact that a person´s date of birth is always included, is an

indication that age is of relevance when considering a person´s eligibility. The fact that the name of the General Practitioner, or another specialist, is included, as well as a diagnosis, conveys a message about the way only recognised mental health diseases are included.

On enquiring whether Liv´s impression is that Mental Health Teams in other municipalities also regulate access by means of categories such as diagnosis and referral from a specialist or a General Practitioner, she replies, "Yes, I definitely have the impression that that´s how it´s done everywhere because if people just turned up here…we wouldn´t have had capacity".[30] The quotation illustrates that a function of the weekly specialist meeting is to ensure sound prioritizations.

Liv's remark above reflects the background as to why the establishment of limits and prioritising are so important. It attests to an experience of the welfare state´s financial capacity problem and an understanding of it as permanent, or even likely to deteriorate. Its permanent quality and the likely deterioration makes it futile to respond to by striving to comply with all obligations imposed on the team from above. It is therefore futile to hope for more resources or reduced obligations. Instead, a rational response is to awaken high awareness among the professionals that it is quite acceptable to dare to say "no" to something. The reason is that a "no" to one thing may facilitate a "yes" to something else of possible greater importance.

Another interpretation of why the team´s response to the capacity problem differs from the one in the Home-Based Services highlights the impact of state signals during the formative years of the municipal mental health field. Professionals in the Mental Health Team, as in the Home-Based Services, talk very little about their work as being guided by state guidelines. However, the formative years of the Mental Health Team and the Home-Based Services took place in two different phases of Norwegian welfare state

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[30] In Norwegian: «Hvis folk skulle ha løpt ned dørene her»

development. The Home-Based Services developed in a period of Norwegian welfare state history that has been labelled "growth to limits" by scholars. The municipal mental health field has developed in a phase labelled "re-commodification" (Dahl, Drøpping, & Lø, 2001, pp. 304-305). One implication may be that the Home-Based Services became characterized by state guidelines emphasizing values like universal coverage and equality whereas the Mental Health Team by state guidelines emphasizing targeting.

9.3. How to prioritize: Displaying respect for credos and taboos

Below there follow some field excerpts which illustrate how the Mental Health Team proceeds when bringing about non-universalistic outcomes which affect older people. The excerpts show how non-universalistic outcomes are produced through a pattern characterised by universalistic belief. Respect for a set of universalistic credos and taboos is also evident. The fact that the loss of access to the team´s services is limited to older people is a result of this pattern.

A universalistic credo: Promoting labour market participation

The Mental Health Team operates with criteria for prioritization between groups of service-users. On mentioning to Miranda, a Mental Health Team professional, that I am unclear about how the prioritization criteria function in practice, Miranda explains:

> "If young children are involved in a case then we prioritize that case. And I think that´s great. And if the case concerns someone who used to have a job, but who has recently become ill, then we prioritize that case as well because research indicates that if you´ve been away from your job for a long time it's hard to return to work".

The quotation may reflect a concern for recovery of the service-users admitted to the Mental Health Team. But it may also describe a concern for productivity as relevant to Mental Health Team prioritizations. Both the concern for children and the reference to encouraging people back into work can be interpreted in this light. Healthcare reaching these groups can contribute to higher levels of labour market performance now or in the future. A by-product of the aim to prioritize healthcare in order to promote participation in the labour market is that it becomes legitimate to make healthcare less accessible to older people. This is because healthcare cannot increase participation in working life in the same way.

Prioritizing in line with the credo of promoting participation in the labour market perhaps appears to be acceptable from a perspective of universalistic belief. It resonates with the universalistic credo of promoting high levels of labour market participation. The Mental Health Team´s pattern of prioritization is therefore an example of how universalistic belief promotes patterns of action leading to non-universalistic outcomes. This is in line with Anderson (1996) who describes how collective action founded in beliefs often engenders different outcomes from those intended. It may also be in line with Fredrik Barth (1989) who describes how, among the people he has studied, new beliefs are introduced within the frameworks of the old beliefs.

A universalistic taboo: Deliberately and openly depriving people of rights

The excerpt below displays another aspect of the pattern whereby the Mental Health Team contributes to non-universalistic outcomes:

> Six women and a man are seated around a table in a meeting room at the municipal short-term nursing home Sunset. All are Sunset employees with the exception of Sigrid who is a Mental Health Team nurse.

The Sunset leader Jorun opens the meeting, explaining that it is taking place as a result of a decision made by leaders in the municipal Health and Care sector. Therefore regular meetings will from now on take place between staff at the Sunset and representatives for the Mental Health Team. Jorun goes on to suggest that Sigrid tell the Sunset staff a bit about the Mental Health Team. "Because we know almost nothing about you or about what you can offer", she explains.

Sigrid then spends a couple of minutes talking about the services offered by the Mental Health Team. She mentions supportive conversations and courses to cope with depression or anxiety. It also offers support contacts and "housing supervision". She specifies that anyone above the age of 18 is eligible to apply for Mental Health Team services by means of a standard application form, which evidently includes all municipal services. Katrine, who works at the Sunset, says, "Yes, that form is available here at Sunset too".

"Do you take in older people as well?" Jorun asks. "Yes, we do", Sigrid replies, adding, "But older people are a non-priority group". Katrine takes up the comment. "So what do you mean by "older people"? Do you mean "above the age of 65?"" Sigrid replies, "No it´s not as rigid as that. We have our prioritization criteria. But if you are above the age of 80 and are suicidal - then we don´t say you´re not allowed to come to us just because you´re too old".

"Oh", Jorun says, in disbelief. "But is that new? We've always heard that the Mental Health Team does not admit older people". Sigrid says this is not the case. The team does admit older people.

In the above exchange two assumptions about the realities of municipal practices are conveyed. Each assumption is likely to influence the actions of the person expressing the assumption in question. Each may lead to certain ways of handling older people´s mental health issues.

One of these assumptions, conveyed by representatives for the Sunset staff, is that people over a certain age are categorically ineligible for Mental Health Team services. It is likely to have had an impact on patterns of action until now in that Sunset staff have avoided telling older people with mental health problems about the Mental Health Team´s existence. It may also account for why professionals have avoided assisting people above a certain age to apply for Mental Health Team services or to obtain referrals to the Mental Health Team from General Practitioners or others. It is likely that one of the consequences has been more difficult access for older people, than for younger ones, to mental health services. Another likely consequence is that older people have failed to obtain rights-based mental health services.

The excerpt also indicates a low level of knowledge about the Mental Health Team among the Sunset staff. It indicates that it is not an intense flow of information about older people´s low priority that has prompted few referrals about older people to Mental Health Team services. Instead, the low proportion reflects an inaccurate reputation about the Mental Health Team as categorically rejecting older people. On several occasions during my fieldwork I also heard Home-Based Services and Service Office professionals describe their awareness of this reputation and how they have allowed their practices to be governed by it.

When confronted with the issue of reputation the Mental Health Team response reflects a dual aim. On the one hand, the reference to older people as a "non-priority group" reflects an aim to maintain some of the reputation´s impact. Its aim is to encourage the Sunset staff to continue their policy of not referring too many older people to Mental Health Team services. On the other hand, the message can also be seen as aiming to soften the impact of the reputation. It signals that in contrast to what the Sunset staff

have believed, seriously ill or suicidal older people will not be rejected Mental Health Team access. Once again, one possible interpretation of this is that it reflects an aim of avoiding to challenge a universalistic taboo of open and deliberate refusal of everyone's individual healthcare right.

Thus, the excerpt above displays the Mental Health Team oscillating between a policy of discouraging too many older people's access and the aim of preventing violation of the individual rights taboo. Another excerpt illustrating this tendency to weigh up is the following:

> While I am sitting in Kari´s office to talk about the team´s work relating to older people´s mental health she receives a telephone call. To judge from her replies I assume she is talking to someone who must have rung to enquire about the opportunities for Mental Health Team assistance for a service-user.
>
> Kari tells the caller, "Of course, she can apply. She will be assessed like everybody else and will receive a legal administrative decision. However, she is unlikely to receive any help from us". She says this in a rather formal tone with a stern expression.
>
> Then her face lights up. She smiles and her voice becomes warm as she adds, "But what we <u>can</u> do is to offer supervision (to employees in the Home-Based Services)!"
>
> On hanging up she turns to me and says, "So you see how things work in practice! That was from the Sunset. They called about an older woman who was about to be discharged. They said she was crying so much because she was depressed and they wanted to know whether the Mental Health Team could help her after she got home. However, the fact that she is crying

doesn´t necessarily mean she's depressed. I think the Home-Based Services can do as good a job with her as we can".

The passage conveys a Mental Health Team inclination to avoid challenging a universalistic taboo: the right of every citizen to apply for assistance and to receive correct procedural treatment in this connection.

The formal tone used while conveying the message about equal procedural rights indicates that the aim is not necessarily to encourage older people´s equal rights for applying. The comment about the low likelihood of admission for the older person further supports the impression of something else at stake. Together, these aspects of the situation seem to reflect a Mental Health Team aim of discouraging too many applications from older people, yet without violating a key universalistic taboo.

The dual Mental Health Team messages, as a result of this dual aim, mirror the state´s contradictory messages to the municipality about the position of older people in the mental health field. The stern and formal tone used while talking in a municipal setting about the right to correct procedural treatment mirrors weak or absent state inspection of older people´s equal mental health rights. The message about the likely outcome and the apparent enthusiasm related to the idea of offering something else to older people mirrors the Action Plan guidelines on targeting.

A universalistic taboo: Unjustified inequality

It is evident from the way Kari handles the above dialogue that it is not the older person´s age, but her needs that makes it inadvisable for her to apply for Mental Health Team services. Information about an older woman´s distress when discharged is interpreted not as depression but as something else. Since it is not interpreted as depression, it is regarded as being outside the remit of the Mental Health Team.

Thus, the Mental Health Team pattern reflected in this excerpt appears to be in keeping with the universalistic credo of equality. The reason is that equality within a universalistic framework does not preclude that different municipal units may safeguard different kinds of human needs. Neither does it preclude that different municipal bodies may take responsibility for different types of rights-based services. Pragmatic organizational considerations, rather than the intention to produce non-universalistic outcomes, may be the reason why the Mental Health Team is reluctant to address the distress of an older woman. Once again, a possible interpretation of this is that older people who cry when discharged from a short-term nursing home are considered to be sad due to lack of human company at home. The Home-Based Services is in charge of their social contact needs, whereas the Mental Health Team´s responsibility is to take on board conditions such as depression. To clarify: A distinction should be made between discouraging applications to the Mental Health Team about sorrow and loneliness and a practice that encourages universalistic failure.

However, the possibility that older people´s mental health needs are disregarded too easily on grounds of their definition as "not depression" is not to be excluded. This appears evident in some aspects of the situation described above. Firstly, the conclusion about the woman´s distress is made without having seen her. One interpretation is that this reflects a societal context where widespread prejudices about older people influence the way professionals interpret the concrete needs of older individuals.

Statistics show that there is a general assumption that older people are more lonely than they are in reality (Tornstam, 2011).

Secondly, the comment about the capacity of the Home-Based Services to take care of such problems should be seen in context with how older people are considered by the Mental Health Team to be a "non-priority group". The status possessed by different groups — as "prioritized" versus "not prioritized" — could infringe upon how the Mental Health Team interpret information about crying in individual cases.

Thirdly, the Mental Health Team is known in the municipality for failing to admit older people. When a member of the Sunset staff telephones the Mental Health Team regarding an old person, this could indicate that Sunset professionals have interpreted just this woman´s distress to be serious. Fourthly, the Research Council of Norway describes the phenomenon of healthcare services for older people as being characterized by shortage as a national phenomenon (Norges Forskningsråd, 2009).

It is therefore possible that age-based discrimination and prejudice about older people influence the way information about older individuals´ needs is interpreted. Such interpretations prompt Mental Health Team messages to its surroundings indicating that the Mental Health Team cannot attend to the person´s needs. The Mental Health Team messages are interpreted in its surroundings in light of the team´s reputation for rejection of older people. The result is the perpetuation of a situation where few old people are referred to the Mental Health Team, whereas such needs would have indicated Mental Health Team assistance had these people been young.

Kari´s decision to draw attention to Home-Based Services responsibility for the woman´s crying is made based on information from a brief telephone conversation. It is therefore possible to argue that the decision is based on limited knowledge. One outcome of decisions based on limited knowledge may be that they facilitate the production of non-universalistic outcomes. The lack of information about the nuances and depth of a given situation facilitates interpretations in line with popular ideas about the group to which

the situation is seen to belong. This in turn may make unequal treatment appear to be justified. This happens without violating the universalistic taboo that prohibits the deliberate production of unjustified inequality. What we see here may therefore be yet another expression of a pattern whereby universalistic belief facilitates outcomes to the contrary.

A universalistic credo: Preventing public intrusiveness at a pre-application stage

One aspect of the two last field extracts is that they highlight how the pre-application stage is important to the production of non-universalistic outcomes. Older people´s more limited access to Mental Health Team services does not come about through processes where older people hand in written applications before receiving written refusals that refer explicitly to age. Rather, more limited access is brought about through subtle signals between professionals or through the impact of an uncorrected misleading reputation that prevents applications from being made in the first place.

The Mental Health Team appears to be characterised by a tendency to exploit the pre-application stage in specific ways in order to produce non-universalistic outcomes without violating universalistic taboos. The team´s reactions to the purchaser-provider (PP) model may be seen as one reflection of this approach:

When my fieldwork began the Mental Health Team had just been included in the PP model. This meant that it had just ceased adopting its own legal administrative decisions and that the Service Office had taken over that responsibility. After some months Liv offers me a document one day. It contains the team´s evaluation of the PP model. The document recommends returning to the old arrangement according to which the Mental Health Team adopted its own legal administrative decisions. The argument in favour of returning to the former arrangement is that it would be particularly favourable to the service-users´ best. It is clear from the document that the new arrangement leads to long waiting hours and excessive deviation reports. The main problem is, it says, that the Mental Health Team has now lost the opportunity to distinguish at an early stage

between different kinds of referrals. The document argues that the Mental Health Team is more expert than the Service Office at handling and re-directing people to other forms of referral than the ones stipulated. The benefit of re-directing people to other types of assistance is, according to the document, that it prevents legal administrative decisions from being developed in all those cases when the Mental Health Team receives a referral.

Further, it is evident from the document that the reason why it is important for the Mental Health Team to adopt its own legal administrative decisions is that it enables effective strategies of adapting the number of legal administrative decisions to the team´s capacity. Autonomy for the team ensures prioritization of the most important issues and prevents legal administrative decisions from being developed about less urgent issues. It would appear that one of the consequences of this previous autonomy with regard to avoiding developing legal administrative decisions has been that few older people have gained access to Mental Health Team services. A Mental Health Team professional, Bjørg, explains that many older people suffer from loneliness and grief, but that this falls outside the team´s responsibility. Previously the team could ensure they were put in touch with the church or the Voluntary Centre. [31] Now, however, Liv describes the team´s situation as follows:

> "We receive so many legal administrative decisions about supportive conversations. They're to do with people for whom the Mental Health Team previously wouldn´t have considered supportive conversations to be the most suitable measure. There would never have been a legal administrative decision about these people in the old system. And once a legal

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[31] The church in this setting is represented by a professional called (in Norwegian) "diakonen", who conducts social work in a pastoral context.

administrative decision has been taken, it's hard to reduce the service level or to bring the case to a close".

When I enquire whether this is because of the law or the Regional Governor, Liv's response is as follows:

"No. Once people have received a service, everyone wants to continue receiving it if they can. If things had continued to be as they were before (in the system where the Mental Health Team adopted its own legal administrative decisions) then we could have made sure that in those cases no legal administrative decision about mental health assistance was taken".

This quotation attests to a deliberate Mental Health Team policy of encouraging processes at a pre-application stage to prevent too many people in given categories from gaining access. The loss of that opportunity subsequent to the inclusion of the Mental Health Team in the PP model has resulted in the capacity problem being experienced by the Mental Health Team in a different way than in the past.

The description of legal administrative decisions as undesirable given that they adversely affect the possibilities for adapting the service level to capacity is interesting. It indicates that legal administrative decisions are unsuitable as instruments for the production of the outcomes intended by the Mental Health Team. One possible interpretation is that a legal administrative decision makes it clear that an applicant may be entitled. If the service-user is aware of a right, his or her interest in receiving Mental Health Team services is stimulated. This decreases the Mental Health Team´s capacity to exclude needs from Mental Health Team services in order to prioritize the more pressing issues. Rejecting access within the framework of a legal administrative decision

could more easily be seen as a violation of the universalistic credo of all citizens´ rights. It is therefore preferable to avoid the development of legal administrative decisions.

The pre-application stage is therefore important. By exploiting it in specific ways the Mental Health Team can avoid making too visible whether or not the people the team lacks capacity to attend to, have rights for assistance. Lack of visibility of people´s rights enables the team to produce non-universalistic outcomes without challenging the universalistic credo of all citizens´ rights.

One interpretation why the pre-application stage is perceived to be available for this kind of use, unlike legal administrative decisions, is that it is an effect of the state´s inspection work. Legal administrative decisions are key to the state´s inspection work. The pre-application stage is rarely encompassed by it. A consequence is that municipal stakeholders fail to treat rights encompassing the pre-application stage - such as the right for information or supervision — as actual rights.

The municipality´s production of non-universalistic outcomes at a pre-application stage may serve national policies of blame avoidance and universalistic withdrawal. As noted by Dietmar Rauch (2008), Scandinavian municipalities may play a key role in policies of universalistic retrenchment. The municipalities enact, and may thus be associated with responsibility for unpopular universalistic retrenchments for which the national authorities wish to avoid responsibility and blame. The Mental Health Team´s use of the pre-application stage may serve the state´s interests in a blame avoidance dynamic since this approach fits with the state´s failure to check the pre-application stage. This protects the state from gaining official information about the position of universalism in municipal mental health practices. Given the lack of official information, it is easier for the national authorities to shirk responsibility for potentially costly measures aimed at preventing universalistic decline.

The state´s failure to check the pre-application stage and the Mental Health Team´s failure to urge everyone to apply and receive legal administrative decisions may also be

a consequence of universalistic belief. Belief in the value of individual autonomy and in the state´s capacity to promote it, may make withdrawal on the part of public welfare agencies at a pre-application stage appear to be a universalistic virtue. It is generally accepted that distance from citizens on part of welfare agencies may prevent humiliation while increasing dignity since such distance is equated with respect for individual autonomy. The universalistic belief system portrays human nature implicitly in ways that makes it appear obvious to the citizens that demanding their rights without interference from public bodies is advantageous.

However, the excerpts and quotations included here indicate that the tendency of the Mental Health Team and the Regional Governor to withdraw at a pre-application stage has other consequences. It prevents some groups of service-users from obtaining legal administrative decisions, and, by extension, from obtaining their rights. The systematic failure of some groups to obtain their rights is a non-universalistic outcome. This illustrates eloquently Anderson´s point concerning how collective action founded on beliefs often engenders other outcomes than intended (Anderson, 1996). Further, it illustrates Barth´s (1989) point on how people substitute old world views with new ones by means of processes where it is important to avoid challenging the old taboos too blatantly.

A universalistic credo: Promoting individual autonomy

Below I have included another excerpt from the Mental Health Team meeting described above. It describes what happens when Renate refuses to take responsibility for a case and Liv says she will see what she can do given that the capacity problem is destined to deteriorate:

> Sigrid raises her hand. "I think it might be worth trying to plan to put an end to our relationships with service-users", she says. "My experience is that positive resources (in the service-users) can be released if people know from

the outset the date their relationship with the professional will end. There's a lot of research to support that". Renate follows up. "Yes, I agree. You mobilize your own forces that way. You experience the professional's confidence in your capacity for coping. It is as if the professional told the service-user, "I am not your lifeline. You are your own lifeline"".

Bjørg asks to speak. She comments that mental health illness is unpredictable and that the suggested routine would not always work. "We must remember we are safeguarding legislation. Our responsibility is not just to treat people (…). I think the Regional Governor would disapprove if we initiated such a practice here", she says.

The dialogue illustrates how universalistic belief governs change. It is an instance of the impact of two strands of universalistic belief. One strand of belief encompasses trust in the state. It becomes apparent in the way that the experience of mismatch between resources and obligations does not encourage people to seek increased state responsibility.

State trust may also account for the increased emphasis on independence and coping as a way of solving the capacity problem. This is because the National Action Plan for Mental Health, which historically led to the team´s establishment, was issued by the state and described coping and independence as key values. Liv says her impression is that mental health fields all over the country emphasize independence and coping in similar ways as the Mental Health Team. She explains, "If they are to work with mental health, they should have that kind of focus".

The quotation conveys how Norwegian Mental Health Teams are governed by assumptions about the values of coping and independence. Adherence to these assumptions may reflect strong and shared knowledge from professional experiences, or a need to adapt to broader influential ideals ways of thinking. However, it may also

reflect the strong pressure exerted by the state over the municipalities in order to ensure that coping and independence became key values in their mental health services.

The excerpt conveys another strand of universalistic belief as well. It concerns the value of individual autonomy and non-intrusive public services. Belief in the value of autonomy may be the result of state guidelines emphasizing this value. The guidelines may be seen as embedded in a deeply rooted cultural-historic heritage which characterises Norwegian society as a whole. The belief in the value of autonomy is influenced also by this heritage. In the excerpt, the emphasis on human autonomy makes it possible to make economic and humanistic concerns appear reconcilable. The sequence may therefore exemplify how the welfare state´s capacity problem is currently being sought resolved by downplaying public responsibility for human dependency. Given the long-standing tradition in Norway of considering the state as the people´s ally in their struggle for individual autonomy (Trägårdh, 2008; Vike, 2013) this may in turn be seen as a logical path.

There is a widespread tendency to interpret the mental health needs of older people as dependency-related, e.g. resulting from loneliness. In light of this, it is possible to interpret the above excerpt as an example of a type of change in the welfare state that, if carried out in practice, might infringe on older people´s access to Mental Health Team services. To Mental Health Teams who gradually disclaim responsibility for dependency-related needs, it may also gradually emerge as more obvious that older people´s mental health needs fall outside their responsibility. If the consequence is that older people fail to obtain the services to which they are entitled this would also be an example of universalistic belief contributing to universalistic decline.

Universalistic belief shapes resistance

The excerpt also displays signs of resistance to the suggested change in the welfare state. Resistance comes from Bjørg and challenges the view of human beings and mental health needs seen as implicit in a "setting- a- date-for-the end" practice. Universalistic belief also governs the form resistance takes. This becomes apparent in that a concern for legislation is invoked in favour of practices that are more open to dependency-related needs.

Universalistic belief governs what is not mentioned?

After the meeting I talk with Sigrid about her positive view of "setting a date". She explains what she means as follows: "You are totally dependent on having good people around you when you are in a difficult mental health situation. But should we just forget about the role of family and things like that?"

The quotation exemplifies an unvoiced conviction that was implicit in her suggestion during the meeting. The assumption is that dependency-related needs are part of human nature and that in a mental health setting such needs do require attention. Her point is not that human dependency is unreal, but that people with such needs should not be taken care of by professionals in the public sector trained in mental health. An interesting question becomes why this point was omitted in the discussion. One possible interpretation is that in a setting characterised by universalistic belief it is challenging to launch ideas about the responsibility of family and civil society openly.

Leaders´ positions are guided by universalistic belief – and influence the outcome

I also talk with two Mental Health Team leaders after the meeting. Both express a preference for a planning-for-the- end practice. Liv explains, "The more service-users we end our relationship with, the more service-users may receive our help". The statement conveys how belief in the universalistic access-for-all credo shapes a view concerning what tasks can be excluded in a setting of a permanent capacity problem.

The other leader, Sveinlaug, emphasizes that anyone who telephones the team will be put through to someone to talk to. Yet few ring. She says that the fear among some team members about setting an end date is perhaps unfounded. This statement can be seen to reflect ideas about human nature that are recognisable from the universalistic belief system as well. Ideas about humans as autonomous and capable of promoting their rights vis-à-vis public healthcare makes it reasonable to assume that the lack of telephone calls means there is no need.

A few weeks later, the planning-for-the-end suggestion is raised again in a meeting. No one argues against it except for one team member, Elisabeth, who enquires, "But… there has been no agreement on this issue in the team earlier, has there?" However, her question does not elicit an answer.

This final Mental Health Team excerpt displays how the voiced opinions of Sigrid and Renate have gained in prominence at the cost of Bjørg´s. Elisabeth´s telling question reflects the perception of a shift in balance in the team over time. This shift has led to an increased emphasis in Mental Health Team services on human needs for coping and independence. This is at the cost of a formerly stronger emphasis on needs for emotional security associated with a recognition of human dependency. Universalistic belief seems to have steered leaders and team members to draw the conclusion with respect to an increased emphasis on coping and independence.

A universalistic taboo: Blaming the state

The Mental Health Team members treat the prioritization mind-set as their own work and as a deliberate choice, in spite of its overlap with state guidelines. One expression of this can be found at the beginning of this thesis, where Miranda from the Mental Health Team emphatically defends the team´s prioritization practice against criticism from Berit in the Home-Based Services.

The combined overlap with state guidelines and the lack of emphasis on this overlap may have several explanations. It may indicate that national policy documents and mental health professionals have both been characterised by similar ideological currents. The failure to emphasize overlap can perhaps also be attributed to the fact that a significant number of years have now passed since the Action Plan period. Municipal stakeholders involved during the team´s formative years are no longer there and have been replaced by other stakeholders. An example of the impact of inherited patterns is Liv´s response when I ask why the weekly meeting agenda follows a particular pattern. "That was just how it was when I started here", she says. The comment reflects how customary procedure in a workplace, together with its established values, may be rooted in events that, with the passing of time, are forgotten. The state´s original role in making older people a "non-priority group" to the local Mental Health Team, appears increasingly less relevant with the passing of time.

The state´s invisibility to those carrying out its policies is perhaps also a natural result of the type of follow-up work opted for by the state when implementing the National Action Plan. The methods applied were of a kind that inspired, rather than forced, people all over the country to start thinking in similar ways. Thus, the state has exerted power so as to usher in new ideas, while at the same time downplaying the state´s role as an emissary of these ideas. Those exposed to the exertion of power have not perceived themselves to be so strongly governed. Instead, new ideas have taken hold in their environments and emerged to people in these environments as their own personal convictions. An underlying propensity for state trust has strengthened the inclination to pay attention to the Regional Governor´s Action Plan messages. This serves the state´s interests in a dynamic of universalistic retrenchment and avoidance of blame (Rauch, 2008). It ensures non-universalistic outcomes while protecting the national authorities from being associated with responsibility for it.

9.4.　Consequences for older people with mental health problems

This chapter has described two aspects of the Mental Health Team´s practice that contribute to more limited access to mental health services for older people.

One concerns the team´s use of the pre-application stage to restrict access to "non-priority groups". This leads the Mental Health Team to communicate with professionals in other municipal agencies in ways that discourage potential referrers from informing older people about the Mental Health Team, and from assisting them in applying. Failure among potential referrers in e.g. the Home-Based Services to offer pre-application assistance may indirectly result in age-based inequalities. There are several reasons for this. One is that the Mental Health Team communicates that older people are a non-priority group. A likely consequence is that potential referrers among General Practitioners and elsewhere will offer pre-application assistance more seldom to older people than others.

Another reason is that pre-application assistance may be particularly important in order for older people to obtain their mental health rights on an equal basis with others. This is because pre-application assistance is particularly important for those who are uninformed about their rights and existing services and for those who are ambivalent about receiving what they are entitled to. For various reasons older people with mental health problems may fall into one or more of these categories. This increases the likelihood that they become vulnerable to unequal access to healthcare rights.

A further aspect of the team´s work that leads to more difficult access for older people concerns the prioritization of values like coping, independence and productivity. The prioritization of productive or potentially productive service-users leads to the de-prioritization of older people. Further, a societal setting influenced by ideas about older people as dependent may marginalise older people´s mental health needs from services aiming for independence for service-users. Interpretations of individual older people´s

needs in line with popular prejudices become more likely when constraints of time prevents nuanced understandings of the situation of individuals.

The Mental Health Team´s practice related to older people is the logical outcome of a situation where municipal stakeholders are characterised by trust in the state and other strands of universalistic belief. The state´s guidelines about prioritization of the young and productive - issued as part of the National Action Plan — means that a natural outcome is municipal practices of age-based discrimination. Likewise, the state´s legal guidelines on equal rights, and the state´s failure to check them, account for why non-universalistic practices are sought reconciled with universalistic credos and taboos.

The Mental Health Team´s understanding of their work as not strongly attuned to the state leads the Mental Health Team to accept personal or local responsibility when facing criticism from within the municipality. The tendency to adopt responsibility, and the failure to identify the state, serves a national policy of blame avoidance and universalistic withdrawal. It makes local stakeholders play exactly the part ascribed to them: as scapegoat for unpopular, non-universalistic outcomes. By filling this role they facilitate continued state policies with negative consequences on older people in the mental health field.

9.5. Summary

The Mental Health Team interprets the capacity problem as a permanent state that is likely to deteriorate in the future. This understanding makes prioritization important and leads to an emphasis on values like professional autonomy and the establishment of limits. Older people are considered a non-priority group to the team. Thus, a consequence of the Mental Health Team´s practice is more limited access for old than young to Mental Health Team services.

The Mental Health Team proceeds according to a specific pattern in order to limit (though not prevent) older people´s access. The pattern implies the introduction of a new welfare state principle to municipal practices, namely targeting. The introduction of targeting is founded on belief in the moral value of prioritization. The Mental Health Team practices that occur as a result correspond well with the state´s follow-up work related to the municipalities through inspection of legal obligations as well as follow-up work aligned with the National Action Plan for Mental Health. A result is that the Mental Health Team produces non-universalistic outcomes affecting older people, without challenging key credos and taboos in the universalistic belief system. This means that non-universalistic outcomes elude the gaze of the state. It also means that the Mental Health Team conceals non-universalistic outcomes as a logical result of the state´s work, from others within the municipality. The elusive nature of the way this happens serves a dynamic where national policies of universalistic withdrawal are carried out in parallel with blame avoidance.

10. How welfare state change is produced

This penultimate chapter brings together theory and key findings from earlier chapters. The aim is to account for why a welfare state known to be universalistic produces non-universalistic outcomes.

An underlying key understanding to the analysis is that the findings presented illustrate possible changes in the international welfare states even though it cannot be proved that this is the case. It is an understanding that is open to interpretation. However, I consider this understanding to be sufficiently well-founded to be taken as a starting point for analysis. Statistics indicate a process of international welfare state convergence, which includes the partial liberalization of universal welfare states (Achterberg & Yerkes, 2009, p. 189). For many years, Scandinavian scholars have pointed to universalistic decline in Scandinavia in general. This is all the more pertinent in the case of elderly care (Kildal, 2006; Sunesson et al., 1998; Szebehely & Trydegård, 2012). My study argues that elderly care is currently characterised by violation of the traditional, universalistic ideals of equality and universal coverage. An attempt at explaining this violation without referring to the broader pattern would be tantamount to omitting an essential dimension.

The aim of the following pages is therefore not simply to attribute non-universalistic outcomes in the older people´s mental health field to welfare state change. My intention is to account for why change takes place the way it does— why this particular group experiences the consequences of universalistic decline in these particular ways. The aim is to explain how exactly human beings are driven to bring about changes which in turn bring about outcomes they did not anticipate and that they certainly did not seem to intend.

10.1.   How change happens

Two overlapping perspectives explain how welfare state change results in non-universalistic outcomes in the older people´s mental health field. One perspective emphasizes power differences between state and municipality in the context of a capacity problem. A second perspective accentuates universalistic belief and its impact. The second perspective treats trust in the state as an aspect of universalistic belief. It emphasizes the capacity of beliefs to result in unforeseen outcomes and to undergo change according to specific patterns.

The sequences below provide an account of the way each of the two perspectives explains different aspects of the data. They show how the perspectives overlap: how belief — including trust in the state — fosters power exertion according to specific patterns while engendering changes.

10.2.   Power differences in the setting of a capacity problem

The aim of this thesis is to explain three traits in the mental health field of older people (1. Under-treatment of their mental health problems, 2. Inferior access to that of young people, 3. An increasing tendency to downplay the psychosocial dimensions of care).

The first perspective accentuates the fact that the three traits in the mental health field of older people occur due to power exerted by the state over less powerful municipalities.

The National Action Plan: Solving a dilemma

In conjunction with the National Action Plan for Mental Health it is evident that the national authorities have faced a dilemma:

On the one hand, they had interests in limiting the scope of municipal mental health services. Limiting the scope would prevent exorbitant costs and the need for unpopular national-political decisions about prioritizations or tax increases. Limiting the scope of these services would also make it easier to ensure that high-quality assistance was received by those people in receipt of assistance as a result of the Action Plan.

On the other hand, it was also in the national authorities´ interest to avoid being associated with responsibility for policies with non-universalistic outcomes. The aim of being seen to emerge as universalistic enablers led to policies aimed at reaching all citizens with mental healthcare needs on an equal basis. However, the consequence of universalistic policies could be unpopular increases in tax or re-prioritizations. Alternatively, it could lead to mental services for everyone, but it may be surmised that such services would be of poor quality.

Further, we may picture the need to reconcile the two contradictory interests as providing the national authorities with an interest in exploiting their power over the municipalities. By making the municipalities responsible for policies with a certain non-universalistic element, the state could be seen as a universalistic enabler without paying the price for it.

The above description of a state endeavouring to avoid blame and responsibility is in line with the perspectives of Vike et. al (2002) and Rauch (2008). The authors emphasize the impact of decentralised structures on Scandinavian welfare state practices. Mismatch between economic means and welfare state ambitions may encourage the state to make use of decentralised decision-making to avoid responsibility for unpopular

decisions. By relinquishing responsibility for dilemmas or policy areas to the municipalities, the municipalities end up being blamed for unpopular outcomes.

Important strands of the data presented in foregoing chapters are explicable by considering a perspective emphasizing state power and blame and responsibility avoidance.

The national authorities proceeded, in conjunction with the National Action Plan, in ways that were likely to prompt non-universalistic outcomes affecting older people in the municipalities. In interviews with state representatives, it was claimed that in light of the state´s follow-up work it was not surprising that the municipalities ended up giving low priority to older people. The state signalled to the municipalities that other groups were to be prioritized. The state followed up effectively its own signals to the municipalities in conjunction with the Action Plan. Measures like earmarked grants to economically strained municipalities and inspiring conferences worked in support of the introduction of new practices where older people were not prioritized. These follow-up methods also played down the fact that the municipalities were subject to state governing. A natural consequence was therefore that the state´s messages, including the non-universalistic elements, were integrated into municipal practices and emerged as voluntarily chosen. This can be seen to have served the state´s interests in a dynamic where it avoids blame and responsibility for unpopular decisions.

Legislation as a way of escaping responsibility

Another indicator of a blame and responsibility avoidance dynamic concerns the way the national authorities have handled legislation. In parallel with the Action Plan policies, which were suited to producing non-universalistic outcomes, the national authorities adopted universalistic legislation for the mental health field. Important aspects of this legislation have been, and continue to be, subject to ineffective state inspection work, or to no inspection work at all. The interviews with the Regional Governors indicate that ineffective inspection, or the lack of inspection, is no

coincidence. It is the result, in part, of the state's aim to avoid receiving official knowledge about systematic and, by extension, potentially expensive universalistic transgressions. This strand of the data supports a perspective of blame and responsibility avoidance. It indicates that a key function of universalistic legislation is to preserve the appearance that the national authorities aim to carry out universalism in municipal practices. However, it is also important that the state should avoid too much official knowledge about systematic municipal failures to comply with that legislation.

The power to adopt universalistic legislation is particularly useful since it is generally accepted that legislation embodies the most "true" among the state´s messages. Municipal transgressions of the state´s universalistic messages, as in the mental health field of older people, can therefore be treated as the municipality´s failure. This is so even if it is an outcome of the municipality´s attempts to comply with other state messages: Officially, the legal guidelines represent the state´s intention, which means that, if the Action Plan signals are interpreted differently, the municipalities have misunderstood. The existence of universalistic legislation in addition to ineffective inspection is also part of the dynamic where the state avoids blame for unpopular decisions in the municipalities.

Blame and responsibility avoidance in the municipality

Municipal stakeholders carry out the state´s non-universalistic policies for the mental health field with consequences for older people. Their interpretations often conform to a pattern where the state seeks to avoid blame and responsibility.

The local Mental Health Team see and treat their non-universalistic practices as their own choice and responsibility, in spite of the overlap of these practices with the state´s signals. When communicating with other municipal stakeholders, Mental Health Team stakeholders defend older people´s poorer access— with reference not to state policies — but to ethics and personal convictions. The Home-Based Services and the Service Office, for their part, blame the local Mental Health Team rather than the state for older

people´s unequal access to rights-based services. Mutual blaming within the municipality continuously reproduces the impression of local responsibility and local blame, thereby reinforcing even further the impression that the state´s responsibility is marginal. The pattern of mutual blaming is also supported by a general tendency for the relationship between street-level bureaucrats (in this case the Home-Based Services and the Mental Health Team) and managers (in the case the Service Office) to be inherently conflictual due to disagreement about autonomy (Lipsky, 2010).

One consequence of the blame avoidance pattern is that older people with mental health problems are prevented from equal access to mental health services generally, and also from access to rights-based mental health services such as access to conversations about existential questions. This comes about as a result of state policies, but it is interpreted and treated as a local phenomenon.

Gender relations support the state´s power exertion

A gendered division of responsibility also supports the blame avoidance pattern. This is one where the municipality deals with the capacity problem by ascribing the economic, administrative and discourse-related responsibility mainly to men, and by separating it from the responsibility for meetings with service-users. The latter responsibility is handled mainly by women (Vike et al., 2002, pp. 13, 65-71).

An expression of this pattern in the municipality concerns how lower-level professionals, who are often women, handle their views on healthcare that challenge leadership ideas. A tendency among subordinate female professionals, as in the Home-Based Services, is to see and treat legal administrative decisions as hindrances to the protection of service-users´ mental health needs. A combination of silent resistance and adaptation prevents the systematic documentation of older people´s unmet mental needs in documents like applications, legal administrative decisions, or deviation reports. The failure to exploit these documents for the promotion of older people´s mental health rights means that information about non-universalistic practices within the municipality is effectively

withheld. This withholds from the state official information about the outcomes of national policies. The non-dissemination of information is therefore functional to a dynamic of blame avoidance.

The non-dissemination of information also enables the state to introduce and sustain targeting policies as an approach to solving the capacity problem. The reason is that it makes it easier to base policies on an impression of an inviolate universalism. If universalism is understood as being basically inviolable, then examples of universalistic failure can be considered only to require limited universalistic mending and maintenance. This makes it possible to introduce targeting as complementing universalism rather than as challenging it. This would seem to be the case in the mental health field. The introduction and the subsequent sustaining of national targeting policies have led to poorer access for older people to municipal mental health services.

The gendered pattern has consequences for municipal prioritizations as well. The data presented in earlier chapters indicates that in a pressurized economic situation the municipal leadership will often prioritize tasks defined as rights-based. The leadership´s understanding of what such tasks consist of is, in turn, shaped by the state´s inspection work. Thus, when the Home-Based Services fails to ensure that unmet mental health needs are documented in applications and legal administrative decisions, one result is that the state receives few appeal cases concerning older people´s mental health. This leads the state to treat it as unnecessary to check legal obligations concerning older people´s mental health. Further, lack of state control of municipal compliance with a rights-based obligation prompts the municipal leadership to treat it as not in fact rights-based, and thus to de-prioritize it. Thus, de-prioritization prompts leadership signals to the Home-Based Services with the consequence that older people fail to obtain their mental health-related rights.

10.3.   Beliefs

The second perspective emphasizes that collectively shared universalistic belief has unforeseen consequences in the context of a welfare state capacity problem. Important strands of the data indicate that the emergence of non-universalistic outcomes with consequences for older people in the mental health field, is one result of this impact of beliefs:

In line with E.N Anderson (1996), we can see beliefs as assumptions into which people have invested emotions. Beliefs are capable of nourishing collective patterns of action whose outcomes often differ from those intended. My own view of belief is in keeping with Barth´s (1989) perspective on how people act when they replace old beliefs with new ones. In the sequences below, I use the term "universalistic belief" to refer to a set of collectively shared assumptions about a Norwegian welfare state which is assumed to be universalistic. Decision-makers at both a municipal and state level are characterised by this set of assumptions, as well as their relationship with voters and the media.

Below, I present seven assumptions that are key to this universalistic belief system. I describe how these contribute to non-universalistic outcomes with consequences for older people with mental health problems. I also describe how the seven assumptions are playing roles in the process whereby the Norwegian welfare state replaces old, universalistic beliefs with new beliefs.

1) Rights for all citizens is primordial

Universal citizens´ rights as a means for social protection is, according to the welfare state literature, a key principle to welfare state universalism (Anttonen, Haiikö, et al., 2012; Anttonen, Häikiö, et al., 2012, p. 5). This is also a principle that occupies an important position in the patterns of belief and action that engender non-universalistic outcomes in the mental health field of older people.

The capacity problem makes it appear necessary for decision-makers at both state and municipal level to exclude non rights-based tasks from public responsibility. Collective awareness of resource scarcity and a collectively shared aim of ensuring everyone´s healthcare rights, prompts a collective search for non rights-based tasks. Identifying non rights-based tasks can be cost-effective since it is legitimate to exclude them from public responsibility. Approaching the capacity problem this way assists diversely positioned welfare state stakeholders in continuing to see their work as consonant with universalism. This is exemplified in the way local politicians argue that the Home-Based Services must not sit down to talk to older service-users because instead, people´s rights should be prioritized.

Older people´s mental health problems are more likely than other health problems to be defined as non rights-based. There are various reasons for this, including popular prejudices, grey areas and the fact that older people with mental health problems are perhaps less inclined to act in accordance with the expectations to the role as rights holders. This enables the Regional Governors to treat legal obligations about older people´s mental health as less important than other legal obligations, and as subject to inferior check, if any. The failure to check enables the municipality to see older people´s mental health needs as non rights-based and thus, to omit prioritizing them. Both at state level and in the municipality, stakeholders are driven to act as they do in pursuit of their aim of carrying out universalism in spite of the obstacles represented by economic austerity.

Belief in citizens´ rights motivates Service Office professionals to simulate an appearance of universalism for the municipality, through the production of legal administrative decisions. It also motivates the Service Office to adopt the role as a local scapegoat for the capacity problem.

Universalistic belief motivates Regional Governors to create the appearance of a state as an uncompromising guardian of universalism, as when individual cases are processed strictly in accordance with legal requirements. The appearance is created in parallel with the Regional Governor´s partially intentional failure to detect systematic patterns of potentially expensive universalistic transgressions. It is for example rarely checked if the municipalities comply with the Warranty for Dignity. Thus, belief in all citizens´ rights can be seen to nourish a tendency among municipal and state stakeholders alike, to produce societal appearance of universalism. The universalistic appearance makes the position of older people in the mental health field appear to be a tolerable exception to a general rule. As a tolerable exception, it appears legitimate for stakeholders in both the state and municipality to endorse its perpetuation or strengthening.

2) Equality is an obligation

Another pervasive idea about universalism is that it contributes to equality (Anttonen, Haiikö, et al., 2012, p. 7). Equality is seen as an obligation in realising Norwegian welfare state practices. In a setting where the welfare state experiences a capacity problem, this belief also has unforeseen consequences and leads to the current position of older people in the mental health field:

Since the unequal treatment of people based on criteria such as age or race is taboo according to the belief system, any inequality that is introduced must be seen as justified. That is, it must be considered to be crucial to prioritize in such ways that it becomes possible to convince oneself and one's immediate entourage that any inequality results from different healthcare needs. Older people´s mental health problems are easily categorised as different from other people´s mental health needs, given the widespread tendency to associate these with loneliness. This makes older people a natural target for unequal treatment in attempts to economise without challenging universalistic belief.

3) Universalism is intact in Norway

The idea that Scandinavia, and thus Norway, is characterised by a universalistic welfare model with mainly positive outcomes, is very popular in the Nordic countries (Anttonen & Sipila, 2012, pp. 34-36). Although there are few empirical studies of universalism in a social service setting (Rauch, 2007), researchers have taken it for granted that Scandinavian social services were universalistic.

A belief amongst diversely positioned people, including researchers, that universalism is an aim already achieved in Norway, may have consequences. It may enable national politicians to convince themselves and their voters that targeting policies, which are less expensive than universalistic ones, do not pose threats to universalistic practices. Given the understanding of an achieved universalism, it becomes reasonable to focus policies on certain groups above others. This can be seen as a way of mending and maintaining universalism. The National Action Plan, with its negative consequences for older people, appears to be a case in point.

Another consequence of belief in universalism as an obtained state of affairs concerns the state´s legal checking work. If we assume that Norway is characterised by stable universalistic practices which are intact, it is likely to affect the Regional Governor´s checking work. Such assumptions may make it reasonable for the Regional Governors to spend their resources on the meticulous processing of individual appeal cases but to avoid a too "intrusive" approach related to the municipalities. This is the approach that is indicated by the data about the Regional Governors presented in this thesis.

However, if the general situation is one of systematic universalistic transgressions or decline, then meticulous checking of individual cases (which seems to be a dominant pattern) may serve contrary functions. It may mitigate the impact of the systematic universalistic transgressions, and may make the systematic transgression emerge as unimportant or exceptional. This means that checking work ends up serving as a catalyst

for universalistic decline. It is possibly the results of this development that older people with mental health problems are now experiencing.

Likewise, when municipal stakeholders experience the non-universalistic results of state policies, belief in an obtained universalism enables them to see the results as exceptions. Alternatively, they may be seen as less important given that the state´s actual intention is to realise universalism. Thus, it emerges natural for the Service Office to handle Mental Health Team violations of the universalistic access-for-all precept by providing substitute services in individual cases about older people. What we see here is not so much an expression of a powerful agent that deliberately seeks to make the less powerful implement an unpopular decision. It appears rather like an example of mutual adaptation to a demanding situation exacerbated by limited resources. Adaptation takes place through information processing shaped by mutually shared beliefs. This is in line with Anderson´s perspective on how beliefs influence information processing and this in turn sometimes results in unforeseen outcomes (Anderson, 1996).

4) Universalism requires prioritizing productivity

A traditional understanding of universalism involves not making citizens´ rights to social security dependent on their labour market position (Andersson & Kangas, 2005, p. 112). In parallel, however, universalistic practices are also considered to depend on full participation in the labour market (Kildal, 2006).

The issue of whether or not universalism permits unequal treatment based on labour market participation, is still not clarified. The lack of clarification is also reflected in the data in the previous chapters. On the one hand, the Mental Health Team´s practices de-prioritize older people due in part to a concern for prioritizing productivity. The state´s National Action Plan policies also reflected a tendency to prioritize groups associated with productivity. On the other hand, the reference to productivity is never explicit, and it is only at a pre-application stage that it is considered legitimate to offer differential treatment based on productivity concerns. This becomes apparent in the information

strategy presented as part of the National Action Plan for Mental Health. The information strategy document established, without giving reasons why, that teenagers, children and employed people should receive particularly high quality information on mental health rights. The reason why targeting was introduced as acceptable in providing information may be that it gives the impression of a "soft" and thus acceptable kind of discrimination. This may, in turn, appear legitimate in the universalistic belief system, given the lack of clarification of the labour market performance issue.

5) Targeting to the economically poorest is not acceptable

The previous chapters indicate that old people are de-prioritized due to their non-productive status. It is no coincidence that a group of non-productive people, in contrast to e.g. the economically most privileged, are de-prioritized in a situation of limited financial resources.

According to the literature on the welfare state, targeting policies intended to reach primarily the economically worst-off within a particular community is the opposite of universalism (Kildal, 2006, p. 2). Norwegian welfare state practices reflect this understanding in that the capacity problem is unlikely to prompt targeting policies aimed at the economically poorest sectors of society. That would have been perceived as taboo to the universalistic belief system. Although targeting services aimed at productive people is not entirely legitimate either, it is to some extent acceptable, given the collective awareness of universalism´s dependency on productivity.

6) Universalism promotes individual autonomy

The literature describes individual autonomy as one of the key favourable outcomes of universalism. It is taken for granted that universalism prevents stigmatization and intrusive enquires into people´s private lives (Sefton, 2008, p. 612). Instead of intrusiveness, it is believed that the state´s role is to enable people to pursue their own ideas of a good life, to be autonomous and command respect (Häikiö & Hvinden, 2012,

p. 74; Rothstein, 1998, p. 157; Trägårdh, 2008). Nordic egalitarianism has even been described as a by-product of the deeper cultural value of autonomy (Vike, 2013).[32]

This understanding portrays human dependency as highly undesirable. It is recommended for public services to avoid seeing or treating individuals as dependent. Public services are recommended to respect and promote people´s independence, rather than their dependence. This strand of universalistic belief may have consequences for older people´s access to mental health services in a setting where issues of tight budgeting are on the agenda:

It fosters the expectation that the basic needs of all citizens are protected in a system where the state or municipality distance themselves from them at a pre-application stage. Since it is assumed that people know their own needs and are capable of acting as autonomous rights holders, public interference should be avoided until people have submitted an application.

As I have shown in previous chapters, this belief tacitly plays down the fact that healthcare needs may be surrounded by ambivalence for the people who experience the needs. It de-emphasizes the fact that people may lack information about their rights and opportunities, and that not everyone is equally inclined to demand what he or she needs. Thus, it also de-emphasizes the need for pre-application assistance. A possible repercussion of this strand of universalistic belief is that people who need pre-application assistance to obtain a right will often not obtain their right.

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[32] Universalism can be seen as an expression of Nordic egalitarianism.

A tendency to act in accordance with such an understanding is apparent in the data. The data also indicates that there are consequences for the inferior position of older people in the mental health field:

The state´s checking of universalistic obligations focuses on the stage after the adoption of legal administrative decisions. An implication is that information about mechanisms at a pre-application stage that result in non-universalistic outcomes, is unlikely to reach the state. In the Mental Health Team, as well as at the Service Office, the pre-application stage is dealt with in ways that prevent too many older people from applying for mental health assistance. The Mental Health Team communicates to potential referrers that the status of older people regarding their services is "not prioritized", whereas the Service Office neglects to inform Home-Based service-users about their right for conversations about existential question. A consequence of these messages and omissions is that they discourage a number of older people´s applications for mental health services. Even though, once again, a consequence could be that older people are deprived of rights-based services, the messages and omissions appear to be tolerable. The reason is that rather than appearing to result from deliberate attempts at discrimination, it appears to result from belief in the state as a non-intrusive enabler of autonomy.

Belief in individual autonomy also has other consequences for older people´s access to mental health services. One is related to the amount of time necessary to discover a need for mental health assistance. Since more time is often needed to discover a mental health need than other healthcare needs, pre-application assistance is particularly important in a mental health setting. People are not always inclined to talk openly and directly about them, nor to associate them with the idea of rights. Someone with a mental health problem may be uncertain as to whether he or she is struggling with a mental health need or a social need. Such conditions may make it particularly unlikely that people with mental health problems will act in accordance with the implicit expectations which universalistic belief has to the citizen: namely, to hand in a written

application in order to obtain a right, and then to appeal if failing to receive that to which one is entitled. For various reasons many older people with mental health problems may not necessarily fit with this expectation.

The tendency to interpret signs of mental health problems in older people as dependency enables cost containment. When coupled with beliefs about the state´s role as a promoter of autonomy, it will be possible to see and treat older people´s mental health problems as being beyond public responsibility. This may indirectly contribute to more limited access to mental health services for older people.

7) The state is a trustworthy bearer of universalism

A final strand of universalistic belief is that the state is capable of, and willing to, realise universalistic welfare (Vike et al., 2002). This strand of universalistic belief is apparent in the data as an inclination among various municipal stakeholders to adapt without precautions to the state´s guidelines. In line with Grimen (2009), acting with little precaution is equated with acting trustfully.

Trust in the state becomes apparent in that the political and administrative leadership in the municipality acts in accordance with an understanding that the capacity problem is their responsibility. This is sometimes the case in spite of the leadership´s perceptions to the contrary. State trust also becomes apparent in the Service Office´s treatment of legislation and Regional Governor signals as expressions of the state´s will and capacity for realising universalism. State trust makes the Service Office ready to accept the tough role as a local scapegoat for the capacity problem. In the Mental Health Team and the Home-Based Services state trust prevents actions based on recognition of the state´s role in imposing insoluble dilemmas on the municipality. Given that these dilemmas are experienced as real, the Home-Based Services and the Mental Health Team blame the Service Office for its failure to ensure coherency between legal obligations and resources. Finally, failure to recognize the state´s role fosters an inclination on the part of the Mental Health Team to adopt responsibility

and blame for the non-universalistic outcomes produced in line with the state´s signals. The intra-municipal tensions emerging from joint attempts to handle the capacity problem without distrusting the state, strengthens the perception of the state´s marginal role.

Trust in the state among municipal stakeholders results from a belief in its capacity and resolution to realise universalism. Thus, it is particularly likely that attention will be payed to welfare state guidelines from the state. Adaptation to these signals is likely both because of the prevalent notion of the state as benevolent and because universalistic belief is already an integrated part of local work cultures and cherished by many people. State signals framed as universalistic messages, or as consonant with universalistic belief, are therefore easily absorbed and integrated as a natural part of municipal practice. Since decision-makers at state level are characterised by the same universalistic beliefs as municipal stakeholders, they are inclined to adapt their signals so as to emerge consonant with universalistic belief.

Thus, when the state announces that the municipalities should prioritize young people, and that coping and independence are key values, the municipalities act accordingly. They do so both because they trust the state and because the message is sufficiently digestible from the perspective of universalistic belief. Further, when the national authorities adopt woolly legislation partly as a compensation for more intricate and therefore expensive measures, the Service Office acts upon it in line with a deep commitment to universalistic values. When the state instructs the municipalities to emphasize legal administrative decisions, this engenders legal administrative decision-centred municipal practices in line with shared beliefs in the value of citizens´ rights. The state´s failure to follow up the pre-application stage finds a counterpart in a tendency on the part of the municipality to de-emphasize pre-application assistance. The state´s failure to check the Warranty for Dignity finds a counterpart in the failure of the municipality to prioritize conversations about existential questions in the Home-Based Services.

A strained municipal economy increases the impact of state trust on municipal practices, while money problems reduce the scope for autonomous local manoeuvring. Municipal adaptation to state signals leads older people into being subject to unequal treatment and failing to obtain their mental health rights. This is a non-universalistic outcome resulting from systematic patterns - but an outcome that is not necessarily deliberately intended by neither the municipality nor the state.

Trust, power and belief

The foregoing chapters show that many municipal stakeholders consider it important to see their work as consonant with universalistic belief. Their practices are governed by implicit trust in the state´s capacity and determination to assist the municipality in realising universalism. However, by acting in accordance with state trust, the municipal agents nevertheless end up engendering non-universalistic outcomes.

This apparent paradox may be understood with reference to Harald Grimen (2009). He describes trust as acting with few precautions when assigning something of significance to someone else´s care and discretionary power. The agent handing over something important to someone else expects the other party to abstain from harming one´s interests and that he or she is competent at and capable of safeguarding the interests in question (Grimen, 2009, p. 20). In line with this understanding, municipal stakeholders can be seen as stewards of universalistic belief, which makes it important for them to conduct their work in accordance with universalistic belief. Municipal stakeholders relinquish discretionary power to the state regarding instructions as to how to proceed in order to obtain practices that are consonant with the belief. That the resulting adaptation to state guidelines fails to produce universalistic outcomes, is a result of the state´s failure to abstain from harming the municipality´s interests. Such a failure means a dynamic of blame and responsibility avoidance. In turn, this may result from a situation where the state no longer complies with the expectation that it

is capable of safeguarding universalistic practices. A lack of universalistic capability could result from awareness at a national policy level that universalism would require tax increases and thus prevent re-election.

The existence of a pattern where state trust engenders the non-universalistic outcome is explicable with reference to another of Grimen´s points, namely that power thrives on trust, and that this makes the recipients of trust vulnerable (Grimen, 2009, p. 51). The reason is that trust facilitates not only benevolent but also malicious power exertion (Grimen, 2009, p. 53).

Similarly, we may see municipal trust in the state as a universalistic enabler to have been developed in times of universalistic expansion. If we see trust as belief, such an understanding is consonant with Anderson´s (1996) view of beliefs as having developed as a result of human beings´ collective adaptation to experience. Further, an understanding that non-universalistic outcomes in times of retrenchment follow from beliefs developed in times of universalistic expansion, resonates with a point from Rauch (2008). This is that conditions favourable to universalistic practices in times of growth may differ from those favouring them under retrenchment.

A problem emerges when applying terms like "benign", "malignant", "exploitation" and "vulnerability" to my data. Indirectly, these terms convey an impression of a state that deliberately exploits municipal trust in the state as a bearer of universalism. My data does not indicate that agents at regional state level are operating as such deliberate exploiters. The situation is rather that, just like in the case of the municipal stakeholders, people at regional state level are also motivated by universalistic belief to adapt to the capacity problem in specific ways. The Regional Governors describe how their failure to check certain legal clauses of relevance to older people´s mental health results primarily from a concern to elicit for trust from the municipalities. This description is in line with Grimen´s point in response to Russell Hardin´s allegation that power imbalances adversely affect the possibilities for trust, and that trust in the state is therefore impossible. Grimen argues that that the impact of power imbalances in a

relationship established through trust may be mitigated if the recipient of trust is motivated to continuing the relationship (Grimen, 2009, p. 52). In addition, the trust granter may be in control of something that is of importance to the trust recipient in other areas. This makes the relation more balanced (Grimen, 2009, p. 54).

This is interesting given that the data indicates that universalistic belief characterises not only people in the municipality but also actors at state level. This applies to the Regional Governors´ follow-up work. Further, the Regional Governors´ descriptions of the use made by national politicians of universalistic legislation for legitimising purposes, point to the significance of universalistic belief to the work of national politicians as well. National politicians may in turn be attuned to universalistic belief among their voters, leading to a design of national policies that makes it appear consonant with such a belief. Such attuning to popular belief in universalism could, in given contexts, have a negative impact on their chances of being re-elected.

Universalistic belief makes it important for stakeholders at state level to maintain the image of the state as a universalistic enabler. The interest in maintaining this image explains important aspects of the dynamic that leads the national authorities to delegate responsibility for the capacity problem to the municipalities.

Grimen´s point indicates that the state´s interest in maintaining the image as a universalistic enabler provides the municipality with a basis to exert counter-power. The municipality has information about non-universalistic outcomes resulting from state policies. A gendered division of responsibility combined with a heritage of strong inclination for state trust serves currently to encapsulate this information within the municipality. However, its very existence potentially jeopardises the state´s interest in being seen as a universalistic enabler. The municipality could harm the state´s interest in being seen as a universalistic enabler if the information were approached differently by the municipality. The municipality´s current failure to make this information official, is one reason why policies with non-universalistic outcomes become possible, such as those negatively affecting older people with mental health problems.

This thesis has mentioned a few examples of fractures in an otherwise resilient inclination for municipal trust in the state. Some discuss measures ostensibly aimed at restoring trust in the state represented by the Regional Governor in the light of the experience that different Regional Governors safeguard different practices. These data highlight Grimen´s point on how — when people assume that the inner control arrangements of an institution work — trust in institutions comes about. Institutionalized distrust is a precondition for generalised trust, and effective control or checking is a precondition for institutionalized distrust (Grimen, 2009, pp. 112-113). It also highlights how belief - and trust as a dimension of belief – is not static. In line with Anderson (1996), beliefs develop as a result of collective human experiences. Even if the impact of experience on beliefs may go beyond that, inasmuch as long-standing beliefs continue to steer patterns of action regardless of changed circumstances, these are not set in stone. Therefore, if people experience on multiple occasions that the national authorities no longer can, or are willing to, realise universalistic welfare, then this aspect of state trust will shrink.

Changing beliefs

The data has displayed a dynamic of gradually changing welfare state beliefs and the impact of such a dynamic. The state´s representatives at the Regional Governors´ offices acted as ritual leaders in charge of Norwegian welfare state belief in conjunction with the National Action Plan for Mental Health. They introduced a new worldview by transmitting and gradually modifying the pre-existing universalistic rites marking Norwegian welfare state stakeholders. By so doing, they have adopted ideas about targeting from institutions in neighbouring countries. In the case of the Regional Governors, these neighbouring countries may be liberal welfare states of, for example, the UK and the US. In line with Barth (1989) , the Norwegian ritual leaders have ensured that rites from neighbouring welfare states were adopted in addition to, not as a

substitute for, their own rites. In line with this, targeting was introduced as a way of strengthening universalism rather than as a way of abandoning it.

Barth describes how it is perceived as legitimate to try out new cults and their efficiency as long as they do not "make gross violence to taboos and rules which are regarded as constitutive to the practice of already established rites" (F. Barth, 1989, p. 54). This appears to be reflected in the way targeting was gradually introduced for purposes which were originally considered illegitimate within a universalistic framework. This did not come about through the violation of universalistic taboos, such as the one concerning targeting for economic reasons, or the taboo of deliberately promoting inequality or depriving older people of rights. Rather, targeting was introduced in such a way as to appear to be tolerable, or at least not completely hostile to, universalistic belief. Older people with mental health problems have poorer access to rights-based services because the Norwegian belief system is currently allowing this to take place with this very group in particular.

10.4.   Concluding remarks

The mental health field of older people illustrates a pattern of profound change which is probably embedded in processes of international welfare state convergence. The data I have presented in this thesis indicates that universalistic belief serves as a catalyst for the change, and also has an impact on how it happens. Power differences between state and municipality, and a gendered division of responsibility, prepare for non-universalistic policies and serve to sustain their results.

That municipal practices may be characterised by a profound change in the welfare state, which is leading to the decline in universalism, may have implications for further research. Moreover, it goes without saying that there are implications for welfare state policies and practices:

As far as research is concerned, change and universalistic decline may indicate a need for further and ongoing investigation into how new welfare state fields are affected by change with the passing of time. It may also indicate a need for studies of other municipalities and a variety of state levels, since the present thesis has focused primarily on one municipality and one segment of the regional state. Further, there is a need to supplement the findings presented in this case from the municipal and regional state level with knowledge about beliefs and patterns of action at a central state level. Finally, there is also a need for research into how international contact between decision-makers at a central state level influence policy choices and how these are adopted in local belief systems, as indicated by Barth´s perspective on the way new worldviews develop through contact with neighbouring groups.

For welfare state practices, the study points to a need for decision-makers to take into account the power of universalistic belief. Beliefs sometimes engender different outcomes from those originally intended, and this raises an important political question of how the power of universalistic belief should be channelled in Norway:

Universalism has been described as providing solutions to many of the most important future challenges in Norwegian society. The time may therefore be ripe to ponder more deeply whether the present function of universalistic belief leading to unintended universalistic decline should be rectified or not. If yes, then decision-makers in the state and municipality may need to reformulate their patterns of action with respect to the capacity problem.

However, universalism is no recipe for humanism. German Nazis employed universalistic arguments in the 1930s and 1940s to justify welfare policies whereby all Germans were to be included and equally treated – except for dependent or malign people: The purpose of the common good justified the elimination of dependent or malign persons (Anttonen, Haiikö, et al., 2012, p. 20). Without drawing this too far, it should be noted that some strands of Norwegian universalistic belief described in this thesis resonates with the Nazi version. It is a tendency to de-emphasize human dependency while prioritizing welfare for citizens who are able to cope. Likewise those citizens who are independent are considered commendable for investment in productivity. It is possible that the backdrop to this is that only limited research exists about universalism in a social service setting. Thus, a key challenge in years to come is to endorse debate and research about universalism´s relationship with human dependency.

11. Welfare state change and person-centeredness

This thesis is submitted as part of a PhD programme for Person-centered healthcare (PCC). The aim of the final chapter is to highlight the relevance of the analysis to research into person-centeredness (PCC). The chapter is structured as follows:

Firstly, it discusses the establishment of a Norwegian action research project and a PhD programme about PCC, in light of the indicators in my data on welfare state convergence. In this connection, I argue in favour of a dual approach for researchers and professionals with respect to situations where healthcare ideals developed in one welfare state context are introduced to another welfare state setting. Secondly, I touch upon the term PCC. Thirdly, the chapter is largely focused on a discussion, in line with the suggested, dual approach, of whether my findings indicate a need to pay greater attention to PCC values and if so, how.

11.1. On welfare state change and PCC

The very first field excerpt in this thesis was taken from a seminar arranged as part of the action research project of which my PhD project has been part. One of the chief aims of the seminar was to initiate discussion amongst municipal stakeholders on how healthcare services for older people with mental health problems could become more person-centered. This situation was thought-provoking and a number of questions were raised, both by the British project manager and the Norwegian participants. These concerned how different welfare settings are characterised by different approaches to social protection. Reference was also made to the inadequacies in Norwegian welfare state practices. Finally, there were questions on the validity and possibility of rectifying the current inadequacies, without challenging the enshrined Norwegian beliefs about welfare policy.

The empirical findings and theoretical contributions presented in this thesis indicate that the excerpt illustrates how welfare state convergence plays out locally. A healthcare framework developed in response to a liberal welfare state context, namely the British, is introduced in response to weaknesses in a universalistic welfare state context. It is possible to consider the establishment in Norway of a PhD programme in Person-centered Healthcare, in a similar light. In Fredrik Barth´s (1989) terminology, the action research project and the PhD programme express how contact between neighbouring groups leads a people to adopt new cults.

The excerpt also illustrates a dual approach among people confronted with a cult from a neighbouring group. On the one hand, one participant asks, "Do you <u>believe</u> in this?" This reflects doubt about universalism´s capacity to safeguard older people´s mental health needs in this municipality. Thus, we can call this approach one of self-critique. On the other hand, some participants go on to suggest substituting the traditional Norwegian way of handling welfare, with other methods. The suggested methods should include a greater focus on voluntary work and family assistance as well as targeting healthcare to certain groups. These are elements recognisable from liberal welfare state regimes, but originally unfamiliar to the universalistic welfare model. Thus, we can think of this second approach as one that implies adoption.

The data included in this thesis highlight how unforeseen consequences may follow from the second approach. The National Action Plan for Mental Health may be seen as an attempt to remedy weaknesses in the Norwegian policy through the adoption of cults from neighbouring peoples. One of the short-term consequences has been weak social protection for older people with mental health problems. A long-term consequence may be that Norwegian welfare state stakeholders get used to the very idea of excluding groups from public welfare, which results in inferior social protection for new groups. My data indicates that the substitution of old beliefs with new ones is a subtle process. It is hard to recognize this process as exemplifying profound change, given that new beliefs are grafted onto the old ones.

One interpretation in line with this perspective is that welfare state convergence should give rise to caution when it comes to adopting the cults of other welfare state contexts. Convergence may enable societies to recognize weaknesses in their traditional cults, which may lead to improvements. Improvements may come from the adoption of cults from neighbouring peoples. However it is also possible that indiscriminate adoption may lead to erosion of traditional methods for social protection, whereas the new cults fail to take root or prompt improvements.

What this line of reasoning suggests is that a dual approach may be fruitful in relation to situations where a society´s entrenched beliefs converge with beliefs developed in another society. On the one hand, it could lead to self-critique. On the other hand, it could lead to reflection on whether or not the solutions suggested by the other´s belief system are likely to remedy the weaknesses that have come to light. In line with this approach, the sections below will discuss how some of the values described in the literature as key to the PCC tradition fit with my analysis. A premise to the discussion is that PCC has led to self-critique regarding the way Norwegian universalism safeguards older people´s mental health needs.

11.2.   What is PCC?

PCC is just one of several terms figuring in the academic literature in descriptions of approaches to care. These approaches resemble each other and are underpinned by similar philosophies. They are personalized approaches, tailored to meet the individual preferences and needs of each care recipient (Edvardsson & Innes, 2010, p. 835).

The term "person-centered healthcare" (PCC) is one of these terms. PCC occupies a strong tradition in nursing and is fundamental to several nursing models and theories (Dewing, 2008, p. 3). In recent years it has gained ground internationally. Occupying a key position in health research literature and professional discussions on health and care practices, it also figures in the national health and care policy documents of some

countries (Department of Health, 2001; B. McCormack, Karlsson, Dewing, & Lerdal, 2010, p. 620; Morgan & Yoder, 2012, p. 6).

A summary of some common aspects of PCC as the literature describes it, mentions the following elements:

> "striving to maintain personhood in spite of declining cognitive ability; collecting and using personal experiences of life and relationships to individualize care and the environment; creating a positive social environment; prioritizing relationships as much as care tasks; striving to see behaviour from the person´s point of view; involving family members in care and offering shared decision-making" (Sjögren, Lindkvist, Sandman, Zingmark, & Edvardsson, 2012, p. 406).

Brendan McCormack and Tanya McCance (2010) emphasize four dimensions to which attention should be paid in order for person-centeredness to feature prominently in practice. These are "being in relation", being with self", "being in social context" and "being in place" (Brendan McCormack & McCance, 2010, pp. 26-30).

Below, I discuss how key values from the PCC literature relate to key findings presented in this thesis.

11.3.   Personhood

Fundamental to PCC as described in the literature is the idea of personhood. One of the key notions is that human beings must be treated as ends in themselves rather than as means to another´s end (Brendan McCormack, 2004). Tom Kitwood defines "personhood" as "a standing or status that is bestowed upon one human being, by others, in the context of relationship and social being. It implies recognition, respect and trust" (Kitwood, 1997, p. 8).

The findings in this thesis indicate that the capacity of the Norwegian welfare state to safeguard this value is weak. There is a tendency for housebound older people with mental health problems not to receive the assistance they need. The background is a dynamic where state stakeholders on various levels delegate responsibility for a capacity problem to staff lower down the welfare state hierarchy. The actions of the participants is based on universalistic belief in this connection. Older people with mental health problems experience the consequences of the collective attempts to maintain universalistic belief in a setting of a capacity problem.

Thus, it is possible from a PCC vantage point to consider the way the Norwegian welfare state treats older people with mental health problems as a means to the end of retaining universalistic belief. This implies violation of the PCC value of personhood.

11.4.   Empowerment

The PCC literature highlights the significance of values like respect and empowerment (Morgan & Yoder, 2012; Sjögren et al., 2012). One of the influential ideas in the literature is that persons should, less than is the case now, be regarded and treated as bearers of a disease (Edvardsson & Innes, 2010; Entwistle & Watt, 2013; Kitwood, 1997, p. 7). Some authors argue that there is a danger that professionals and their control needs stand in the way for the empowerment of the person or patient (Brendan McCormack, Roberts, Meyer, Morgan, & Boscart, 2012; Mead & Bower, 2000).

My findings indicate that ideas about the need to empower the individual in the face of dangers of excessively intrusive public professionals influence the older people´s mental health field. Ideas about the value of coping, independence and the capacity for codetermination and agency are important to national policy documents and municipal practices. The strong emphasis on these values seems to have been accompanied by a policy in which the targeting of healthcare to the productive or potentially productive, while disfavouring older people, has been the priority. Ideas about the individual's ability to cope and excessively intrusive professionals would appear to legitimize an

approach at the pre-application stage that prompt poor access to services for certain groups. Older people with mental health problems are among such groups.

Thus, there may be societal contexts where, in terms of personhood, the accentuation of empowerment may have its pitfalls. The data indicates that the current Norwegian mental health field represents one such context. The position of older people is arguably worsened by a strengthened emphasis on empowerment.

11.5.   Individualization

Morgan and Yoder define individualization in terms of understanding a person´s situation, including his or her ability or desire to make decisions and take control of his or her care (Morgan and Yoder 2012). The findings of this thesis indicate that a concern for the personhood of older people with mental health problem demands a greater emphasis on this PCC value. One consequence of attempts of decision-makers to reduce costs seems to be that signs of mental health problems in one particular older person are interpreted in line with popular prejudices about older people in general.

Thus, the lack of individualization is expressed as a tendency to draw conclusions on the basis of specific examples of older individuals —a tendency which, in turn, indicates that the wish to talk so reflects loneliness. However, this lack is also expressed as a tendency to downplay the importance of those needs which are seen to reflect human dependency and vulnerability. The data indicates that both tendencies are at work in this field, as ways of adapting to a capacity problem. This indicates that a concern for the personhood of housebound older people with mental health problems may require more room for individualization as a PCC value.

11.6.   Commitment to the job

According to McCormack and McCance (2010) one of the prerequisites for person-centered nursing is that nurses are committed to their job. "Commitment to the job" with reference to nurses is defined as "dedication and a sense that the nurse wants to

provide care that is best for the patient" (Brendan McCormack & McCance, 2010, p. 50). McCormack and McCance mention expressions such as "beyond the call of duty", "giving of self", "level of motivation" and "the extra touch" as theme labels that various studies have given to this phenomenon, seen as decisive for person-centered practice (McCormack and McCance 2010: 50). This highlights the value of individual commitment and a willingness to exert one's sense of responsibility to the full for the best possible outcome for service-users.

On the one hand, given a concern for the personhood of older people in the mental health field, this might sound like a PCC value for which there is a need. The interviews with older people and care partners that have informed data collection for this study contain many descriptions of appreciation of, or yearning for, this type of attitude of personal commitment in professionals. On the other hand, however, the data also highlight some reasons for problematizing "commitment to the job" as an ideal. It indicates that this type of attitude may be problematic if it is not combined with another ideal, namely to establish limits, inform officially and formulate demands to those higher up a hierarchy. The data shows that a tendency to emphasize responsibility at lower hierarchic levels, and a willingness to stretch oneself for benevolent ideals, may put personhood at risk. It may end up supporting state policies whose outcome is lowered standards of quality or equality. The personhood of older people with mental health problems appears to be susceptible to such policies.

What the data indicates is therefore that failure to safeguard personhood for this group does not result primarily from the professional reluctance to do a job beyond the call of duty. It is equally possible that it results from striving beyond the call of duty to adapt to the interests of those higher up a hierarchy. Further, it may result from an insufficient inclination to make demands of those higher up, and to inform them about the realities of everyday work.

11.7.   Shared governance

A final ideal which is important in the PCC literature concerns shared decision-making (SDM) or shared governance (SG). SDM and SG are variously described in the PCC literature. Morgan and Yoder emphasize how decisions about care should involve care providers in the decision-making process of leaders. This is seen as a prerequisite for the ability to personalize care (Morgan & Yoder, 2012). Marianne S. Matthias and her colleagues describe SDM as denoting sharing of information, preference and influence in the relation between patient and healthcare provider (Matthias, Salyers, Rollins, & Frankel, 2012, p. 306).

These PCC contributions share an understanding that safeguarding personhood often requires greater scope for decision-making at low hierarchic levels. It is also implicit in this understanding that tight governance of care practices at higher hierarchic levels poses a general threat to personhood. More decentralisation is seen to foster better protection of personhood.

The data describes how some municipal welfare state stakeholders call for increased decentralisation in decision-making. Particularly in the Mental Health Team and the Home-Based Services, there is a call for less governance of their services from the Service Office. However, such requests should not be interpreted as indicators that more decentralisation will lead to better protection of personhood for older people with mental health problems. Part of the background to these calls is an understanding of the capacity problem as permanent, or as likely to deteriorate in the future. In this context, more lower-level power over care decisions reflects a wish to adapt decisions to the financial circumstances of the moment. One consequence of adaptation may be that information about the failure of older people to obtain mental health-related assistance to which they are entitled, is encapsulated in the municipality. Encapsulation of information conceals their nature as universalistic transgressions, and by extension,

their part of deep welfare state change. This information decreases the likelihood that older people´s failure to obtain mental health-related rights will be acted upon. Consequently, there is a risk that uncritical adoption of the ideal of decentralisation may lead to sub-standard quality protection of the mental health needs of older people.

The findings presented in this thesis also indicate that decentralized decision-making structures facilitates universalistic retrenchment. The state´s loose or absent governing of the municipalities when it comes to the legal clauses suited to protecting older people´s mental health needs, is part of this picture. Thus, an ideal of "more decentralisation" may threaten older people´s personhood in a welfare state setting where universalism is the official set up for mental health services for older people.

Thus, the data presented in this thesis does not necessarily indicate that insufficient room for lower level decision-making is the main threat to the personhood of this group. Rather, a unilateral emphasis on the ideal of shared governance, in a universalistic system facing a capacity problem, may counteract protection of personhood.

11.8.   Conclusion and final remarks

Berger and Luckmann describe how societies have symbolic universes that serve to legitimize their institutional orders. Confrontations with alternative symbolic orders will often be perceived as threats to the existing symbolic order. It is often the case that an opportunity for the development of concepts aimed at legitimising one´s own universe is offered when one society meets another, with a different history (Berger & Luckmann, 2000, p. 116).

In keeping with this account, I consider my meeting as a researcher with PCC as one with a healthcare framework developed within the context of welfare states whose history is somewhat different. This highlights a Norwegian symbolic universe that is dominated by ideas associated with the term universalism.

The meeting with PCC has played a key part in this research project in that it has offered an invaluable opportunity for self-critique on behalf of the Norwegian welfare state. It has prompted reflection as to whether the identified threats to personhood in this welfare state indicate the adoption of ideals from the symbolic universe from which PCC stemmed. It is possible to conclude that the practices this study concerns may require an increased emphasis on PCC values such as individualisation and personhood. Whether uncritical attempts at accentuating PCC values like decentralisation, empowerment and commitment to the job would improve the situation for older people with mental health problems remains an open question.

If this study stimulates further reflection and debate on the scope of PCC values in universalistic practices - above all personhood and individualisation - I shall feel grateful.

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Attachments

1. Information to municipal stakeholders about the PhD project

2. Declaration of consent from municipal leaders

3. Request for interviews with Regional Governors

4. Implementation of Norwegian health and care policies (map)

5. The municipality: the Health and Care sector (map)

6. The municipality: political organization (map)

7. The municipality: administrative organization (map)

8. Application form: municipal services

9. Two anonymized legal administrative decisions:

a) About home-based nursing services

b) About Mental Health Team services

<div align="right">Drammen,
23.05.2013</div>

Forskningsprosjektet "Samarbeidende praksiser med eldre hjemmeboende som mottar hjelp fra kommunen"

Informasjon om doktorgradsprosjekt

……. kommune deltar for tiden i et forskningsprosjekt i regi av Høgskolen i Buskerud. Forskningsprosjektet gjelder samarbeid i kommunale tjenester til eldre hjemmeboende med psykiske problemer. Hensikten med prosjektet er å få kunnskap om, og å bidra til å utvikle, tjenestene til denne pasientgruppa. Prosjektet er finansiert av Norges Forskningsråd, og skal etter planen gå over en treårsperiode: fra høsten 2012 til høsten 2015.

Jeg har bakgrunn som statsviter og sosionom, og er ansatt som stipendiat i dette forskningsprosjektet, der jeg skal gjennomføre et eget doktorgradsprosjekt. Dette er tilknyttet universitetet i Ulster, Nord-Irland. Veiledere er professor Brendan McCormack, professor Tanya McCance og førsteamanuensis Astrid Skatvedt.

Temaet for prosjektet mitt er hvordan omsorg til den aktuelle pasientgruppa eldre er organisert: både av…….kommune og av instanser utenfor kommunen. De viktigste datainnsamlingsmetodene jeg vil benytte er deltakende observasjon, dokumentanalyse og fokusgruppeintervju.

Informasjon skal kun brukes i tråd med hensikten med studien. Fokusgruppeintervju vil bli tatt opp på bånd for så å bli skrevet ut på papir. Utskriftene kommer ikke til å inneholde navn, fødselsnummer eller andre direkte gjenkjennbare personopplysninger, og vil bli oppbevart innelåst i skap. Deltakelse i fokusgruppeintervju er frivillig, og deltakere har rett til å trekke tilbake sitt samtykke når som helst. De har også rett til å få tilgang til resultatene av studien.

Med vennlig hilsen

Kristin Briseid

Stipendiat

Høgskolen i Buskerud

Attachment 2

Samtykkeerklæring, ledere: Tilgang til avdelingen for deltakende observasjon

Prosjekttittel

Bærekraft og grenser i personsentrert omsorg: betydningen av organisasjon og økonomi.

Hovedforsker

Brendan McCormack.

- Jeg bekrefter at jeg har mottatt, lest og forstått informasjonsskrivet om den ovennevnte studien, og at jeg har spurt og fått svar på alle spørsmål jeg har stilt.

- Jeg forstår at forskerne vil oppbevare all informasjon og alle data i sikkerhet, og at alt vil bli satt inn på å sikre at mine ansatte ikke kan bli gjenkjent som deltakere i studien (unntatt når noe annet måtte følge av loven), og jeg gir tillatelse til at forskerne kan oppbevare relevante personlige opplysninger.

- Jeg godtar, på vegne av min avdeling, å delta i den ovennevnte studien.

_____   _____   _____

Lederens navn   Signatur   Dato

_____   _____   _____

Navn, innhenter av samtykke   Signatur   Dato

_____   _____   _____

Forskerens navn   Signatur   Dato

Attachment 3

Forespørsel om et kort intervju

Jeg heter Kristin Briseid, og arbeider som doktorgradsstipendiat ved Høgskolen i Buskerud og Vestfold, Fakultet for Helsevitenskap. Doktorgradsprosjektet mitt handler om psykisk helse hos hjemmeboende eldre, og om kommunale helse- og omsorgstjenester i møte med denne tematikken.

Jeg gjennomførte i 2013 et feltarbeid med deltakende observasjon i flere deler av en norsk kommune, for å få innblikk i hvordan kommunen tar beslutninger av relevans for håndteringen av denne problematikken. Nå er jeg i gang med å skrive avhandling basert på funnene fra feltarbeidet.

I arbeidet med datamaterialet har det gradvis blitt tydeligere at avhandlingen «trenger» noe mer utfyllende data om statens oppfølging av kommunenes arbeid med Helse- og omsorgstjenesteloven med forskrifter: Hvilke dokumenter, prosedyrer osv. er i praksis sentrale i tilsyns- og klagesaksbehandlingsarbeidet? Hva følges tett opp/hva følges opp mindre tett osv., og hvorfor.

Jeg henvender meg derfor nå til enkelte embeter for å be om et kort intervju/en samtale med en saksbehandler og/eller leder med ansvar for tilsyn og klagebehandling når det gjelder Helse- og omsorgstjenesteloven. Jeg har selv mangeårig yrkeserfaring fra tilsyns- og klagebehandlingsarbeid ved et annet fylkesmannsembete (riktignok innenfor et annet fagfelt). Jeg tror derfor at jeg har godt grunnlag for å forstå rammene fylkesmennenes arbeid foregår innenfor, og at jeg ikke nødvendigvis trenger noe veldig langt, dyptpløyende intervju. Det jeg trenger, er konkrete beskrivelser av embetenes hverdagspraksis, særlig i møte med kommunenes omsorgstjenester.

Jeg kommer til å anonymisere funn som eventuelt blir tatt med i den endelige avhandlingen.

Jeg ønsker fortrinnsvis å ha gjennomført intervjuene **innen utgangen av oktober 2015.** Det hadde derfor vært fint med et litt raskt svar på om et slikt intervju vil la seg gjennomføre.

På forhånd takk!

Vennlig hilsen Kristin Briseid,

Stipendiat, Høgskolen i Buskerud og Vestfold. tlf 470 20 783 E-post: kristinMB@hbv.no.

IMPLEMENTATION OF NORWEGIAN HEALTH AND CARE POLICIES

THE MINISTRY OF HEALTH (the central state)

THE DIRECTORATE OF HEALTH (the central state)

17 REGIONAL GOVERNORS (the regional state)

428 MUNICIPALITIES

THE MUNICIPALITY: THE HEALTH AND CARE SECTOR

THE TOP ADMINISTRATIVE LEADER

THE SERVICE OFFICE

THE HOME-BASED SERVICES

SERVICES IN INSTITUTIONS

SERVICES FOR DISABLED PERSONS

HEALTH SERVICES (Including mental health team)

SOCIAL BENEFITS

REFUGEE SERVICES

THE MUNICIPALITY: POLITICAL ORGANIZATION

THE MUNICIPAL COUNCIL

THE CONTROL COMMITEE

THE MAYOR AND DEPUTY MAYOR

THE POLITICAL SECRETARIAT

THE COMMITTEE FOR TECHNICAL ISSUES

THE COMMITTEE FOR HEALTH AND CARE

THE CHAIRMANSHIP

THE COMMITTEE FOR EDUCATION AND CULTURE

JOINT COMMITTEE

THE MUNICIPALITY: ADMINISTRATIVE

ORGANIZATION

```
                        ┌─────────────────────┐
                        │    THE ALDERMAN     │
                        └─────────────────────┘
            ┌──────────────────┼──────────────────┐
  ┌───────────────────┐        │        ┌───────────────────┐
  │ THE FINANCIAL     │        │        │ HUMAN RESOURCES   │
  │ MANAGER           │        │        │ MANAGER           │
  └───────────────────┘        │        └───────────────────┘
     ┌─────────────────────────┼─────────────────────────┐
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│ THE TOP          │  │ THE TOP          │  │ THE TOP          │
│ ADMINISTRSTIVE   │  │ ADMINISTRATIE    │  │ ADMINISTRATIVE   │
│ LEADER OF        │  │ LEADER OF        │  │ LEADER OF        │
│ EDUCATION        │  │ TECHNICAL        │  │ HEALTH           │
│ AND CULTURE      │  │ SERVICES         │  │ AND CARE         │
└──────────────────┘  └──────────────────┘  └──────────────────┘
```

Attachment 8

<table>
<tr><td colspan="2">

Registrering *(kun for kommunen)*

Løpenummer:

Dato:

Jour.nr. /

Saksbeh.

</td>
<td>

EGENSØKNAD

for pleie- rehabilitering og omsorgstjenester

</td>
<td>

Etat Helse og Omsorg

</td></tr>
</table>

Vennligst skriv tydelig　　　　　　　　　*Unntatt offentligheten jfr. offentlighetsloven § 5 a*

TJENESTETYPER　　Kryss av for hvilke tjenester det søkes på

Lov om sosiale tjenester	Lov om helsetjenester i kommunen	Ikke lovpålagte tjenester
☐ Praktisk bistand/opplæring(hjemmehjelp, personlig og private gjøremål, brukerstyrt personlig assistent)	☐ Hjemmesykepleie	☐ Trygghetsalarm
☐ Praktisk bistand til personlig stell	☐ Psykiatrisk sykepleie	☐ Dagsenter
☐ Avlastningstiltak	☐ Fysioterapi	– Demente
– Opphold i institusjon	☐ Tidsbegrenset opphold i institusjon *	– Eldre/funksjonshemmede
– Tilskudd til privatavlastning	☐ Langtidsopphold i institusjon *	☐ Mat
– I eget hjem	☐ Dag/Nattopphold	– Varm mat
– Kommunal bolig for barn		– Frokost/kvelds
☐ Støttekontakt	* Se informasjon på baksiden	☐ Aktivitet/Arbeidstilbud til utviklingshemmede
☐ Omsorgslønn		☐ Kommunal transportordning til arbeid
		☐ Hjelpemiddelvurdering
		☐ Ergoterapi

PERSONOPPLYSNINGER

Navn:	Når var du sist hos lege? Dato:
Fødselsnr: (11 siffer)　　**Telefon/mobil tlf:**	**Hvilken fastlege bruker du?**
Gate:	**Evt. annen lege:**
Poststed:	**Når var du sist hos tannhelsepersonell?** Dato:
Sivilstand:　　**E-postadresse:**	**Bor du alene?** Ja ☐　　Nei ☐

Nærmeste pårørende:

Navn:	Slektsforhold:	
Gate:	Telefon privat:	Telefon arbeid:
Post d:	Mobil tlf:	E-postadresse:

BAKGRUNN FOR SØKNADEN:　　Beskrivelse av egen situasjon:

Antall vedlegg: ☐

Jeg samtykker til at det, i henhold til Forvaltningslovens § 17, første ledd, kan innhentes opplysninger om meg som er nødvendige for behandling av søknaden.

Samtykke　Ja ☐　　Nei ☐

Sted og dato:	Underskrift:

Ferdig utfylt skjema returneres til

Attachment 9a

Saksbehandler:
Dato:

Underretning om enkeltvedtak

Saken gjelder: Innvilgelse av søknad om hjemmesykepleie

Navn: **Personnr.:**

Sak nr.: **Behandlet dato:**

Vedtak:

Tiltaksteam av   innvilger hjemmesykepleie til nødvendig helsehjelp. Tjenestens omfang og hyppighet evalueres fortløpende og avklares nærmere med tjenesteutøver. Tjenesten ble igangsatt   administrativt vedtak er fattet i etterkant.

Hjemmel:
Vedtaket er fattet i medhold av pasient- og brukerrettighetsloven § 2-1 a annet ledd (vilkår for å ha krav på tjenester) og helse- og omsorgstjenesteloven § 3-2 første ledd nr 6 a (bestemmelser om helsetjenester i hjemmet)

Begrunnelse:
Til hjelp i vurdering av behov for tjenesten er det tatt utgangspunkt i din søknad registrert
            , tilgjengelige opplysninger og innhentede opplysninger fra tjenesteutøver.

Det fremkommer av disse opplysninger at du har mye smerter på grunn av ledd og muskelsykdommer. Videre skriver du i din søknad at du har dårlig pust på grunn av astma. Nylig har du vært innlagt   sykehus på grunn av lungebetennelse. Du ønsker hjelp til å få ivaretatt dine medisiner.

Du innvilges nødvendig helsehjelp i ditt hjem i form av administrering av medisiner etter forordning av lege samt annen nødvendig helsehjelp. Tjenesten er iverksatt og det administrative vedtak er fattet i etterkant.

Behov for tjenesten vil fortløpende bli vurdert.

        kommune har som arbeidsgiver plikt til å følge arbeidsmiljøloven. Det innebærer at   kommune vil forbeholde seg til retten å kreve/skaffe nødvendige hjelpemidler for at hjelpen kan iverksettes og/eller fortsette.

Attachment 9b

Underretning om enkeltvedtak

Saken gjelder: Innvilgelse, tjenester fra Team for psykisk helse

Navn: **Personnr.:**

Sak nr.:   **Behandlet dato:**

Vedtak:
Psykiatriske tjenester
Tiltaksteam av   innvilger individuell oppfølging med psykisk helsearbeider. Tjenesten
iverksettes etter nærmere avtale med tjenesteutøver og evalueres fortløpende.

*Vedtaket er fattet i medhold av pasient- og brukerrettighetsloven § 2-1 a annet ledd (vilkår for
å ha krav på tjenester) og helse- og omsorgstjenesteloven § 3-2 første ledd nr 6 a
(bestemmelser om helsetjenester), jf § 3-2 første ledd nr 1 (helsefremmende og forebyggende
helsetjenester), jf § 3-2 første ledd nr 5 (bestemmelsen som bl.a. omhandler psykososial
rehabilitering)*

Begrunnelse:
Til hjelp i vurdering av behov for tjenesten er det tatt utgangspunkt i din søknad registrert
21.05.13, henvisning fra din fastlege   registrert   , tilgjengelig
informasjon, samtale med deg og en faglig vurdering.

Det fremkommer i saksopplysningene at du har hatt en bipolar lidelse i flere år. Du opplyser
selv at du har vært nervøs hele livet og at du har opplevd økende tendens til depresjoner. I
dårligere perioder mister du matlysten (har gått ned ca. 20 kilo i vekt) samt energi/initiativ og
du isolerer deg. Dette er verst om høsten. Nå ønsker du noen å snakke med som har kunnskap
om din sykdom og som kan hjelpe deg med å kjenne igjen symptomer som betyr at sykdommen
din forverrer seg.

Det vurderes at innvilgelse av individuell oppfølging med psykisk helsearbeider vil bidra til at
du får ivaretatt din psykiske helse.

Behov for tjenesten vil fortløpende bli vurdert.