

# Local Social Services in Nordic Countries in Times of Disaster

Report for the Nordic Council of Ministers

Guðný Björk Eydal, Ingibjörg Lilja Ómarsdóttir, Carin Björngren Cuadra,  
Rasmus Dahlberg, Björn Hvinden, Merja Rapeli and Tapio Salonen



VELFERÐARRÁÐUNEYTIÐ

*Ministry of Welfare*



UNIVERSITY OF ICELAND  
FACULTY OF SOCIAL WORK

Local Social Services in Nordic countries in Times of Disaster -Report for the Nordic Council of Ministers

*Guðný Björk Eydal, Ingibjörg Lilja Ómarsdóttir, Carin Björngren Cuadra, Rasmus Dahlberg, Björn Hvinden, Merja Rapeli, Tapio Salonen*

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## SUMMARY

The project focused on the emergency management systems in the five Nordic countries. It investigated whether local social services have a formal role in the contingency planning of the systems. The project was part of *The Nordic Welfare Watch* research project during the Icelandic Presidency Program in the Nordic Council of Ministers 2014-2016. The council financed the project.

The main findings show that Finland, Norway and Sweden specifically address the role of social services in times of disaster in their legal frameworks on emergency management. Finland and Norway also address the role in the law on social services. In Sweden, the role is more implicit as the social service act applies regardless of circumstances. All countries expect all authorities to make a contingency plan. This means that even if the law in Denmark and Iceland does not address the roles of social services, the services are legally obligated to make contingency plans. Furthermore, Finland, Norway and Sweden have prepared special guidelines on contingency planning for social services.

In recent years the Nordic countries have all faced disasters due to natural, technical and man-made hazards. The frequency of such disasters is on the rise according to forecasts. In order to enhance resilience and preparedness of those most vulnerable in disasters, the involvement of local social services in the emergency management system is of vital importance. The literature shows how social services can enhance social and human investment, the citizen's economic participation and political empowerment. Furthermore, the literature shows that the co-operation between social services and the voluntary sector during the emergency and recovery phases is crucial, and the Red Cross is usually the largest voluntary organization providing social services during disasters in all the countries.

The following recommendations build on the results of the project. Their purpose is to make the Nordic Welfare States more resilient and better prepared for future challenges.

- There is a need to share **knowledge** on how to increase the involvement of social services in all phases of emergency management. The guidelines for social services' contingency planning and their plans should be shared across the Nordic countries and among various actors on the state, regional and local levels. This task could also be implemented under the umbrella of the Svalbard Group.

- There is a need to **make the role of social services known in the emergency management systems**, so that the relevant parties can activate the full potential of social services in all phases of the disaster cycle. It is likewise important to **inform the social services of emergency management law and organization** in order to facilitate effective co-operation in the event of disaster.
- It is important to address the **role of emergency management in the education of social workers and social carers** and **enhance disaster research in the social sciences**.
- It is important to create opportunities for the **social services to prepare** for future disasters. It is also important to include the social services in **emergency management exercises**. The exercises might also be extended in scope in order to cover all phases of disasters. Nordic countries could share exercise scenarios involving tasks for the social sector and make use of scenarios already developed.
- The Nordic Council of Ministers and the Nordic Welfare Center (NVC) **should address social sector preparedness issues**. Social sector preparedness cooperation should be enhanced under the umbrella of the Nordic Council of Ministers (Svalbard Group) and collaborate closely with the Haga-process. Such high-level co-operation enhances regional and local level co-operation.

## ABOUT THE AUTHORS

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# 1. INTRODUCTION

**Guðný Björk Eydal, Ingibjörg Lilja Ómarsdóttir, Carin Björngren Cuadra, Rasmus Dahlberg, Merja Rapeli, Björn Hvinden and Tapio Salonen**

This report is part of *The Nordic Welfare Watch* research project. It was carried out during the Icelandic Presidency Program in the Nordic Council of Ministers 2014-2016 and was funded by the Council. The *Nordic Welfare Watch* aims at promoting and strengthening the sustainability of Nordic welfare systems through cooperation, research and mutual exchange of acquired experience and knowledge. A further objective is to provide means and recommendations useful for policy making, to better prepare welfare systems to meet future challenges<sup>1</sup>.

The aim of the following report is to investigate the roles of local social services in times of disaster. Achieving this aim requires answering the following questions: Do local social services have a formal role in the contingency planning of the emergency management systems in the five Nordic countries? If so, what are these roles?

## 1.1 The Nordic Council of Ministers

The Nordic Council of Ministers is a forum for Nordic governmental cooperation. The Council was established in 1971. The Prime Ministers from the five Nordic countries (Denmark, Finland, Iceland, Norway and Sweden) participate in the Council. The overall responsibility for Nordic cooperation is in the hands of the Prime Ministers. They, in turn, delegate responsibility to the Ministers for Nordic Co-operation and to the Nordic Committee for Co-operation that co-ordinate the daily work of the Nordic co-operation. The Faroe Islands, Greenland and Åland have the same representation as the other member countries and participate in the Council of Ministers' work. They have the right to endorse the decisions taken in the Council of Ministers, to the extent allowed by their respective agreements on self-government (Norden, n.d.).

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<sup>1</sup> The Steering Committee would like to take this opportunity to thank all members of the Advisory Boards in the respective countries for their priceless work in reviewing the report and giving valuable comments and suggestions. We would also like to thank the Social Science Research Institute at the University of Iceland for proofreading at an earlier stage and for layout work. We thank NORDRESS for fruitful cooperation in co-hosting the symposium Social Services in Times of Disaster in Reykjavík 2015. Finally, we would like to thank Daniel Teague for his valuable work in proofreading the report. For further information on the project *Nordic Welfare Watch*, please see: <https://eng.velferdarraduneyti.is/nordicwelfarewatch/about/>

Each country holds the Presidency of the Council for a one-year period. As part of the presidency, the country in question initiates a Nordic research project. In 2014 the Prime Minister of Iceland was President of the Council. In 2014 Iceland initiated a project called *The Nordic Welfare Watch*. It is a three-year project running from 2014-2016 (Ministry of Welfare in Iceland, n.d.b).

## 1.2 The Nordic Welfare Watch

When the financial crisis hit Iceland in the autumn 2008, the country faced an unprecedented situation (Daníelsson, 2008). It was obvious that it would be necessary to make huge cuts in Iceland's public expenditure that would affect the Icelandic population. In February 2009, the Icelandic Government decided to set up a *Welfare Watch* to monitor the social and financial consequences of the financial crisis for families and households in Iceland. Furthermore, the *Welfare Watch* was intended to assess the measures already taken and propose improvements. The *Welfare Watch* proved its value and played a fundamental role in terms of improving the lot of various groups in society needing support (Arnalds, Jónsdóttir, Jónsdóttir, Jónsdóttir and Víkingsdóttir, 2015). Hence, in developing projects for the Presidency, the Icelandic Government emphasised the lessons it learned from the crisis, and how the preparedness of the Nordic welfare systems for future risks and challenges could be enhanced.

The project proposed was titled *The Nordic Welfare Watch*. As stated above, it aims at promoting and strengthening the sustainability of the Nordic welfare systems through cooperation, research, and mutual exchange of experience and knowledge. It provides a forum for developing solutions and coordinated actions for meeting future challenges. This forum also develops welfare indicators potentially useful for future policy making. The overall aim of the project is to look into whether to establish a Nordic welfare watch. In addition, how would such a program cooperate on preparedness efforts and crisis response to future challenges that the Nordic countries may all have to tackle?

The Nordic Welfare Watch project is divided into three separate research projects:

- 1) *Nordic welfare indicators*
- 2) *Welfare consequences of financial crises*
- 3) *The Nordic Welfare Watch – in Response to Crisis*

This report is one of the outcomes of the third sub-project, *The Nordic Welfare Watch – in Response to Crisis*. Below is a short presentation of all three projects.

### **1.2.1 Nordic Welfare Indicators**

The project on *Nordic Welfare Indicators* is based on social indicators developed following the economic crisis in Iceland 2008. The *Icelandic Welfare Watch* proposed to the Icelandic Government developing social indicators reflecting social and economic changes in Icelandic society. The purpose of the indicators was to increase understanding of the population's current and future health and social needs and to monitor its well-being. In addition, the indicators serve as a basis for policy making and political decisions. A group of experts developed the indicators from different sectors of society. The current project aims at creating such social indicators for all the Nordic countries. The Nordic Welfare Indicators are seen as a tool to monitor and analyse developments in the Nordic welfare systems. They also serve as input to policy making. The Nordic welfare indicators are seen as crucial tools for enhancing planning and decision-making procedures in times of crisis or disaster caused by natural or man-made hazards (Ministry of Welfare in Iceland, n.d.).

### **1.2.2 Welfare consequences of financial crises**

The aim of the second project, *Welfare Consequences of Financial Crisis*, is to assess and compare the multi-dimensional consequences of the financial crises of the 1990s and the most recent crisis in 2008. The project focuses on the living conditions of the populations, policy environments and the effectiveness of policy reactions. The focus is on Finland, Sweden and the Faeroe Islands regarding the crises of the 1990s. In Iceland's case, the emphasis is on the crisis in 2008. The report will also explore the milder crises that year in Norway and Denmark and assess why these countries were better sheltered from crisis. The work involves building up a coordinated data bank of comparable information on all relevant aspects of welfare consequences and policy timelines, characteristics and extents (Ministry of Welfare in Iceland, n.d.a).

### **1.2.3 The Nordic Welfare Watch – in Response to Crisis**

The third project, *The Nordic Welfare Watch – in Response to Crisis*, aims at increasing understanding of the extensive role that the welfare state, in particular the local social

services, plays in crises and disasters. Local social services entail the municipal services according to the law on local social services in each country. The tasks and organisation of the local social services in the five countries vary somewhat, but the core task is to provide all inhabitants with basic care services and assistance in times of need (Sipilä, 1997).

Historically, although health systems have been included in contingency planning and organization of emergency management, the role of local social services has been rather unclear. Furthermore, the literature shows the need for the social services' participation in all phases of disasters—mitigation, preparedness, response and, last but not least, long-term recovery. Hence, the project aims at investigating the role of local social services in the context of disaster. The project also addresses the risks that the Nordic welfare state might face in the near future and evaluates the work and organization of the Icelandic Welfare Watch established during the aftermath of the crisis in 2008 (Arnalds, et al., 2015).

Thus, the project breaks down into three independent subprojects:

1. *Social Services in Times of Disaster*: examines emergency response systems in the five Nordic countries, focusing on the role of the local social services.
2. *The Icelandic Welfare Watch*: evaluates the work and organization of the Icelandic Welfare Watch.
3. *Preparing for risks: The Nordic Welfare States*: maps the known risks that the Nordic welfare system could face in coming years and evaluates what challenges they pose for local social services (Ministry of Welfare in Iceland, n.d.b).

The final phase of the project entails using the results, in co-operation with the other two Nordic Welfare Watch projects (*Welfare Indicators* and the *Consequences of Financial Crisis*), to answer the question of whether there is a need for a Nordic Welfare Watch.

### **1.3 Disaster research in the Nordic countries**

Research on disaster is a growing field in diverse disciplines. This also applies to the Nordic countries. Like most other countries, they prepare for future risks. Disaster research is a newcomer to the field of social sciences in the Nordic context. Nevertheless, in the past years, several strong research institutions have applied social perspectives to disaster research in the Nordic countries. No systematic review of the Nordic research or literature on the contribution of Nordic social research to the disaster literature exists, but there are

some salient examples of research institutions and projects below (in most cases multi-disciplinary).

*Crismart – Crisis Management Research and Training (Crismart – Nationellt centrum för krishanteringsstudier)* was established in 1995. Crismart is part of the Swedish Defence University, but it has emphasised international collaboration in its research. It focuses on both scientific methods and proven experience when developing and communicating knowledge on emergency management. *Crismart* is an important player when it comes to assisting organisations at all levels of society to enhance their preparedness and strengthen their emergency management capabilities (Swedish Defence University, n.d.).

*The Risk and Crisis Research Centre, RCR*, is a part of Mid Sweden University, established in 2010. Through its multi-disciplinary research, education and collaboration, the Risk and Crisis Research Centre develops and disseminates knowledge on risk, crisis and security, all for the benefit of society (Mid Sweden University, n.d.).

*Lund University's Centre for Risk Assessment and Management, LUCRAM, (Lunds universitets centrum för riskanalys och riskmanagement)* is a multi-disciplinary centre of excellence, established in the early 1990s. Its aim is to initiate, support and engage in education and research within the area of risk management at Lund University (LUCRAM, n.d.).

*Copenhagen Center for Disaster Research, COPE*, was established by the Copenhagen Business School and the University of Copenhagen. It is an example of a new transdisciplinary research centre. Its focus is on promoting collaborative research and disseminating the results, thus advancing knowledge in the field (COPE, n.d.).

In Norway, Stavanger University and the International Research Institute of Stavanger, IRIS, (Forskingsinstituttet IRIS) established SEROS - Centre for Risk Management and Societal Safety (SEROS – *Senter for risikostyring og samfunnssikkerhet*), in 2009. The centre is based on collaboration of a number of research groups with parallel teaching and research interests, from three departments at the University and two at IRIS<sup>2</sup> (SEROS, n.d.). In Bergen the project Organizing for societal security and crisis management - Building governance capacity and legitimacy (GOVCAP), at the Uni Research Rokkan

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<sup>2</sup>Department of Health studies, Department of Media, Culture and Social Sciences and the Department of Industrial Economics, Risk Management and Planning at the University at Stavanger, and the Department for Social Science and Business Development and the Department for Energy at IRIS.

Centre, studies governance capacity and governance legitimacy for societal security and crisis management, in different types of management situations and crises. It is a comparative project: Norway, Sweden, the Netherlands, Germany and UK (Uni Research Rokkan Centre, n.d.).

There are also multidisciplinary institutions in the field of Traumatic Stress in the Nordic countries, e.g., the Norwegian Centre for Violence and Traumatic Stress Studies, *NKVTS*, (*Nasjonalt kunnskapssenter om vold og traumatisk stress*), which was established in 2003. The centre is a subsidiary of UNIRAND AS<sup>3</sup>, which in turn is wholly owned by the University of Oslo. The centre's objective is to strengthen knowledge of and competence on violence and traumatic stress. The centre engages in research and development work, teaching, and dissemination of knowledge, guidance and counselling. In its dissemination of research results, the Norwegian Centre for Violence and Traumatic Stress Studies collaborates with the regional centres for violence, traumatic stress and suicide prevention (RVTS). The Centre employs approximately 80 persons from a variety of disciplines and professional backgrounds, but concentrates on medicine (psychiatry) and a wide range of social sciences (NKVTS, n.d.).

Another important dimension is research on peace and conflicts, offered in many Nordic institutions, e.g., the *Tampere Peace Research Institute, TAPRI*, (founded in 1969), which is part of Tampere University. It conducts multidisciplinary research about how to secure and maintain peace, and how to mitigate and resolve international and national conflicts. The overarching goal is to study the root causes of wars and conflicts, conflict cycles and the preconditions of conflict resolution and durable peace. The Tampere Peace Research Institute also has a Master's program (TAPRI, n.d.).

Disaster research emphasises preparedness, and enhancing resilience in societies is growing. A good example is presented in the book *Towards a more dangerous future? Climate change, vulnerability and adaptation in Norway [Mot en farligere fremtid? Om klimaendringer, sårbarhet og tilpasning i Norge]* (Bye, Lien og Rod, 2013), where the authors map future risks in Norway due to climate change and discuss the vulnerabilities of the local municipalities as well as their responses. Hence, in 2013, NordForsk launched

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<sup>3</sup> For further information on UNIRAND AS, see website: <https://www.unirand.uio.no/>

a call for applications for a centre of excellence in the Nordic Societal Security Programme aiming at increased research of societal security.

Two centres, The *NORDRESS Centre - Nordic Centre of Excellence on Resilience and Societal Security* and *The Nordic Centre for Security Technologies and Societal Values, NordSTEVA*, were established with support from NordForsk (NordForsk, 2014). The aim of NORDRESS is to conduct multidisciplinary studies in order to enhance societal security and resilience to disasters caused by natural hazards. Partners from 15 institutions in all Nordic countries cooperate to increase the resilience of individuals, communities, infrastructure and institutions (NORDRESS, n.d.). The aim of *NordSTEVA* is to map and analyse the connections between security technologies and societal values. This involves exploring, on one hand, the concentration of technologies showing promise in providing for human needs and, on the other, to link these technologies to cultural traditions making up the societal values we deem most worthy of protecting (NordSTEVA, n.d.)

Despite the growth in disaster research in all the Nordic countries, few projects have addressed the role of the social services in times of disaster, and the knowledge of local social services in the context of disasters is thus currently limited in the Nordic regions (Cuadra, 2015; Rapeli, 2016a).

#### **1.4 Cooperation on emergency management in Nordic regions and on European level**

The Nordic countries participate in both Nordic and European co-operation on emergency management, and even though neither Iceland nor Norway is a member of the EU, the co-operation on the European level is very important for all the Nordic countries. This section provides a short presentation of the main institutions and projects.

The so-called *Haga process* frames the Nordic Cooperation on Civil Security and Emergency Management (and preparedness) between all five Nordic countries. The goal of the Haga Declaration is to enhance the Nordic countries' resilience, strengthen their common response and their impact outside the Nordic countries. The declaration focuses on non-warlike emergencies, such as major accidents, disasters caused by natural hazards, pandemics and cyber-attacks. In April 2009, the guiding declaration was adopted at the Haga Royal Estate outside Stockholm, following a series of high-level meetings that



continue annually between these countries. The declaration aims at a border-free approach to tackling major civil crises and further development of Nordic cooperation by jointly exploring specific fields for deeper cooperation. Examples include rescue services, exercises and training, CBRN (chemical, biological, radiological and nuclear) preparedness, crisis communication with the population, use of volunteers, and research and development (Bailes and Sandö, 2015).

Through the Nordic Declaration on Solidarity in 2011, the Nordic countries cooperate to meet challenges in foreign and security policy in a spirit of solidarity. This includes tackling any kind of disaster, caused by natural or man-made hazards. Should a Nordic country be struck by hazard and request assistance, the other Nordic countries will provide it with relevant means (Ministry of Foreign Affairs in Iceland, 2011). Despite the close co-operation, only Denmark, Iceland and Norway are members of NATO, and Iceland and Norway are not members of the European Union.

*NORDRED – det Nordiska räddningstjänstsamarbetet* is a Nordic cooperation on emergency management. The founding countries are Denmark and Norway (1989). Finland and Sweden became members in 1992 and Iceland in 2001. The *NORDRED* framework agreement involves emergency cooperation, in terms of assistance and collaboration on both emergencies and developing and enhancing emergency management in the Nordic countries (Nordred, n.d.).

*The Nordic Health Preparedness Group* (The Svalbard Group) is based on the Nordic Health Preparedness Agreement that was signed in 2002. In addition to the five Nordic countries, the autonomous regions of the Faroe Islands, Greenland and Åland are also members. The Nordic Health Preparedness Agreement's purpose is to provide a foundation for cooperation between the Nordic countries in pursuing their aim of preparing and developing health and medical care preparedness for better handling of emergencies and disasters. Examples include disasters caused by natural hazards and events (accidents and acts of terror), involving, for instance, radioactive emissions, biological substances and chemical substances.

The Agreement applies to cooperation between the responsible authorities in the areas of health and social services. The participating countries commit to the following:

- providing assistance to one another upon request, insofar as possible under the provisions of this Agreement,

- informing one another, as promptly as possible, of measures they plan to implement, or are implementing, that will have, or are expected to have, significant impact on the other Nordic countries,
- promoting cooperation and insofar as possible removing obstacles in national legislation, regulations and other rules of law,
- providing opportunities for the exchange of experience, cooperation and competence building,
- promoting development of cooperation in this area,
- informing one another of relevant changes in the countries' preparedness regulations, including amendments to legislation (Norden, n.d.a, Article 4).

The Svalbard Group consists of representatives from each Nordic country and the autonomous areas. The group is responsible for disseminating the contents of the agreement and implementing the measures needed. In June 2016 the Nordic Council of Ministers adopted a new mandate for the Svalbard Group. It extended the scope of cooperation to social sector preparedness.

*European Civil Protection and Humanitarian Aid, ECHO*, coordinates European emergency management efforts. The EU Civil Protection Mechanism coordinates assistance from EU member states to disaster-stricken countries within and outside the union in the form of in-kind donations or deployment of on-site specialists or assessment/coordination experts. European Civil Protection and Humanitarian Aid assistance is coordinated from the Emergency Response Coordination Center, ERCC, in Brussels, Belgium. In recent times, the mechanism was activated to deliver assistance to Haiti after the 2010 earthquake, as well as in the 2014 Ebola outbreak and the 2015 migration crisis in Europe. The Nordic non-EU member states -Iceland and Norway- participate in the emergency management mechanism on equal terms with the 28 EU member states.

On the European level, the *European Forum for Disaster Risk Reduction, DRR*, provides a platform for the European region, including the Nordic region, to encourage and facilitate the exchange of information and knowledge among partners<sup>4</sup>. DRR is part of the *United Nations' International Strategy for Disaster Reduction (UNISDR)*<sup>5</sup>. It has the overall aim of creating a safer Europe by reducing the impact of natural hazards through the

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<sup>4</sup> Neither Iceland nor Denmark has a national platform in DRR (UNISDR, 2014).

<sup>5</sup> UNISDR—United Nations Office for Disaster Risk Reduction—is an organization to “serve as the focal point in the United Nations system for the coordination of disaster reduction and to ensure synergies among the disaster reduction activities of the United Nations system and regional organizations and activities in socio-economic and humanitarian fields” (UNISDR, n.d.).

reduction of vulnerability. It also has the purpose of enhancing the capacity to minimise the consequences of disasters. Furthermore, its activities involve measures facilitating implementation of the Hyogo Framework for Action and the Sendai Framework for Disaster Risk Reduction (UNISDR, 2011; UNISDR, n.d.).

### **1.5 Managing risks and enhancing resilience**

Due to the increasing number of disasters (Zakour, 2013), societies and communities are increasing preparedness and prevention (Tan and Yuen, 2013). Tesh is one of the leading proponents of turning towards resilience in disaster preparedness. Drawing on his experience with the UK Cabinet Office, he offered his view of the main trends in disaster management in European countries. He states that there is a shift from traditional thinking on national security to the need of national “resilience”, based on how the countries can “withstand, respond to and recover from shocks” (Tesh, 2015, p. 1). The member states at the Third UN World Conference on Disaster Risk Reduction (DRR) in Japan adopted the Sendai Framework for Disaster Risk Reduction 2015-2030. In June 2015, the UN General Assembly endorsed the framework. The framework also emphasises shifting from managing disaster to managing risks. This view, that governments are prioritizing their measures for managing national disasters, emphasising pro-active risk management in co-operation with a wide range of stakeholders, private and public, as well as in the voluntary sectors and civil society, resonates well with the findings of Dahlberg, Johannessen-Henry, Raju and Tulsiani (2015) on Critical Infrastructure Protection as well as one of the National Academies’ “national imperative” in the US (National Academies, 2012).

Furthermore, Tesh (2015, p. 1) points out that one of the main trends in emergency management is its localisation: “Local governments are adopting similar methods to the national level (systematic all-hazards risk assessment and proactive contingency planning; forming local alliances with other public, private and voluntary sector organisations especially Red Cross and Red Crescent Societies; and, communicating and engaging with businesses and communities).” The reason for this development is that the local actors are most often the first responders, and it is thus considered important to enhance their preparedness in addition to emergency management. Tesh also points out that the movement towards less centralisation involves a movement from a top-down to a bottom-

up style and less reliance on the public sector. Tesh (2015, p. 9) points out that United Nations' International Strategy for Disaster Reduction reported that Sweden has "combined its tradition of decentralization with administrative modernisation". The bottom-up style and the emphasis on different actors' collaboration mean that communities, households and individuals also have a role to play in disasters. He also states that "asking people to share the burden of responsibility means much greater information sharing, and enhanced communication... before, during and after a crisis." (Tesh, 2015, p. 1). With an eye to the aftermath of disaster, Rowlands (2013) points out that communities enabled, for example, to manage their own recovery are tapping into their resourcefulness and in control of the processes.

As pointed out above, the shift from focusing on managing disasters to managing risks calls for wider understanding of how to enhance communications and co-operation between individuals, families, communities, companies and organizations that might not have co-operated in another context. Meeting a disaster is no longer regarded as a task for trained experts only. It is a shared task of a prepared and resilient society. Hence, enhancing risk management demands new knowledge and methods on how to enhance the participation of all potential partners (Rowlands, 2013; Danielsson, Sparf, Karlsson and Oscarsson, 2015, Lango, Læg Reid and Rykkja, 2011).

Multiple factors influence a society's resilience. These include "economies, infrastructure, environment, government and social systems" (Tesh, 2015, p. 1). The socio-economic status of the inhabitants in the society in question is among the factors defining resilience. Tierney and Smith (2012, p. 125) point out that "new ways of thinking about recovery processes emphasize the extent to which axes of diversity and social inequality structure both recovery processes and their outcomes."

The literature has shown that the factors defining recovery include age, class, ethnicity, family status and gender (Tierney, 2006). In line with this knowledge, EU member states are encouraged to "take into consideration the capabilities of both men and women and the specific vulnerabilities of children, women, the elderly, the poor, and the disabled, and to actively engage all relevant stakeholders" (Tesh, 2015, p. 19). Hence, in addition to being community-based and enhancing the participation and effective cooperation of various stakeholders in the community, disaster risk reduction should also be gender-, age- and disability-sensitive (Tesh, 2015).

## **1.6 What kinds of disasters have the Nordic countries experienced in past decades?**

Disasters cause heavy casualties and destroy livelihoods all over the world. From 2000 to 2012, 1.7 million people died in disasters. The estimated damage was US\$ 1.7 trillion (UNISDR, 2013). The number of disasters is increasing and affecting more people than before. This trend further underlines the importance of research in this field. During the decade from the late 1990s to 2010, the number of disasters rose from 250 to 400 per year (Zakour and Gillespie, 2013). In addition, Tan and Yuen (2013) point out the increased number of reports of earthquakes and other disasters, such as hurricanes, tsunamis, and heat waves. This observation builds on indicators showing the increased frequency of hazards resulting from extreme weather and climate events (Seneviratne et al., 2012). In addition to the increased disasters from natural forces, there are also more hazards due to technological failure and other major accidents, as well as adverse social causes, for example, terrorist attacks and wars (Hallin, 2014).

The European region is also prone to this variety of disasters. Europe now faces a social and humanitarian crisis due to political failures to respond to the current refugee migration, mainly induced by wars in the Middle East. However, statistics indicate that the majority of casualties and economic losses in Europe are due to weather-related disasters. This is of concern since the effect of global climate change most likely increases the frequency and severity of weather-related hazards (UNISDR, 2011).

In last 20 years, the Nordic countries have faced disasters caused by natural hazards, major technological and infrastructural failure and accidents, as well as epidemic illnesses and socially characterised negative events. Table 1 shows examples of events experienced in the last 20 years. They necessarily call for social services to differing degrees.

The Nordic examples below make it obvious that the consequences of adverse events stretch beyond event sites in the modern world. Salient examples are pandemics and the Asian Pacific Ocean Tsunami in 2004. Due to global interconnectedness, these disasters affected the Nordic countries as national disasters because numerous Nordic citizens were among the fatalities (e.g. Statens offentliga utredningar, 2005).

The examples below also show that those reporting disasters and crisis need to acknowledge adverse events rooted in peoples' living conditions and relations (Hallin, 2013). Discussion of such events the last three decades has been in terms of social risks that, under certain circumstances, can manifest in social disasters and crisis. This implies that social issues have partly been framed as security issues. Thus, police and rescue services approach them as such, rather than as issues of social rights that are traditionally the responsibility of social work (Hallin, 2013). From a social work perspective, it is essential to note the common hallmark of social risks: underpinning them are long-term underlying societal changes. Such changes involve the processes of globalisation (such as restructuring of economies and production) as well as the restructuring of the welfare state through de-regularisation, privatisation and individualisation. These processes have resulted in a growing number of people being uncertain about social issues, such as education, work, pensions, health as well as safety and security. This has in turn led to deepened segregation and marginalisation. Against this backdrop, social risk can be defined as the possibility/probability of undesired events, conditions or behaviours originating in human relations and structural and individual living conditions (Hallin, 2014) that determine people's functioning and capabilities (Hallin, 2014, with reference to Nussbaum, 2000). Hence, these social roots differentiate social risk from other types of risks (Hallin, 2014).

**Table 1.1** Examples of major disasters in the Nordic countries the last 20 years

Denmark	Finland	Iceland	Norway	Sweden
2015: Repeated floods affect the southern parts of the country	2014: Jämijärvi parachuters' airplane accident/crash	2014: Volcanic eruption, Holuhraun	2014-2015: Repeated floods, e.g., Falm, Odda and Voss 2015: Avalanche at Longyearbyen	2015: Attack in school Trollhättan 2015: Flooding 2015: Cases of Ebola virus
2014: Terrorist attack in Copenhagen	2013: Severe winter storms (Eino and Seija)	2011: Volcanic eruption, Grímsvötn	2014: Wildfires, Lærdal and Flatanger	2014: Forest fire (Västmanland) 2014: Flooding, south west Sweden
2013: Two severe autumn storms wreak havoc and cause severe flooding	2011: Severe winter storm (Tapani = Dagmar)	2010: Volcanic eruption, Eyjafjallajökull	2013: Terrorist attack in Algeria, 5 Norwegians killed	2013: Youth riots, Husby

**Table 1.1 cont.** *Examples of major disasters in the Nordic countries the last 20 years*

2011: Copenhagen metropolitan area hit by cloudburst (Most costly insurance event in Europe that year)	2010: Series of severe summer thunder storms (Asta et al.)	2008: MI 6.3 earthquake near Selfoss with widespread damage to property	2011: Terrorist attack on Utoya Island and in the executive government quarter in Oslo	2011: Fresh water contamination by Cryptosporidium, Östersund
2009: Pandemic flu	2009: Shooting at shopping mall, Espoo	2006: Flash flooding in several river basins	2009: Sea accident, oil spill, "Full City" Quick clay slide, Namsos	2010: Suicide bomber, Stockholm
2004: Fireworks accident at N.P. Johnsen's fireworks factory, Kolding	2008: Shooting at school in Kauhajoki	2004: Volcanic eruption, Grímsvötn	2008: Forest fire, Froland 2008: Rock slide in Ålesund	2006: Flooding, Western Sweden Forest fire, Bodträskfors Landslide, Småröd
	2007: Shooting at school in Tuusula		2007: Petroleum accident, oil spill Statfjord A, in the North Sea	
	2005: Flood Ivalo, Kittila 2005: Helicopter accident over sea		2004: The ship "Rosknes" capsizes,	2005: Storm (Per), Götaland Storm (Gudrun), Southern Sweden Flooding, Götaland
	2004: Massive Transport accidents, Äänekoski (Konginkangas)		2004: Petroleum accident, gas blowout, Snorrefeltet	2004: Flooding, Småland
2004: South East Asian Tsunami affected all Nordic countries				
2001: SAS passenger jet, bound for Copenhagen, crashed in Italy; 118 dead, 48 from Nordic countries Collision of the freight ship "Tern" and the oil tanker "Baltic Carrier" east of Falster	2002: Suspected deliberate act with explosives at shopping centre in Vantaa	2000: Volcanic eruption in Hekla in February  2000: MI 6.4 earthquakes in June in the southern lowlands with widespread damage to property	2000: Train accident, Åsta	2003: Murder of a Minister 2003: Flooding, Småland 2002: Flooding, South Götaland 2001: Flooding, Sundsvall 2000: Flooding, Arvika municipality and South Norrland
1999: Severe hurricane	1999: Coach accident, Heinola 1999: Fire at an old people's home, Maaninka	1995: Snow avalanches: Flateyri and Pingeyri,	1999: Catamaran ship Sleipner went on a reef and sank in storm	1999: Fire on ferry "Princess Ragnhild"
	1998: Railway accident in Jyväskylä and Jokela		1996: Air crash at Svalbard	1998: Discotheque fire in Gothenburg
	1996: Collapse of high-density pulp mass tank in Valkeakoski			1995: Grounding of M/S "Silja Europa" in the archipelago off Stockholm
1994: The sinking of the ferry MS Estonia affected all Nordic countries but particularly, Finland and Sweden				

The table shows that the Nordic countries have experienced a wide range of disasters, and that they are dealing with quite different risk profiles. While flooding, fires and storms have hit all the countries, flooding has caused most of the damage in Denmark, Norway and

Sweden. Forest fires, however, have particularly hit Norway and Sweden. Avalanches and landslides are more common in Iceland and Norway. Iceland has a special profile due to its frequent earthquakes and volcanic eruptions. At their worst, the effect of the eruptions is global, as was the case with the eruption of *Eyjafjallajökull*. All the countries have experienced accidents at sea, but severe sea accidents have hit Finland and Sweden in particular (e.g., MS “Estonia” in 1994).

In terms of undesired social events, all Nordic countries but one have faced armed violence perpetrated by persons identifying themselves with an extreme political and/or religious ideology, such as right-wing and racist as well as Islamic ideals. Norway faced a bomb attack in Oslo and the mass shooting at Utoya in 2011<sup>6</sup>. Sweden and Finland have faced armed violence in schools in the form of mass shootings (in Finland 2007 and 2008) and a racist mass sword attack (in Sweden 2015). Denmark faced shootings in Copenhagen (2015) in a cultural centre and outside a synagogue. Although the current migration policy crisis in Europe affects the Nordic countries to differing degrees, it is of concern to many local social services in terms of psychological and social crisis support, housing and integration programs (e.g. MSB, 2014).

The United Nations University for Environment and Human Security recently ranked the risk of becoming a disaster victim due to vulnerability and natural hazards. The study covered 173 countries and focused on 28 indicators<sup>7</sup>. Despite quite frequent occurrences of natural hazards in the Nordic countries, they are among the countries at lowest risk—Iceland No. 168, Sweden No. 164, Finland No. 163, Norway No. 161 and Denmark No. 151 out of 173 (UNU-EHS and BEH, 2013).

### **1.7 The Nordic welfare states and social services in times of disaster**

The Nordic countries are known for their extensive welfare systems. These systems provide their citizens with social and healthcare services from cradle to grave. However, policy changes since the early 1990s have come in the wake of the economic crises. They have involved a decline in coverage as well as increased marketization along the lines of New Public Management. These trends have challenged the universalistic character of the

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<sup>6</sup> The issue of the known risks that the Nordic welfare states have to prepare for is addressed in another part of the project. The report on the results is expected in 2017.

<sup>7</sup> The indicators do address exposure to natural hazards, susceptibility, adaptive capacities and coping capacities.



Nordic Model (Anttonen, Häikiö, and Stefánsson, 2012; Kvist, Fritzell, Hvinden, Kangas, 2012; Larsson, Letell and Thörn, 2012). Despite some changes in recent decades, the Nordic countries still provide health care to all on a universal basis. They do so either free of charge or with modest user payments. There are modest user fees for pre-schools, but education is otherwise provided to all on a universal basis free of charge. In addition, extensive social services are provided. These social services are inclusive and universal in character. This emphasises that all citizens have the same rights, and that they should be supported to actively participate in society and, when possible, also in the labour market (Arts and Gelissen, 2010; Anttonen, et al., 2012; Esping-Andersen, 1991; Kautto, Fritzell, Hvinden, Kvist and Uustialo, 2005; Harslov and Ulmestig, 2013).

**Table 1.2** Nordic countries, social expenditure in relation to the GDP, % of the population at risk of poverty or social exclusion\* and Gini coefficient of equalized disposable income\*\* in 2013

	Denmark	Finland	Iceland	Norway	Sweden	EU-27
Social expenditure	34.6	31.2	25.2	25.2	30.5	..
At risk of poverty or social exclusion	18.9	16.0	13.0	14.1	16.4	24.5
Gini coefficient	27.5	25.4	24.0	22.7	24.9	30.5

Sources: Eurostat, n.d.; NOSOSCO, 2014.

\* This indicator corresponds to the sum of persons who are: at risk of poverty or severely materially deprived or living in households with very low work intensity

\*\* The Gini coefficient is defined as the relationship of cumulative shares of the population arranged according to the level of equivalent disposable income, to the cumulative share of the equivalent total disposable income received by them.

Local municipalities usually provide social services. These services are an important component of the Nordic welfare system, ensuring the basic needs of all citizens as well as providing a wide range of services, including both preventive and care services (Anttonen, Häikiö, and Stefánsson, 2012; Sipilä, 1997). The Nordic welfare states are also known for their generous benefit systems. All citizens receive benefits in case of childbirth, sickness, unemployment, disability or old age. The Social Insurance systems usually pay benefits that are based on previous income. They thus ensure the recipients a decent standard of living (Esser and Palme, 2010). In addition to social insurance, all the Nordic countries provide those who have exhausted all other possibilities of income with financial assistance (Kuivalainen and Nelson, 2011). Local social services administer the financial assistance. As the following table 1.3 shows, up to 4-8% of all families receive this assistance annually.

**Table 1.3** Nordic countries, % of total population drawing social assistance, in total, by age as % of their age groups and family type as % of all families 2012/2013

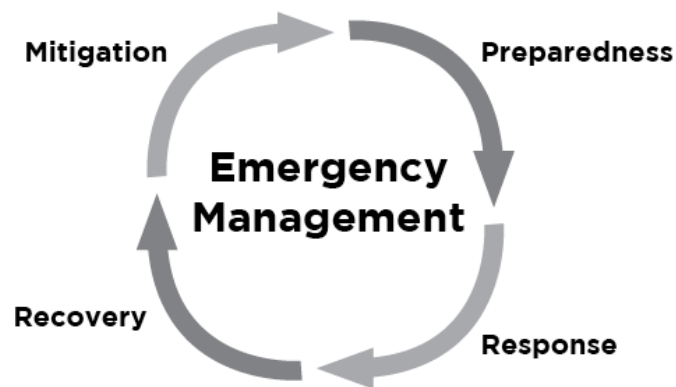
	Denmark	Finland	Iceland	Norway	Sweden
Total of all families	6.3	8.0	6.5	4.4	5.7
Age					
18-25 years	..	14.1	6.9	5.7	7.6
25-39 years	..	8.6	5.5	5.2	5.1
40-54 years	..	6.8	2.8	3.7	3.7
55-64 years	..	4.6	1.6	1.8	2.5
65+ years	..	1.4	0.6	0.4	0.5
Family type					
Single men without children	9.3	13.6	19.4	6.9	7.3
Single women without children	4.3	8.2	8.9	4.3	9.0
Married/cohabiting couples without children	2.9	2.0	0.5	1.8	1.0
Single men with children	9.5	16.0	17.7	5.6	7.8
Single women with children	21.0	25.3	24.3	14.0	22.3
Married/cohabiting couples with children	6.2	4.7	1.2	3.2	2.7

Source: NOSOSCO, 2014.

The municipalities are responsible for providing social services, in addition to financial assistance, to ensure all inhabitants have basic care, particularly disabled people, children and elderly people. Child protection is also one of the municipalities' tasks. While the legislature provides the legal framework for local social services in the Nordic countries, they are organized and delivered at the local level. Thus, the content, quality and volume of services might differ between municipalities in the country in question. How much the state contributes to the financing of social services from country to country differs greatly, and contributions can also vary between different types of services (NOSOSCO, 2014).

Quite extensive research was done on the Nordic welfare systems following the economic crises, both in the 1990s and after the 2008 crisis, but there is little research in the Nordic literature on their role in other types of disasters (Cuadra, 2015; Rapeli, 2016a). The roles of social services have been discussed in relation to psychological first aid and psychological debriefing in projects that have emphasised psychosocial support (e.g., Bernharðsdóttir, 2001; Eydal and Árnadóttir, 2004; Nieminen Kristoffersson, 2002). The roles of social services have also been discussed in projects on local emergency and emergency management (Cuadra, 2015; Eydal and Ingimarsdóttir, 2013; Rapeli, 2016a and b; Þorvaldsdóttir et al., 2008), in projects on communication in disasters (Danielsson et al., 2015) and the services for disabled people (Sparf, 2014). However, there is no systematic comparative research on the role of local social services in times of disaster in the Nordic countries.

As the introduction stated, this report examines the role of local social services in times of disaster. The aim is to answer two questions: Do the local social services have a formal role according to contingency planning in the five Nordic countries' emergency management systems? If so, what are the roles? The academic disaster literature as well as the emergency management apply a disaster cycle, that should cover the four main phases of disaster management, *Mitigation or Prevention, Preparedness, Response and Recovery* (see Figure 1).



**Figure 1.** The emergency management cycle

As further discussed in chapter 2, local social services do have important roles in all phases of disaster. Hence, the fact that the social services can contribute to all four phases of the emergency management cycle calls for investigation into their roles in all these phases.

### **1.8 Terminology**

Each discipline has its own specific language and terminology. Knowing the terminology and having a common perception of the concepts is fundamental in fruitful cooperation and advancement of the knowledge in each field. The UNISDR *United Nations International Strategy for Disaster Reduction* has developed basic definitions of disaster risk reduction concepts to promote common understanding of the topic for use by the public, authorities and practitioners. The concepts are based on broad consideration of various international experts and practitioners (UNISDR, n.d.a). The definitions of the major concepts in this report are based on the UNISDR 2009 version.

### 1.8.1 Disaster

UNISDR defines a disaster as: “A serious disruption of the functioning of a community or a society involving widespread human, material, economic or environmental losses and impacts, which exceeds the ability of the affected community or society to cope using its own resources” (UNISDR, 2009). The UNISDR adds the following comment to explain the concept further:

Disasters are often described as a result of the combination of the exposure to a hazard; the conditions of vulnerability that are present; and insufficient capacity or measures to reduce or cope with the potential negative consequences. Disaster impacts may include loss of life, injury, disease and other negative effects on human physical, mental and social well-being, together with damage to property, destruction of assets, loss of services, social and economic disruption and environmental degradation (UNISDR, n.d.a).

Disasters are often divided into categories. The Sendai Framework distinguishes between small-scale and large-scale, frequent and rare, sudden and slow-onset disasters, caused by natural and man-made hazards, and related environmental, technological and biological hazards and risks (United Nations, 2015). The division between natural and manmade disaster has become blurred in recent decades. As scholars have pointed out, the extreme weather that has caused many major disasters might be the result of how people have endangered the ecological balance of nature. This is sometimes described as “anthropocene”, where man has become man’s greatest enemy. Along the same line of thought, crisis and disasters originating from environmental degradation, such as food security (famine), (mass) migration and fiscal crisis, are categorised as crises and/or disasters when considered from the perspective of social work (Dominelli, 2012; Evans and Reid, 2014). These examples underline what has already been mentioned. Namely, undesired phenomena that can be inferred from social conditions and relations (Hallin, 2013) can be identified as social disasters. Examples of these include terrorist attacks and social riots and unrest in cities (Boin and ‘t Hart 2007) or the case of children murdering other children (Enander, Hede and Lajksjö, 2014). Such phenomena call upon the response of social services.

The meaning of the term disaster in the Nordic context depends on the country in question. In Denmark *katastrofe* derives from the Greek “katastrophé” (meaning “overturn”). It traditionally denotes a “severe event or accident resulting in grave and often

sudden damages, fatalities or suffering, e.g., earthquakes or war” (*Den Danske Ordbog, n.d.*). The word appears commonly in the public discourse. In 2010 alone the word was used 30,421 times in Danish written media, while the Danish word “democracy” appeared only 29,548 times (InfoMedia, e.d.). In Finland, the concept of disturbances (*häiriötilanne/störningsituation*) is used instead of disasters or catastrophes. Disturbance is the key concept used in policies and strategies, such as in the Security Strategy for Society (*Yhteiskunnan turvallisuusstrategia*) (Ministry of Defence in Finland, 2011) and Government Resolution on Comprehensive Security (Government, 2012). “Disturbances refer to a threat or an incident which endangers, at least momentarily or in a regionally limited way, the security or functioning of society or the livelihood of the population. The authorities and other actors need to co-operate and communicate in a wider or closer fashion to manage such situations” (Ministry of Defence in Finland, 2011, p. 14.) On the other hand, the Finnish Cyber Security Strategy (Secretariat of the Security and Defence Committee, 2013) recognizes the term crisis but not disturbances. In the case of Iceland, the concept natural hazard (*náttúruhamfarir*) is the most used concept, reflecting the frequency of disasters caused by natural hazards (Þorvaldsdóttir, et al., 2008). In Norway, the concept of *katastrofe* is used. The Ministry of Health’s definition is “A disaster refers to unexpected and potentially traumatizing events of such size that it affects many persons at the same time and the number of persons in need of help in a certain area is too big to be covered by the resources in the area in question” (Norwegian Directorate of Health, 2016, p. 14, translation by authors). Cuadra (2015, p. 2) points out “the concept disaster is not commonly used in Swedish discourse, but rather concepts such as crisis, serious event, emergency and accidents. This line gives discursively primacy to situations which have not yet exceeded the ability and resources to cope, but still involves a serious strains as regard resources.” The Swedish Civil Contingencies Agency (*Myndigheten för samhällsskydd och beredskap*) recently launched the term “societal disturbances” (*samhällstörningar*) as a common denominator for phenomena and events threatening societal protective values, regardless of their cause or severity in terms of consequences (MSB, 2014). Hence, the different concepts used in the Nordic countries are good support for the argument to apply the definitions from the UNISDR.

### **1.8.2. Emergency Management**

The UNISDR defines the concept of emergency management as: “The organization and management of resources and responsibilities for addressing all aspects of emergencies, in particular preparedness, response and initial recovery steps.” The following text further explains the concept:

A crisis or emergency is a threatening condition that requires urgent action. Effective emergency action can avoid the escalation of an event into a disaster. Emergency management involves plans and institutional arrangements to engage and guide the efforts of government, non-government, voluntary and private agencies in comprehensive and coordinated ways to respond to the entire spectrum of emergency needs. The expression disaster management is sometimes used instead of emergency management (UNISDR, n.d.a).

Tan (2013) explains how, for the most part, the term emergency management has replaced the term civil defence. That term has been related to the wartime protection of civilians. Some nations have also used the concept of civil protection in later times. Professionals and academics have also used the concept of disaster risk reduction (UNISDR, 2009) that focuses on being prepared for disasters. Many of the Nordic countries have adapted to this change in the naming of their institutions, e.g., DEMA the Danish Emergency Management. This trend also supports the decision to apply the definition of the UNISDR and apply the concept emergency management in the report instead of disaster or crisis management.

One of the fundamental roles of emergency management is contingency planning. According to the UNISDR, contingency planning is defined to be “a management process that analyses specific potential events or emerging situations that might threaten society or the environment and establishes arrangements in advance to enable timely, effective and appropriate responses to such events and situations” (UNISDR, 2009, p. 11).

### **1.8.3. Vulnerability and resilience**

Mitigating the impact of hazards and enhancing the capacity to deal with the consequences of the disasters requires knowledge of a community’s characteristics and circumstances, its strengths and vulnerabilities (Lein, 2008). Thus, the concept of vulnerability has become a central concept in disaster research (Zakour and Gillespie, 2013). According to the UNISDR’s definition, vulnerability refers to “the characteristics and circumstances of a community, system or asset that make it susceptible to the damaging effects of a hazard”. The concept is further explained in the comment:

There are many aspects of vulnerability, arising from various physical, social, economic, and environmental factors. Examples may include poor design and construction of buildings, inadequate protection of assets, lack of public information and awareness, limited official recognition of risks and preparedness measures, and disregard for wise environmental management. Vulnerability varies significantly within a community and over time. This definition identifies vulnerability as a characteristic of the element of interest (community, system or asset), which is independent of its exposure. However, in common use the word is often used more broadly to include the element's exposure (UNISDR, n.d.a).

According to McEntire (2007), disaster vulnerability is the degree to which individuals, groups, and societies are vulnerable to the consequences of disasters. People's living conditions, both social and geographical, vary, and this makes them either less or more vulnerable in disaster situations. Through the years, the focus has been on the geographical conditions, but in recent years, the awareness of social conditions has been increasing. Disasters are more likely to strike people with a low income harder; likewise, people with poor social status, the elderly, small children and people with a weak social support network (Gillespie, 2010). The impact of wealth, race and age on how disaster can hit groups in the same society differently became extremely clear in hurricane Katarina (e.g. Masozera, Bailey and Kerchner, 2006; Comfort, 2006; Sharkey, 2007). The concept of vulnerability is at times considered difficult to define and operationalize, but through the concept, vulnerability studies have moved the focus from geographical circumstances to one including the social factors affecting people's situations in society and exposing certain groups more to the destructive effects of hazards. A main strength of the concept, according to Oliver-Smith (2004, p. 10), is that it forms "the conceptual nexus that links the relationship that people have with their environment to social forces and institutions and the cultural values that sustain or contest them, thereby providing a framework for capturing and analysing the multidimensionality of disasters, and better informing programs for recovery and mitigation".

While the concept has proven useful in emergency management, there are also risks involved. Lein (2008) points out that as early as 1997, Hewitt warned about the danger involved in applying the concept of vulnerability. For example, it approaches people as weak and passive and without the capacity to shape their own lives. Lein (2008) points out the risk of reinforcing existing prejudices, negative stereotypes and questioning explanations of the living conditions and fate of specific communities that become labelled

if the concept is not applied with caution. Due to this commentary, a shift has taken place in the literature from emphasising vulnerability towards emphasising resilience and adaptive capacity (Wisner, Blaikie, Cannon and Davis, 2004).

The UNISDR defines resilience as: “The ability of a system, community or society exposed to hazards to resist, absorb, accommodate to and recover from the effects of a hazard in a timely and efficient manner, including through the preservation and restoration of its essential basic structures and functions.” The concept is further explained by the comment: “Resilience means the ability to “resile from” or “spring back from” a shock. The resilience of a community in respect to potential hazard events is determined by the degree to which the community has the necessary resources and capability to organise itself both prior to and during times of need (UNISDR, n.d.a). The concept resilience, comprising capacity, strength and adaptability, has been used for centuries (Alexander, 2013). According to Norris, Tracy and Galea (2009), it is the process by which a social system recovers rapidly and efficiently from the consequences of disaster, and reaches, or surpasses, pre-disaster levels of functioning.

The concept’s definition and the way academia understands and implements it in the practical context are not the same, as organisations define resilience and use the concept more widely in disaster risk reduction (Dahlberg, Johannessen-Henry, Raju and Tulsiani, 2015). Resilience may be seen as an emerging property of complex socio-economic/technological systems that can be hard to design due to interdependencies and unpredictability, but possible to enable and encourage. Two fundamental understandings of resilience have been identified: *engineered resilience*, enabling systems to “bounce back” to the level of performance prior to a disruption, and *ecological resilience*, found in natural systems that are able to “bounce forward” into a new steady state (Dahlberg, 2015). One key principle of the resilience concept is that the contextual environment in which these events occur must frame our understanding of resilience (Adamson, 2014). Whether the focus is on either the vulnerability concept or the resilience concept, both are useful in the pursuit of greater understanding of societal causes of disasters and disaster severity (Gillespie, 2010).



## 1.9 Participants

Professor Guðný Björk Eydal, Faculty of Social Work, at the University of Iceland, directed the project. The project was placed at the Social Science Research Institute (SSRI) at the University of Iceland. Ingibjörg Lilja Ómarsdóttir, project manager at SSRI and a PhD student at the University of Iceland, was the project manager. Each country had a representative on the steering committee (SC) of the project:

- Denmark: Rasmus Dahlberg, PhD Fellow at the Danish Emergency Management Agency and the University of Copenhagen.
- Finland: Merja Rapeli, Ministerial Adviser at the Ministry of Social Affairs and Health, PhD student at the University of Jyväskylä
- Norway: Björn Hvinden, Professor, NOVA, Oslo and Akershus University College of Applied Sciences.
- Sweden: Tapio Salonen, Professor, Faculty of Health and Society and Carin Björngren Cuadra, Associate Professor, Malmö University.

The country leaders appointed lead their own advisory board (AB) of five to seven experts who have researched the role of welfare systems/social services or are currently working as specialists in the emergency management systems. The following list shows the AB members from each country:

### *The Danish advisory board*

- Christina Anderskov, International Strategist and Sustainability Coordinator, Copenhagen Municipality.
- Ziga Friberg, Project Manager, Psychosocial focal point, Danish Red Cross.
- Lis Montes de Oca, Assistant Professor in Social Work, VIA Faculty of Education & Social Studies, Aarhus.
- Marie Østergaard Møller, Senior Researcher, KORA, Danish Institute for Local and Regional Government Research.
- Inge Mønster-Kjær, Research assistant, Copenhagen Business School.
- Nanna Grave Poulsen, Head of section, Danish Health Authority.
- Annlize Troest, Managing doctor, Danish Health Authority.

### *The Finnish advisory board*

- Elina Aaltio, Project researcher, National Institute for Health and Welfare.
- Anna Cantell-Forsbom, Director of Family Services, City of Vantaa, Health and Social Welfare.
- Henna Haravuori, Senior researcher, National Institute for Health and Welfare.

- Aila Puustinen-Korhonen, Senior Specialist, Association of Finnish Local and Regional Authorities.
- Kati Närhi, Professor, University of Jyväskylä.
- Juho Saari, Professor, University of Tampere.
- Tarja Wiikinkoski, Head of Rescue and Preparedness Department, Regional State Administrative Agency, Western and Inland Finland.

#### *The Icelandic advisory board*

- Stefán Eiríksson, Executive Director, Department of Welfare, City of Reykjavík.
- Ragnheiður Hergeirsdóttir, Project Manager, Directorate of Labour.
- Gyða Hjartardóttir, Specialist in Social Services, Icelandic Association of Local Authorities.
- Guðrún Jóhannesdóttir, Project Manager and Environmental and Social Scientist, Department of Civil Protection and Emergency Management.
- Víðir Reynisson, Chief Inspector, South Iceland Police.
- Kristján Sturluson, Director of Administration, Hafnarfjörður Municipality.

#### *The Norwegian advisory board*

- Arnfinn Andersen, Research Director, Norwegian Centre for Violence and Traumatic Stress Studies.
- Atle Dyregrov, Head of professional issues, Center for Crisis Psychology.
- Per Lægreid, Professor, Department of Administration and Organization Theory, University of Bergen.
- Hans Stifoss-Hanssen, Professor, Centre for Diakonia and Professional Practice, Diakonhjemmet University College.
- Oddrun Sæter, Professor/Head of research, The Urban Research Program Oslo and Akershus University College.

#### *The Swedish advisory board*

- Erna Danielsson, Docent, Risk and Crisis Research Centre (RCR), Mid Sweden University.
- Ann Enander, Docent, Swedish Defence University.
- Per-Olof Hallin, Professor, Urban Studies, Malmö University.
- Markus Planmo, Administrator, Swedish Local Authorities and Regions.
- Johanna Sandwall, Preparedness Director, the National Board of Health and Welfare.
- Bengt Sundelius, Professor, Uppsala University, and strategic advisor at the Swedish Civil Contingencies Agency.

### **1.10 Methods, material and the structure of the report**

The study is an empirical study, and the data consist of documents, laws, reports and public records. The data have been gathered and analysed with support from the literature. The

report is written for stake-holders, students, researchers and policy makers, who might have to address the role of social services and the welfare state in the context of emergency management in the Nordic countries.

The members of the Steering Committee (SC) wrote the report, but the members of the Advisory Boards gave their advice and comments on the report's draft. Professor Eydal and Ómarsdóttir, the project manager and PhD student, drafted the first framework of the report and presented it to the SC in a meeting in spring 2015. Eydal and Ómarsdóttir then further worked on the first draft, with members of the SC that made valuable contributions. In autumn 2015, the draft went to the SC members for review. The comments and suggestions were then discussed thoroughly in an SC meeting. Eydal and Ómarsdóttir worked on the proposed changes and, in co-operation with SC members, revised the draft that the SC again discussed and commented on in a meeting in January 2016. The revised draft was then sent to all 31 members of the Advisory Boards in all the countries. Ómarsdóttir then worked on the comments, and the SC finally worked through the final draft of the report and discussed it at an SC meeting in spring 2016. Eydal, Cuadra and Rapeli then worked with final changes during the summer 2016. Hence, the report is co-authored by all the members of the steering committee, but the advisory boards have read a draft of the report and provided valuable advice and comments. The SC members are co-authoring the report, but the order of the authors is according to contribution and responsibility for the text, e.g., the first author of the chapters that address each country are from the country in question.

Chapter two discusses disaster in the context of social services and social work. It draws upon the literature, introducing research on the role of local social services and social work in times of disaster.

The five following chapters explore the structure of the emergency management system and the social services system in all five Nordic countries, Denmark, Finland, Iceland, Norway and Sweden. Each country's chapter starts with a general introduction to the geography and climate, demographics, governmental system, and the disaster and risk profile. Despite many similarities in these countries, they still have their own characteristics, which are important to recognise, in order for the reader to understand the context of the emergency and social services in each case. The chapters on each country then discuss the legal and institutional framework of both the social services and the

emergency management systems in order to investigate whether the social services are included in the contingency plans of the emergency management systems, and, if so, what their roles are.

The final chapter compares the outcomes and discusses conclusions and recommendations, based on the results from the project.

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## **2. SOCIAL SERVICES AND SOCIAL WORK IN THE CONTEXT OF DISASTER**

**Guðný Björk Eydal, Carin Björngren Cuadra, Merja Rapeli, Ingibjörg Lilja Ómarsdóttir, Rasmus Dahlberg, Björn Hvinden and Tapio Salonen**

### **2.1 The role of local social services in times of disaster**

In recent years, the literature has emphasised the important role of social services in managing disasters at the local level and enhancing inhabitants' resilience (e.g., Gillespie and Danso, 2010; Tesh, 2015). Furthermore, the growing literature on the role of local social services reports its important roles in disaster mitigation, preparedness, response and recovery (Cuadra, 2015; Dominelli, 2012; Elliott, 2010; Mathbor, 2007; Thomas and Healy, 2010, Rowlands, 2013). An example is Rowlands, who conducted research on Australia's disaster recovery planning and management approach. The study points out the following: "The full range of community and social service providers needs to be integrated into response and recovery processes, through the recovery plan, so that these resources can be harnessed for the community" (Rowlands, 2013, p. 15).

All modern welfare states provide social services. These include both social care services and social assistance. Their main goal is to ensure the basic needs of inhabitants for care and support. The definition of basic needs and the division of labour between local social services and other actors, as well as the degree of centralization of services, vary by country (Sipilä, 1997; Munday, 2004). Furthermore, the size of the local social services depends on various factors.

First, ideologies and politics frame the volume and role of social services. In some countries, the third sector provides a substantial part of the social services. In such cases, municipal services are not as extensive. Another defining factor is the population's need for such services, e.g., the demographic composition of the group of inhabitants. Last but not least, the definition of the role of the local social services is an important factor. For example, it matters whether the role is primarily to provide basic services to individuals and families, or the role is to include structural and preventive work and working with the community, usually adopting the methods of community work.

As mentioned in the introduction, despite the strong tradition and extensive roles of local social services in the Nordic countries, research on its roles during times of disaster

has not been extensive. Two case studies are ongoing. The Swedish project *Stärkt roll för socialtjänsten i kommunala risk- och sårbarhetsanalyser (Sorca)*, led by Carin Björngren Cuadra (2015), focuses on developing and testing a model. The model contributes to the integration of municipal risk and vulnerability analysis in Social Services' core operations. In addition, the aim is to safeguard that the knowledge and the perspectives of Social Services are taken into account in risk and vulnerability analysis. The project is operating in four Swedish municipalities and ends in 2016. In Finland Merja Rapeli is conducting a study on social services and social work disaster preparedness. The aim is to assess the level of preparedness and the disaster-related roles of social work and services in Finland. Preparedness plan documents of local social services form the main data of her research (Rapeli, 2016a). These projects point to the importance of increased research and development regarding the role of social services in the context of disasters. Hence, despite the facts that the Nordic countries are known for their extensive welfare systems, and that extensive literature exists on the Nordic welfare model, only few studies have addressed the role of the welfare state in the context of disaster. Thus, the Nordic countries have a lot to learn from countries that have extensive experience in the field but might not have been influential in welfare research. In this regard, Mathbor (2007, p. 358) points out that "in the wake of the disasters brought about in the United States by Hurricanes Katarina, Rita and Wilma, American social workers have much to learn from countries that have faced similar tragedies including those in South Asia, particularly Bangladesh...that [have] developed a successful mechanism that utilizes social capital to recover and rebuild after each disaster that hits the country."

Hence, this chapter's aim is to review the literature and highlight some of the main issues regarding the roles social services played in times of disaster: enhancing resilience and working with vulnerable groups; providing psychosocial support and working with the community. The literature emphasises the need for co-operation between institutions and the third sector. Thus, the chapter discusses in short the co-operation of the local social services with other agents. Social workers are the biggest professional group working within the social services. The chapter therefore also briefly addresses the contribution of disaster social work to the field.

### **2.1.1 Enhancing resilience and working with vulnerable groups**

The social services have important knowledge that is relevant to disasters, specifically about the needs and strengths of the community and the needs and characteristics of vulnerable groups. This knowledge emanated from the fact that local social services daily reduce vulnerability and enhances resilience in everyday life (Cuadra, 2015).

As already mentioned, the literature clearly shows how socioeconomic status can determine the capacity to prepare for disastrous events, their immediate impact as well as the outcomes during the aftermath and reconstruction after disasters. Some groups are more vulnerable than others due to various factors like age, health, gender, family situation, etc. Mathbor (2007, p. 358) states: “The literature on disaster management reveals that vulnerable populations tend to be the ones that suffer most.”

Regarding the capacity to prepare for disasters, Zakour and Gillespie (2014) explain how poor populations have fewer resources to do so. They often lack resources to relocate away from unsafe land and tend to have less or no insurance. When disaster strikes, they have fewer resources in reserve, compared to groups that are better off financially. Priestley and Hemingway (2007) investigated disability and disaster. They concluded that despite differences in the response capacity of rich and poor countries, there were also “unsettling similarities in the experiences of disabled people from poor, predominantly black, communities (whether in Aceh [Indonesia] or Louisiana [US]). In this sense, the boundaries of the excluded ‘majority world’ continue to be less defined by geography than by poverty and structural inequality” (Priestley and Hemingway, 2007, p. 38). Furthermore, Pyles points out what is well documented in social work research: “low-income and marginalized communities are likely to suffer a downward spiral of deterioration after a disaster” (2007, p. 321). Bolin (1993) investigated the recovery after the Northridge earthquakes in California and concluded that recovery mostly depended on the access to assistance and other social protection. Factors such as class, race and culture influenced such access. Social groups like renters, the unemployed, or homeless people did not access disaster assistance. Social services, due to their close contacts with vulnerable individuals and groups in the community, could ideally provide important perspectives and knowledge that other actors could benefit from both before, during and after disastrous events.

Bolin’s research on earthquake victims showed that their rate of recovery reflected the underlying class structure and distribution of resources. Hence, it took lower

socioeconomic status victims longer to regain permanent housing. Bolin concluded: “unless there is an effort by governments to reduce social inequalities and improve living conditions for lower-income victims during reconstruction, the recovery process will tend to mirror pre-existing social inequalities and may, in fact, intensify them” (Bolin, 1993, p. 87). Studies have shown an increase in family violence and child abuse following disasters (Catani et al., 2010; Curtis, Miller, & Berry, 2000). The role of social services and social work in rebuilding lives post-disaster can also be salient, and they can make an essential contribution to disaster recovery by facilitating community development, restoring livelihoods, providing psychosocial support, and enhancing capacity in local communities (Drolet and Ersing, 2014; Mathbor, 2010; Cronin, Ryan and Coughlan, 2010; Thomas and Healy, 2010).

There is a growing literature on how disaster programs can be adjusted to meet the needs of vulnerable groups, in particular programs and policies that are sensitive to the needs of the elderly and disabled (e.g., Barusch, 2011; Gutman and Yon, 2014; Hartog, 2014; Priestley and Hemingway, 2007; Vakis, 2006). However, there is still an information gap, according to Gutman and Yon (2014). They conducted a literature review of research on abuse and neglect of elderly people in disaster situations. For example, they stressed that evacuation is extremely demanding for the elderly, and there are recent examples of professionals that have left their patients in times of disaster. Soliman and Rogge have emphasised that the “complex dynamics of disasters and disaster management are natural breeding grounds for ethical uncertainty and dilemma” (2002, p. 3). Two recent examples of such events are discussed by Barusch (2011): In a hospital near the Fukushima plant, medical staff abandoned 128 persons, and after Hurricane Katarina hit New Orleans, the few staff left at the Memorial Medical Centre decided to give the patients lethal doses of morphine and benzodiazepine sedatives (that are not recommended for elderly patients). The professionals were prosecuted but the jury refused to indict the accused. According to Barusch (2011, p. 348), “leaving the doctor free to become a passionate advocate for legislation provides legal immunity to physicians for their actions in times of disaster.” These extreme examples serve as a reminder that even in societies with high standards of health and social services, disasters bring challenges calling for preparedness from social and health service institutions on the local level. According to Soliman and Rogge (2002, p.

3), pre-disaster activities are needed in order to deliver “ethical, efficient and effective post-disaster services”.

As pointed out earlier, in section 1.8 on terminology, Lein (2008) warns about the danger of classifying people as vulnerable. It might reinforce prejudices, negative stereotyping and labelling. Lein also points out that when people are considered vulnerable, they are thereby regarded as weak and not able to make decisions regarding their own lives. Hence, the literature stresses that it is important for policy makers, experts and researchers to include, e.g., organizations of disabled and elderly people among the agents of disaster recovery and preparedness and to seek ways to apply user involvement regardless of age and the background of the users (Priestly and Hemingway, 2007). The members of the groups in question should be regarded as experts on their own lives and needs and, thus, included in all phases of decision making about their lives and circumstances. The findings from the EU project *emBRACE—Building Resilience Amongst Communities in Europe*—underlines the importance of user-involvement. The project explored community resilience in the context of several natural hazards that occur across Europe. One of its tasks was to understand the community resilience to heat wave hazards, with focus on the elderly. The results revealed that the elderly often have considerable knowledge about how to manage heat-wave risk. They often find the top-down information strategies invasive and do not follow them. Therefore, in order to enhance the management of heat wave risk, the local authorities and other carers can help the elderly consider their own risk, and how this can be managed. This is missing in top-down public information campaigns. Even though they may reach those most at risk, the campaigns may not lead to behaviour change (emBRACE, n.d.).

### **2.1.2 Provision of psychosocial support to individuals, families and groups**

As pointed out in the introduction, this study focuses on the role of social services. It does not address the extensive role of health services in disasters<sup>8</sup>. Hence, the methods and results of early mental health intervention, often referred to as psychological first aid and posttraumatic therapy, are outside the frame of this study. Social services sometimes take an active part in providing clinical therapy, but it might more commonly provide

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<sup>8</sup> For further information on psychosocial support within the Nordic countries, NORDRESS report *Resilience to natural hazards: An overview of institutional arrangements and practices in the Nordic countries* (Harjanenne et al., 2016).

psychological first aid and counselling during the aftermath of disaster. They could do this either as part of regular social services or in co-operation with other agents. The literature often refers to psychosocial support. The International Federation of the Red Cross and Red Crescent Societies defines psychosocial as “the close relationship between the individual and the collective aspects of any social entity.” Psychosocial support is intended to help individuals and communities “to heal the psychological wounds and rebuild social structures after an emergency or a critical event. It can help change people into active survivors rather than passive victims” (IFRC, n.d.). The Red Cross is one of the important actors providing psychosocial support, also in the Nordic countries, as further discussed in following chapters on each country (Eydal and Árnadóttir, 2004).

Australia has outlined an approach to psychosocial intervention in its disaster planning (Rowlands, 2013). Among the methods applied in Australia is case management. This is a method originally developed by Mary Richmond (1917) in the early years of social work. The intention is to provide the client with a holistic picture of the services that could be applied. This approach has been influential in local social services and social work in the Nordic countries (Levin, 2000). Rowlands (2013) points out that the components of case management, “out-reach, assessment, joint planning, referring, monitoring, and advocacy are core to the tasks undertaken in a disaster recovery context” and are thus well fitted to facilitate recovery<sup>9</sup>. According to Bell (2008) case management was applied successfully during the aftermath of Katrina.

In discussions about the roles of social services, the need of support on practical issues during the aftermath of disasters is often underplayed. Bolin studied the recovery process after the earthquakes that took place in Whittier Narrows and Loma Prieta in 1987. He stresses the importance of so-called practical issues in the recovery and concludes: “Household recovery, community reconstruction, and individual psychosocial distress are three linked aspects of the overall recovery process” (1993, p. 21). Newburn, who investigated the services during the aftermath of the Hillsborough accident and Bradford fire, also discusses the importance of practical help. He said clients do not find offers of practical help as threatening as offers of counselling. Newburn also states that by offering and providing practical help in accordance with the client’s need, the social worker can

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<sup>9</sup> Rowlands (2013) also points out that due to their understanding of grief and loss response, social services can act as consultants to partner agencies and in rescue and physical rebuilding.



establish the client's trust. He concludes that "such tasks are not only important in themselves, but they are also valuable because they help facilitate the trust that is important if other work is to be undertaken. It is ironic therefore that these aspects of the work are often accorded relatively little importance in analysis of the social work task after disaster" (1993, 122).

Rowlands (2013, p. 8) points out that a disaster is a group event, and that "the organization and processes of the social environment are the greatest resources for personal recovery, mitigating the impact of stress and trauma and determining the effects of health and well-being in the aftermath". Padgett (2002) concluded in her study of the aftermath of 9/11 among New York City inhabitants that they preferred to work together in informal and formal group settings rather than individual sessions when working on their recovery. Hence, in addition to working with individuals and families, it is considered important that the local services (and other formal services) provide support on the group level as well as support and information to the informal social systems that might be overwhelmed by the disaster. Such work can include assistance in organizing events and gatherings in groups and clubs. It can also include various rituals, e.g., in religious communities. It can as well include creating opportunities for people to meet and mutually deal with their experiences from their disaster (Rowlands, 2013). Following disasters, the bereaved in both Norway and Finland have found such collective gatherings very helpful (Dyregrov, Dyregrov, Straume, & Grønvold Bugge, 2014; Dyregrov, Straume, & Saari, 2009). In this context, it may be of interest that a review of the literature (Linnell, 2013) concluded that people prefer to participate in their own pre-existing networks (of different kinds, e.g., family, work, associations) rather than networks that are specifically created to respond to crisis. Community work often co-operates with the third sector, which maintains methods to estimate the capacities and needs of the communities. Against this backdrop, community work is one of the important tasks of social services that calls for a certain sensibility when organising activities, as discussed further in the next section.

### **2.1.3 Community work**

Community work is a traditional working method in social work. It is usually part of the social work education curriculum. One of the main ideas in community work is that recovery or change of an individual and community is often seen as related to change in

social and societal structures (e.g., Lundy, 2004). Therefore, community work in disaster-related contexts should aim at preventing and changing dysfunctional structures that may cause the problems instead of adjusting to them. As stated above, the role of social services in terms of community work differs from country to country. Hence, social workers acquire training in different methods of community work (Hutchinson, 2009). For example, there is a strong tradition of community work in the UK, and community workers are a part of local social services. In the Nordic countries, community work has been one of the main working methods in social work (Hutchinson, 2009), but in Norway it is also usual for psychologists to specialize in community psychology (Carlquist, Nafstad, Blakar, 2007).

Social services can work with the community in all phases of disasters. Mathbor (2007, p. 4) stresses in his work the importance of community preparedness and states: "Communities that are well trained culturally, socially and psychologically are better prepared and more effective in responding to the aftermath of disasters. My previous work and research in this area indicate that community capacity building through effective utilization of social capital is crucial in disaster management projects."

Community work is also an important contribution to the community's recovery, and the literature stresses this to be an important part of the recovery phase. According to Rowlands (2013), solution-focused approaches to intervention and a sound understanding of community development principles are essential in facilitating community recovery. In recent years, the literature has emphasised the importance of grasping that recovery takes time, and Newburn (1993) is one of the scholars pointing out the importance of applying a long-term perspective during the aftermath of a disaster.

## **2.2 Co-operation of local social services with other agents**

In case of disaster, the emergency management systems respond. If the local social services are part of the contingency plan and have a role in the system, they will cooperate with the emergency management system in some way. They will hence be co-operating, for example, with professionals from the emergency and health services, rescue workers and voluntary organizations. In a disaster, literally all governmental and non-governmental agencies can be involved in emergency management, and these institutions all have their own set of working methods, cultures and language. Hence, to cooperate under pressure

is a challenge. At the same time, cooperation is the key to successful emergency management, and the literature emphasises the importance of information passing between all partners and, of course, including the community in question, in order to enhance as good cooperation and services as possible (Rowlands, 2013; Soliman and Rogge, 2002; Tang, 2007). Soliman and Rogge (2002) draw on an example of disaster having general values from the perspectives of survivors or parties otherwise affected in their encounter with a variety of actors. They underline the importance of common, clear and simple procedures for those who have experienced a disaster. Hence, a clear division of labour and good collaboration between institutions is essential from the perspective of the persons affected by the disaster.

Keeping in mind the needs of the clients, the service providers' challenge is to synchronize their work to avoid gaps in services or duplication or lack of information for the client (Rowlands, 2013). Tan (2013, p. 155) is one of the scholars stressing the importance of the continuity of the services:

More than a humane social response, social workers and other professional disaster managers need to effectively organize and plan for an impact that endures. It is important to be involved from the onset of rescue and support, through disaster planning to long-term housing and social construction. There should be continuity in the services and programs that cater to the longer term needs, such as social emotional support to survivors and the social development of family and community after the trauma.

Hence, where the institutions usually providing services in the community are the main service providers, from a user's perspective, a one-stop shop method is recommended.

Rowlands (2013) also points out the importance of carefully planning the withdrawal of services added to regular services during the emergency phase. Similarly, if services have been provided outside the core service system and then transferred into the system, that process has to be carefully planned.

In addition to municipalities, both the private sector and voluntary organizations can provide social services. According to the literature, disaster usually increases the roles of voluntary organizations since local social services often lack enough manpower to take on all the additional tasks due to the crisis. Therefore, in the case of local social services, the quality of the cooperation with the third sector is of extreme importance to the client. It is in addition important that there are no legal hindrances to cooperation between different actors (Soliman and Rogge, 2002). Bearing this in mind, it is thought provoking

that the results from the *ADAPT* project (Awareness of Disaster Prevention for Vulnerable Groups, that was conducted in Italy, Germany and Denmark) showed that there was both formal and informal critical knowledge about the needs of the elderly and people with disabilities in the social and health sectors. However, lack of structure of the information prevented it from being fully used in times of disasters (ADAPT, n.d.; Volterrani, 2016).

The Risk and Crisis Research Center at the Mid University in Sweden has emphasised research on the collaboration of different actors. The *MOSAIC* project (*Multi Organizational Situational Assessment in Crisis*) is a case in point. It focused on collaboration between emergency services, elderly care and school personnel. The methods employed were interviews and experiment. The findings showed that professionals from different sectors differed in their understanding of the rationale of the risk and emergency management field. They were unfamiliar with the other professions' competence and routines, and they acted in accordance with their own professions working methods. There is an institutionalized view of what emergency management is and is not: the attributes attached to a school as a place for teachers and schoolchildren, or to an elderly care centre as a place for care personnel are not recognized during a crisis. They fall outside the boundaries of emergency management, which is the work done, for example, by fire fighters and managers at a higher organizational level. The work to rebuild and normalize everyday life for local society, done by teachers and elderly care personnel, was never recognized as part of the emergency management tasks. Similarly, while both voluntary organizations and individual agents often engage in attempts to help when crises arise in society, these actors are often invisible in emergency responses, even though individuals could already have started the rescue work before the official rescue teams arrive. Findings show that emergency organizations cordon off the site of an incident, and it becomes their workplace, and this is what others see as handling the crisis. The actors do not regard activities on the periphery of the site as part of the emergency management tasks.

### **2.3 Local social services and disaster social work**

Social workers are the largest profession working in local social services. Hence, this section discusses the main characteristics of disaster social work. Furthermore, the literature sometimes makes little distinction between social services and social work. However, the

distinctions between the services and the profession are important in the Nordic countries. Multi-professional teams provide municipal social services, while social workers work not only in social services but also in health care, education and the justice system. It goes without saying that many of the issues this section raises also apply to other professions, e.g., all health professions and their working methods. Skills and knowledge are important in disaster work. Under ideal circumstances many professional teams provide these skills and knowledge, in cooperation with the private and the third sector.

There are about half a million social workers in the 80 countries that are members of the International Federation of Social Work. Their institutions, politics and culture frame their work. However, some general characteristics are central to the profession, its core values and methods (IFSW, n.d.). Disaster relief work has historically been part of social work and even *Charity Organizations Societies*, to which the roots of professional social work in the US can be traced, provided relief services in the Chicago fire of 1871 and the San Francisco earthquake and fire of 1906 (Yanay and Benjamin 2005; Zakour, 1996). Research in disaster social work gained attention in the 1990s and has flourished since then (Dominelli, 2012; Gillespie and Danso, 2010; Henderson, 2013; Jenson, 2005; Mathbor, 2010; 2011; Streeter and Murty, 1996; Tan, 2013; 2013a; Zakour, 2013). However, disaster social work has only recently caught the attention of Nordic scholars (e.g., Cuadra, 2015; Rapeli, 2016a). But why should social work contribute to emergency management? Besides the fact that disasters are increasing, and people might not really have a choice in the matter, the literature reports that the approaches of social work are very useful in disasters. To quote Dominelli (2012, p. 659): “Whether reducing risks, mitigating disaster, providing relief or long-term reconstruction, social workers have much to offer.” According to Cuadra (2015, p. 1), the main focus of disaster social work tends to be the local level, and the tasks of social work are diverse: “It involves preventive interventions as well as distribution of emergency aid, identification of the most exposed... support to the individual and its closest to recover after critical situations, reconstructions of social functions as well as being a channel for information and mediator between individuals, communities and organizations.” However, as Pyles (2007, p. 321) points out, “a review of the social work literature shows that social work has been less involved in the rebuilding and community development than in traumatic stress intervention and the coordination of relief efforts.”

Yanay and Benjamin (2005) are among the scholars emphasising that social workers should be engaged in disaster work. They provide a list of reasons for this:

First, they have the basic training enabling them to relate to the needs of individuals, families and groups. Second most social workers have some knowledge and experience in crisis intervention, family dynamics and loss. Third most social workers are well informed about existing welfare programs and services and can refer people to other agencies for specialized help. Fourth, employed in a large variety of agencies, including hospitals, schools, community facilities and even private and public work places social workers can easily make contacts, becoming an invaluable helping network (Yanay and Benjamin, 2005, 27).

In addition to this, the fact that most social workers are also trained in community work could be added (Hutchinson, 2009). Zakour & Gillespie have both written extensively on disaster social work. They state: "Social work examines and intervenes in systems at all levels, from the individual to nation states to global initiatives. This orientation is consistent with the conceptualization of disasters as affecting systems at all levels" (Zakour & Gillespie, 2014, p. 12). As social workers are educated and trained to work on micro-, meso- and macro- levels and apply a holistic perspective in their analysis and work, their skills are a valuable asset in disaster work (Cuadra, 2015; Adegger et al. 2005 in Mathbor, 2007).

Thomas and Healy (2010, p. 255) are among the scholars discussing why the social work profession can contribute to disaster work. They state:

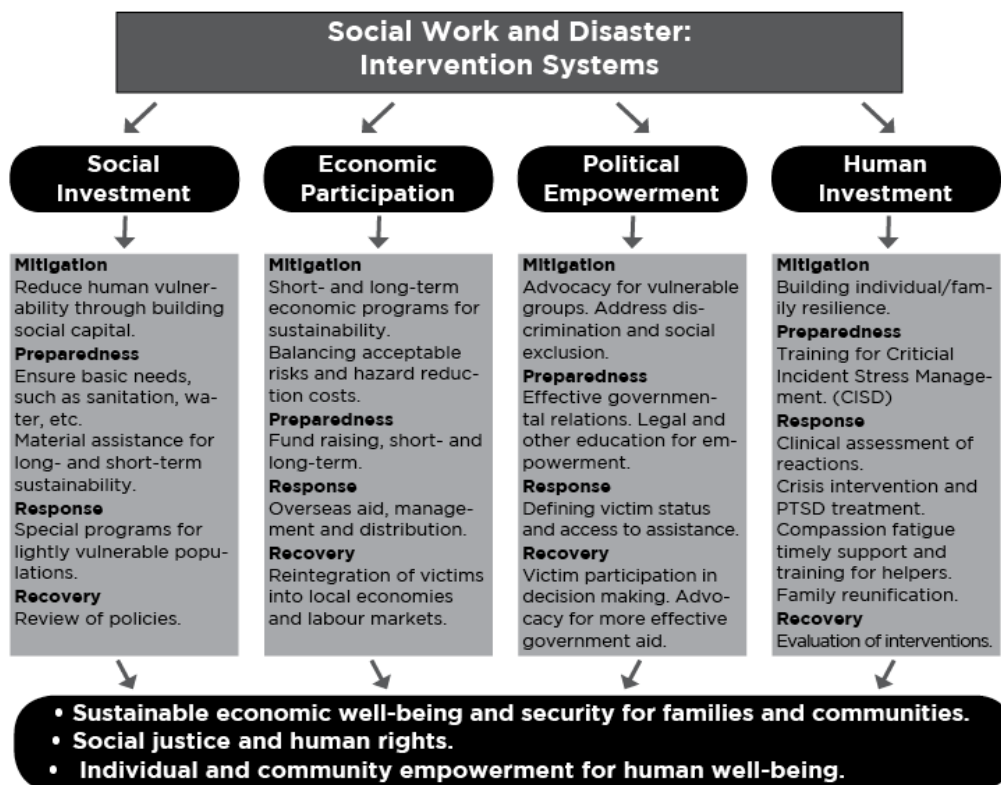
With their holistic and people-centered approach, social workers recognize needs that others overlook. They identify the special needs of vulnerable populations in disaster planning ... realize that caregivers and responders often need care, and so forth. Social work discovered the value of the strength-based and empowerment approaches long before they became widely used in disaster intervention.

Hence, social workers are trained to focus on starting where the person is, that is, approaching every individual on hers or his terms (Bliss and Meehan, 2008). Social workers work according to a global code of ethics. Usually, each country also provides a national code as well. Among the core values of social work are respect for the inherent worth and dignity of all, respect for self-determination, promoting the right to participate, treating each person as a whole and identifying and developing strengths. The code also stresses the responsibility of social workers to promote social justice and advocate for their clients, when needed (IFSW, n.d.). The ethical code is a very important tool in times of disasters. Tan & Yuen (2013), for example, point out the importance of informed consent and self-determination when decisions are made after disasters, often under uncertainty and stress.

As discussed above in the section on Social Services, disasters often pose new ethical dilemmas when the time for decision-making is very limited, putting the code of ethics to the test (Soliman and Rogge, 2002).

### 2.3.1 Contribution of social work in relation to disasters

Due to the wide scope of the profession’s knowledge and expertise, social work has much to offer in the pre- and post-disaster phases as well as in the disaster response phase. Elliot (2010) presents a social development model that broadens the role of social work beyond response and disaster intervention to include the planning, recovery and development phases of disaster intervention. The model may be applied in disasters resulting from natural and man-made hazards. It highlights individual and community strengths and empowerment, capacity building and the role played by human and social capital at all stages of disaster (see Figure 2).



**Figure 2.** A Social Development Model for Infusing Disaster Planning, Management and Response into the Social Work Curriculum

Source: Elliot, 2010, p. 96.

Rapeli (2016b) applied Elliot's (2010) model as the theoretical framework in an international systematic review of social work roles in disasters. Table 4 sets out the many activities in disaster situations where social work tasks were evident. The outcome of the review was that disaster social work emphasized social and human investments although some of the articles also found social work tasks involving economic participation and political empowerment.

**Table 2.1** Social work tasks in relation to disasters according to Rapeli's systematic review

<b>Social Investment</b>
1. Outreach
2. Identification and needs assessment of the affected
3. Linking of those in need with resources and further support / referral services
4. Support for special groups in need
5. Temporary housing
6. Delivery of food and clothing
7. Practical help
8. Providing information
9. Ensuring safety of the affected
10. Support for community development and reconstruction
11. Information for the communities
12. Support groups
13. Support for NGOs to ensure efficient aid
14. Guidance, support and coordination of voluntary action
<b>Economic Participation</b>
15. Financial support
16. Support for getting jobs
17. Support for applying for insurance and benefits
18. Channelling funds and goods raised
19. Developing means for livelihoods with communities
20. Promoting micro credits
<b>Political Empowerment</b>
21. Motivation and activation of victims to get support and benefits they have rights to
22. Support for decision makers and management in advocating the needs of the most vulnerable
23. Advocacy for changes in policy if the most vulnerable do not get benefits
24. Conflict mediation between communities and government
<b>Human Investment</b>
25. Psychosocial support
26. Trauma counselling
27. Bereavement counselling
28. Family reunion
29. Support for Disaster Victim Identification personnel
30. Support at funerals
31. Help line for psychosocial support

Source: Rapeli, 2016b.

The circumstances and types of disasters in each community define to some extent the role of social work and social services. In the UK, the role of social services in disasters became defined after "the decade of disasters" (Hodgkinson and Steward, 1991). In 1985 the Bradford Football stadium fire injured hundreds and killed 55 of the 12,000 at the stadium. Millions viewed the event on television. Newburn points out that the "social services were



thrown into the crisis by having to respond to something that they had few plans, prior arrangements or agreed methods for dealing with” (1993, p. 34). According to Newburn, the experience from this work has influenced the role of social services in the context of disasters. In 1989 the Hillsborough disaster occurred. The nine social service departments there drew lessons from the Bradford fire experience, applying the same methods of outreach. After this experience, the British Home Office concluded: “The prime responsibility for handling disasters should remain at the local level where the immediate resources and expertise are found” (Newburn, 1993, p. 188). This is still valid, and, in an emergency, the Adult Social Care and Children’s Services can take on or co-ordinate or contract out leadership of the social and psychological support. The emphasis still remains on providing coherent community social and psychological support (UK Gov, n.d.).

Europe has faced a rising threat of antagonistic and terrorist acts, such as the 2011 terrorist attack on Utoya Island and the executive government quarter in Oslo, and the attack in Brussels in 2016. In this regard social work in the Nordic countries can learn from the experiences of, for example, Israel. The high frequency of emergencies involving death and/or injuries has resulted in a high state of preparedness of the social services in the case of Jerusalem (Yanay and Benjamin, 2005). The municipal Department of Social Services in Jerusalem is the leading agency in the city’s relief work. In a severe emergency, routine social services stop, and the social workers are mobilized to their pre-assigned stations in the city. There they are involved in the seven relief-operation stations and staff the Jerusalem Hot Line. Some of the social workers are stationed on site, where they assess the needs for services. They also try to reduce anxiety and panic among those who have suffered or witnessed the event, as well as the rescuers. In addition, social workers assist the police and work with the families of the victims. An example is when a person is missing. The social worker will be assigned to follow the family through the procedure of search, identification, returning home and assisting with announcing a death to extended family. Following the event, social workers provide outreach work among people that might feel isolated, as well as practical assistance like housing or other resources (Yanay and Benjamin, 2005).

There are various interesting examples from all over the world of the role of social work related to disasters. For example, in Taiwan after the Chi-Chi earthquake in 1999, social workers were actively responding right after the disaster and supporting the victims

in recovery. Their role included standing beside the next of kin of the dead, even digging corpses out of the debris. They also arranged shelter, food, temporary housing and benefits for those affected. Social workers worked in rescue and resettlement, as well as reconstruction of the communities (Chou, 2003). This process entailed a joint effort for a community kitchen that could be a first step (Li, Hsiao, Lu, Wang and Huang, 2016). Following the Victorian bushfires in Australia, social workers acted as case managers, counsellors, and community development workers. In this way, they provided relief for individuals, families and communities that the disaster affected (Hickson and Lehmann, 2014).

The many recommendations on disaster social work (Rapeli, 2016b) can help provide an overview of social work tasks in the context of crisis and disasters. Multi-sectoral work, for example, has been recommended. This means that social workers should widen their networks to traditional disaster management actors, like the police and rescue service. Cooperation with other disaster management actors is vital in many ways: gaining a situational picture of the disaster, ensuring the safety of those affected, providing advocacy and so on. During Australia's offshore response to an Asian tsunami, for example, it was found that clarity of communication channels and reporting arrangements between organizations was essential (Manning, Millar, Newton and Webb, 2006). Social work should also develop its community-based and structural social work interventions in the context of disasters, and disaster social work should be included in the training programs (Rapeli, 2016b).

Even though the literature agrees on the important role of social work in times of disasters, tension between the importance of working on the individual level with psychosocial support and counselling and emphasizing community work can be observed (Pyles, 2007; Rowlands, 2013). Such tension is a recurring theme in the history and traditions of social work (Cuadra, 2015).

### **2.3.2 Disaster social work and user involvement**

An important contribution of social work to the field of disaster studies is the importance of user involvement regarding both preparedness and emergency management. Mathbor (2007, p. 358) writes: "Many of my publications emphasize that experts by experience, that is, the local people, must be consulted by development practitioners and programs from

the beginning of their involvement". Furthermore, according to Soliman and Rogge (2002), the literature reports that community members' participation is critical to effective and speedy recovery.

Linnell (2013) conducted a systematic review of the disaster literature on community approaches involving the public in emergency management. The review concluded that the literature emphasises that the people and people's capacities shall be in focus rather than what risks and hazards they might have to face. The literature also stresses that people prefer to participate in their own pre-existing networks (of different kinds, e.g., family, work, associations) rather than networks that are created specifically for responding to crisis. Linnell (2013, p. 4) also concludes that, due to different types of discrimination, it is important to enhance empowerment by capacity building and inclusive voluntary community work. Indeed, "all members of the community should be part of the emergency management team, including social and community service groups." When Linnell's recommendations are compared to the Social Work Code of Ethics, the resemblance is striking (NASW, n.d.; Linnell, 2013). Despite the importance of involving the inhabitants in planning and preparedness, social work still plays a minor role in emergency management (Dominelli, 2015). Actually, Linnell (2013) reports that the literature emphasizes increasing interdisciplinary cooperation between public and, private institutions. He quotes Aguirre (2006), who mentions 17 disaster-relevant institutions: "family, religion, politics, economy, medicine and health, education, science, law and courts, risk management (including insurance companies as well as the police), fire fighters and other response instrumentalities), mass media and communication, transportation, energy, food, water, leisure and entertainment, construction and other built environment activities, and land use environmental regulation and protection." Interestingly, Aguirre's list does not mention social or welfare services or voluntary organizations. Thus, Linnell (2013, p. 20) adds to the list a discussion on the civic infrastructure of community that "is comprised of the public's collective wisdom and capability to solve problems; voluntary associations...and social service organizations that look out for the well-being of various groups".

### **2.3.3 Education and the role of disaster social work**

Rapeli (2016b) points out that even though social work has been an active part of disaster work, many scholars have argued that social work as a profession should take a greater role in disaster management (Dominelli, 2012; Elliott, 2010; Mathbor, 2007; Thomas and Healy, 2010). Scholars also point to the need for incorporating disaster social work into the curriculum for social work education (Adamson, 2014; Newhill and Sites, 2000 in Rapeli, 2016b).

Thomas and Healy (2010, p. 255) point out that “social workers are engaged in various phases of disaster response, whether or not they are prepared for effective practice.” They also point out that given the enormity and frequency of disasters in recent years, “it becomes imperative that the social work curriculum prepare students to meet these challenges, especially those who might be working in developing regions of the world” (Thomas and Healy, 2010, p. 261). Mathbor (2007, p. 359) states: “However social work educators in the USA have not yet prioritized or developed sufficiently disaster management as an integral part of the social work curriculum and practice.” Thus, there is also a strong call for including courses on disasters in the social work curriculum, for example, from International Association of Schools of Social Work, IASSW, (Adamson, 2014; Social Dialogue, 2013). In the Nordic countries, Iceland is the only country providing a mandatory course in the field of disaster social work (University of Iceland, n.d.). The University of Aarhus offers two diploma programs in disaster social work, with emphasis on conflict resolution and families and children (Aarhus University, n.d.). Hence, the Nordic schools of Social Work have in general not responded to the International Association of Schools of Social Work’s call.

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## 3. DENMARK

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### 3.1 Introduction

#### 3.1.1 Geography and climate

Denmark is a small country, compared to its neighbouring countries, and is geographically the smallest of the five nations in the Nordic Region. The land area, which covers 42,890 km<sup>2</sup> (total area 43,561 km<sup>2</sup>) with 58.9% or 25,329km<sup>2</sup> as arable land, is made the most of by the inhabitants (Norden, n.d.; European Commission, n.d.c). The coastline in Denmark is exceptionally long, around 7,300 km, which corresponds to almost one and a half meters of coast per inhabitant. One of the main geographical characteristics of Denmark is its many islands (391 in total). The largest islands are Sjælland, the North Jutland island, Fyn, Lolland and Bornholm (European Commission, n.d.b; Statistics Denmark, 2015). The climate in Denmark is marked as temperate with cool summers and mild windy winters (European Commission, n.d.b).

#### 3.1.2 Demographics

Denmark is the most densely populated country in the Nordic Region, with almost 5.7 million inhabitants in 2015 (Statistics Denmark, 2015). The population density in 2014 was 130.5 /km<sup>2</sup>, which is by far the highest population density in the Nordic countries. The population in the capital area<sup>10</sup> in 2014 was 1,246,611 inhabitants (Norden, n.d.). The median age<sup>11</sup> of the population in 2015 was 41.8 years, 42.8 for women and 40.9 for men (CIA, n.d.). The Danish population is gradually getting older, mostly due to the increase of people over the age of 80 (Statistics Denmark, 2015). The life expectancy for Danes is slightly lower than in the other Nordic countries. In 2015 the life expectancy for women was 81.8 years and 76.8 years for men (CIA, n.d.). In 2015 the fertility rate in Denmark was

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<sup>10</sup> Copenhagen, Frederiksberg, Albertslund, Brøndby, Gentofte, Gladsaxe, Glostrup, Herlev, Hvidovre, Lyngby-Taarbæk, Rødovre, Tårnby and Vallensbæk municipalities, and urban parts of Ballerup, Rudersdal, Furesø, Ishøj By and Greve Strand.

<sup>11</sup> The median age divides the population into two numerically equal groups; that is, half of the population is younger than the median age and half of the population is older.

1.73 children born per woman and the infant mortality rate 4.05 in every 1,000 live births (CIA, n.d.). In 2015 the total dependency ratio<sup>12</sup> was 55.9% and the potential support ratio<sup>13</sup> was 3.4.

At the start of 2015, immigrants and descendants comprised 11.6% of the total Danish population. About 8.9% were immigrants and 2.8% descendants. Around 53% of all immigrants and descendants originate from European countries. The largest group comes from Turkey (9.4%) (Statistics Denmark, 2015). Denmark saw a doubling in asylum seekers between 2013 and 2014. In 2015, 21,225 persons applied for asylum in Denmark, compared to 14,792 in 2014. Nearly half of asylum seekers in 2014 came from Syria (7,087), and Syrians as a group were more than three times bigger than the next biggest group, Eritreans (2,285) (Udlændinge-, Integrations- og Boligministeriet, 2015).

The total employment rate in 2013 was 72.5% (Statistics Denmark, 2015). In 2015 the unemployment rate was 4.7% (CIA, n.d.). The expenditure on social affairs<sup>14</sup> in Denmark as a percentage of GDP in 2012 was 34.6% (NOSOSCO, 2015).

### 3.1.3 The governmental system

Denmark is a parliamentary constitutional monarchy with a multi-party system. The political power is not in the hands of Queen Margrethe II, and she does not interfere in the political life or express political opinions. The parliament (*Folketinget*, 179 seats) is the country's highest authority (Norden, n.d.). The Government governs the country according to laws passed by the Parliament. The Government normally comprises about 20 ministers, headed by the Prime Minister. Danish ministers may or may not sit in Folketinget while holding office (CIA, n.d.; Danish Parliament, n.d.). Denmark has been a member of the EU since 1973 and a member of NATO since its formation in 1949 (Norden, n.d.).

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<sup>12</sup> The total dependency ratio is the ratio of the combined youth population (ages 0-14) and elderly population (aged 65+) per 100 people of working age (15-64). A high total dependency ratio indicates that the working-age population and the overall economy face a greater burden to support and provide social services for youth and elderly persons, who are often economically dependent.

<sup>13</sup> The potential support ratio is the number of working-age people (15-64) per one elderly person (aged 65+). As a population ages, the potential support ratio tends to fall, meaning there are fewer potential workers to support the elderly.

<sup>14</sup> The expenditure on social affairs includes expenditures on benefits to families and children, expenditures on benefits to the unemployed, expenditures on sickness benefits, expenditures on pensions, other cash benefits and services to the elderly, expenditures on pensions, other cash benefits and services to the disabled, expenditures on benefits and services to surviving relatives, expenditures on housing benefits, and expenditures on other social benefits.

Denmark is divided into five regions, each governed by regional councils elected every four years. The tasks of the regions include health care (which accounts for more than 90 percent of the region's economy), the operation of social and special education institutions as well as regional development. Furthermore, the regions are in charge of various tasks within the areas of public transport, tourism, education and soil pollution (Danske regioner, n.d.).

Denmark is divided into 98 municipalities, each governed by a council and a mayor. The municipal councils are elected every four years. The municipalities are responsible for a number of tasks, such as environmental control, providing day-care centres, schools, adult education, care of the elderly, specialised social services and road building (CIA, n.d., n.d.; KL, n.d.).

#### **3.1.4 Disaster and risk profile**

Fires, storms, cloudbursts, snow storms, oil spills, technical accidents and terrorist attacks are the types of disasters Denmark has faced in recent years. There have been several severe cloudbursts, and the one in 2011 even hit the centre of the capital (Dahlberg, 2015).

Flooding is a seasonal risk in parts of Jutland and along the southern coast of Lolland and Falster, which are protected from the sea by a system of dikes (European Commission, n.d.b). The serious consequences of the changing global climate are affecting Denmark as well as other countries. An increase in extreme weather events in recent years in Denmark has posed severe challenges, mainly related to water level management (DEMA, 2013). In recent years, severe flooding has also occurred in other areas, such as Frederikssund (2013) and Vejle (2015). The terrorist threat to Denmark is transnational. Thus, it is very much related to developments in terms of global threat. Due to political changes in the Middle East and North Africa, along with other factors, the current overall threat picture against Denmark is considered more fragmented, dynamic and complex than before (DEMA, 2013).

#### **3.2 Local social services**

The Ministry of Social Affairs and the Interior is responsible for the development of policies on social affairs, but the municipalities and the regions administer and pay most of the social benefits and services (NOSOSCO, 2013). The Social Assistance Act (*Bistandsloven*) of

1976 was replaced in 1998 by the Act on Social Services No. 1093/2013 (*Serviceoven*). It emphasises the shift towards services in addition to social assistance. Besides the Act on Social Services, the Active Social Policy Act (*Lov om aktiv socialpolitik*) was enacted in 1998. The Active Social Policy Act No. 1193/2014 addresses social assistance, activation measures, and rehabilitation.

The municipalities can organize the social services, as they like, as long as they follow the legal framework. The idea is that services should be organised as close to the citizens as possible, and that they are close to the responsible politicians. The level of local taxes ranged from 23% to 28% in 2011. This difference is one of the factors explaining the different level of services among the Danish municipalities (The Ministry of Social Affairs and Integration, 2012).

According to the Consolidation Act on Social Services No. 1093/2013, the aims of local social services are “to offer counselling and support so as to prevent social problems; to offer general services designed to serve as preventive measures at the same time; and to satisfy needs resulting from impaired physical or mental function or special social problems.” The Act also states that it is the duty of the municipality to allocate temporary housing if a single person or a family is homeless. The Act emphasises the importance of self-reliance, and it states that the “purpose of the assistance shall be to improve the capability of the individual” and to enhance the quality of life. Furthermore the Act stresses that individuals are responsible for themselves and their family, and that assistance shall be provided on the basis of individual assessment of the need of the recipient municipalities (The Ministry of Social Affairs and Integration in Denmark, 2012).

All inhabitants shall be entitled to counselling free of charge. The “purpose of such counselling is to prevent social problems and to help the citizen overcome immediate difficulties and, in the longer term, enable the citizen to deal with problems as they arise without outside assistance” municipalities (The Ministry of Social Affairs and Integration in Denmark, 2012). Furthermore, in times of disasters, both municipalities and regions are responsible for psychosocial support (*krisestøtte*). The psychosocial therapy (*kriseterapi*), needed in the follow-up, is a service which the regions are responsible for (Sundhedsstyrelsen, 2014).

The municipalities in Denmark have numerous legal obligations towards families with children. They have the legal obligation to provide family-related counselling, free of

charge, to parents and people who are becoming parents. They shall also provide services and support for children with impaired physical or mental function or that are in particular need for support, and provide special facilities, e.g., day care facilities. Furthermore, the municipality can decide to pay supplementary subsidies to parents receiving cash for care benefits under the Child-Care Leave Act (*Dagtilbudsloven*) No. 501/2007 (Eydal and Rostgaard, 2011). The Act on Social Services emphasises that if a child is in need of special support, the municipality is obligated to perform a child protection examination, if possible in cooperation with the parents and children over 15 years. Furthermore, according to the Act, young persons between the ages of 18-22 can receive support to start an independent life outside the parental home.

The Act on Social Services also states that the “municipal council shall ensure that the measures and activities affecting children, young persons and their families are implemented in such a manner as to promote the development, well-being and independence of children and young persons.” The municipality is obligated to prepare a special child policy, and the Act obliges the municipality to organize child protection, including a “contingency plan for the prevention, early detection and processing of cases involving abuse of children and young persons”. The Act also contains a provision on special support for children and young persons that shall be provided by applying a case-by-case assessment so that the support can be adapted to the specific situation of the individual child and his/her family (The Ministry of Social Affairs and Integration in Denmark, 2012).

The Act on Social Services Counselling also regulates services for persons with impaired physical or mental function. According to the social services scheme, the local authorities have the primary obligation to assist people who are suffering from mental illnesses (The Ministry of Social Affairs and Integration in Denmark, 2012). The municipalities are obligated to provide a wide range of services, including personal assistance and attendance. Home help and support to the elderly are also among the obligations of the municipality. In Denmark, the municipalities have extensive responsibilities towards the elderly, including outreach health services (Nordens Velfärdscenter, 2015).

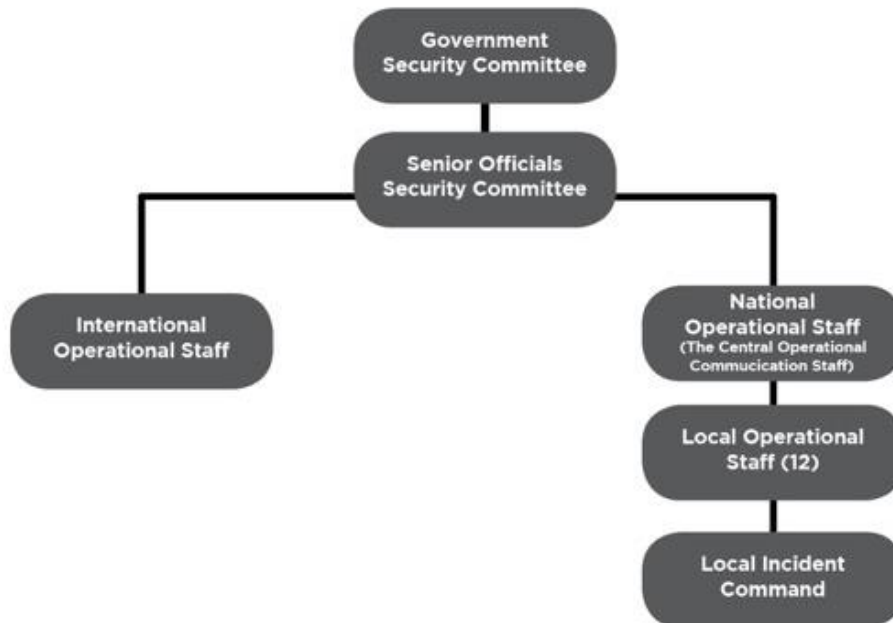
Furthermore, the municipality shall provide for the treatment of drug addicts, including counselling services, motivation, treatment and post-treatment. Social services

also provide support and services to homeless people (The Ministry of Social Affairs and Integration in Denmark, 2012).

Last but not least, the municipalities shall provide social assistance in accordance with the Active Social Policy Act No. 1193/2014. The inhabitants can apply to the municipality for social assistance (*kontanthjælp*) when all other support options have been exhausted under the Active Social Policy Act. Social assistance is means-tested. It can be paid either as a substitute for income or as a supplement to low income. Furthermore, it can also be paid in the form of grants for special expenses, e.g., health costs, medical treatment or equipment in the home. Married couples were obligated to provide for each other, but this rule was abolished as of 1 January 2016 (Beskæftigelsesministeriet, n.d.). The number of children, the length of time that the applicant has lived in Denmark, as well as the age of the applicant are also taken into consideration since the amount of benefit is lower for individuals under the age of 25 and those who have lived in Denmark for less than eight years. In these cases, the benefit is named start allowance (*starthjælp*). Furthermore, assets above a certain ceiling of both applicants and their spouses would be taken into consideration. If the reason for the application is unemployment, the applicant is obligated to participate in interviews and activation measures/work (MISSOC, 2013).

### **3.3 The emergency management system**

The emergency management system in Denmark is designed to be general and flexible in order to handle all kinds of adverse incidents and disasters involving different authorities, both at the central and local levels (see Figure 3). The main actors of the national emergency management system are the rescue and fire services, the police, and the health care system. The authorities activate the system when the day-to-day response system cannot cope with an incident, or if the situation demands crosscutting coordination and mutual orientation among sectors or geographical areas (DEMA, 2015).



**Figure 3.** The Danish emergency management system: National Organisational Chart  
Source: DEMA, 2015.

Five general principles guide the work on emergency management and contingency planning in Denmark:

- Sector responsibility: the department or agency having daily responsibility for a given sector retains responsibility for the sector during crises.
- Similarity: in so far as possible, the procedures and division of responsibilities applied on a day-to-day basis should also be applied in emergency management. The greatest similarity possible between the daily setup and the emergency management setup must be maintained in order to minimize the extent of organizational re-arrangements when activating the emergency management organization.
- Subsidiarity: emergency management and emergency management should be handled at the lowest organisational level possible.
- Cooperation: authorities are responsible for cooperating and coordinating with each other in terms of both preparedness planning and emergency management.
- Precaution: in a situation with unclear or incomplete information, it is always preferable to establish a higher, rather than a lower level of preparedness. Subsequently, adjustments to the preparedness level can quickly be made in order to minimize strain on resources (DEMA, 2015, p. 5).

All authorities operate in accordance with the general principles, promoting decentralisation in the emergency management system. Crosscutting coordination within the emergency management system can operate on four levels:

- The government's emergency management organisation
- The National Operational Staff (*Den Nationale Operative Stab*)
- The 12 local operational staffs
- The local incident command in the response area (DEMA, 2015a, p. 9).

The emergency number 112 is the only emergency number in Denmark whether calls regard police matters, health or rescue services. Calls are answered in Danish, English, Swedish and Norwegian, and people with hearing and speech impairment are provided with a number for text message communication to emergency call centres (European Commission, n.d.a).

### 3.3.1 Tasks and objectives

In general, the emergency management in Denmark operates in accordance with three acts, the Emergency Management Act, that is the Consolidation Act (*Beredskabsloven*) No. 660/2009, the Act on Shelters (*Beskyttelsesrumloven*) No. 723/2003, and the Act on Safety and Environmental Control of Nuclear Installations (*Lov om sikkerhedsmæssige og miljømæssige forhold ved atomanlæg m.v.*) No. 244/1976. Furthermore, other acts provide instructions on the preparedness and emergency management system, for example, the Health Act (*Sundhedsloven*) No. 1202/2014, the Epidemic Act (*Epidemiloven*) No. 814/2009, and the Police Act (*Politoloven*) No. 444/2004.

According to the Emergency Management Act (No 660/2009), the task of the fire and rescue services is to prevent, limit and redress personal injury, property damage as well as damage to the environment caused by adverse events or disasters. The Act on Shelters constitutes a framework for maintenance, preparation and operation of shelters, while the Nuclear Installations Act specifies the rules for nuclear reactor facilities intended for the disposal of radioactive waste and transport of nuclear fuel<sup>15</sup> (DEMA, n.d.a). The Health Act requires regions and municipalities to have a specified health preparedness plan. The Epidemic Act regulates the management of serious infectious diseases, and the Police Act regulates the role of police in the context of disasters.

The primary objective of the Danish emergency management system is to mitigate the effects of major accidents and disasters and arrange for the continuous functioning of

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<sup>15</sup>Denmark decommissioned its last nuclear reactor in 2006.



society during disasters (European Commission, n.d.). The main tasks of the system include providing an overview of the situation at all times in order for the authorities involved to make fast and effective decisions at any level. The system also ensures resourceful collaboration and coordination of operations and resources across different authorities and levels of response efforts. Furthermore, the system disseminates information and guidelines in order for the public to take appropriate self-protecting measures (DEMA, 2015).

### **3.3.2 Contingency planning**

The National Emergency Management Plan (*National Beredskabsplan*) defines the national emergency management system in Denmark. One of the plan's main purposes is to determine the framework and procedures for the cooperation of numerous different bodies in managing an adverse event or a disaster. Consequently, the National Emergency Management Plan comprises an overview of the national emergency management system, including its organisation, distribution of responsibility as well as the competence of and contribution from each authority in the emergency management process. The plan applies to all authorities at all times and to all kinds of incidents, but is mainly intended in times of adverse events that involve a coordinated response. The responsibility for producing and revising the National Emergency Management Plan is in the hands of the Minister of Defence, according to the Emergency Management Act (Ch. 5, §26) (DEMA, 2015).

According to chapter five of the Emergency Management Act, all governmental authorities can be asked to participate, and all authorities are expected "to plan for the continuity and maintenance of vital societal functions in case of major accidents and disasters. This includes the development of preparedness plans" (DEMA, 2015, p.7). Thus, authorities on all administrative levels must be prepared to apply emergency management measures in their own sector, assist other authorities and participate in cross-sectional emergency management.

### **3.3.3 The national level**

The Minister of Defence's responsibilities include contingency planning coordination, implementation of appropriate measures and sectors that are not under any other

authorities (European Commission, n.d.). The Emergency Management Group<sup>16</sup> (*Kriseberedskabsgruppen*) is responsible for revising and testing the National Emergency Management Plan. However, all exercises are coordinated jointly with the Danish Emergency Management Agency (*DEMA, Beredskabsstyrelsen*) and the national police (*Rigspolitiet*) (DEMA, 2015).

The organisation of the government's emergency management comprises two committees. The first is The Government Security Committee (*Regeringens Sikkerhedsudvalg*). It is informed of any adverse event or disaster. In addition, it addresses political and strategic matters. The Prime Minister chairs the committee, which has representatives from the Ministers of Economic and Business Affairs, Foreign Affairs, Defence and Justice. The second committee is the Senior Officials' Security Committee (*Embedsmandsudvalget for Sikkerhedsspørgsmål*). It receives information from the National Operational Staff and involved sector ministries. Moreover, the committee has an advisory role in strategic and political matters towards the Government Security Committee. The committee consists of the permanent secretaries of the ministries that are represented in the Government Security Committee, as well as the Heads of the Defence Intelligence Service (*Forsvarets Efterretningstjeneste*) and the Danish Security and Intelligence Service (*Politiets Efterretningstjeneste*). The Prime Minister's Office can invite ad hoc members. Unrepresented committees and ministries can request to join (DEMA, 2015).

Inter-agency coordination and clear levels of command and control are ensured by the National Operational Staff. It establishes and maintains an overview of the current situation, coordinates and ensures active cooperation and efficient coordination of operations and resources across different authorities and administrative levels. The National Operational Staff is activated in emergencies that cannot be handled on a regional or local level, and during the occurrence of multiple simultaneous events going on in various regions/parts of the country. The National Police chairs the National Operational Staff. Its other members are the Danish Emergency Management Agency, Joint Defence Command Denmark (*Værnsfælles Forsvarskommando*), the Defence Intelligence Service,

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<sup>16</sup> A representative from the Ministry of Defence chairs the group, but the Ministries of Foreign Affairs, Justice, and Health all appoint a representative as well as the Defence Command of Denmark, The Danish Intelligence Service, the Danish Emergency Management Agency, the National Police, Danish Security and Intelligence Services and the Danish Health Authority.

the Danish Security and Intelligence Service, the Danish Health Authority (*Sundhedsstyrelsen*), and the Ministry of Foreign Affairs (*Udenrigsministeriet*). Additionally, the National Operational Staff calls in members ad hoc from relevant authorities, if necessary. The National Operational Staff operates the Central Operational Communication Staff (*Det Centrale Operative Kommunikationsberedskab*). The Central Operational Communication Staff is responsible for providing information to the public and the media. During disasters abroad, the International Operational Staff (*Den Internationale Operative Stab*) is responsible for general coordinating functions to ensure appropriate responses to assist Danish citizens (DEMA, 2015).

DEMA was established in 1993 when the Danish Emergency Management Act entered into force. DEMA took over the tasks of the Civil Defence Agency and the Governmental Fire Inspection Agency. DEMA is a governmental agency under the Ministry of Defence. Its aim is to mitigate the impact of adverse events and disasters on society and prevent harm to people, property and the environment (DEMA, n.d.e).

DEMA is organised into different units, each responsible for its area covering part of Danish emergency response. At DEMA there are centres on core tasks, such as The Centre for Fire Prevention, Centre for Preparedness Planning and Emergency Management, Centre for Emergency Preparedness Monitoring and Guidance, Centre for Education, Centre for Logistics and Acquisition, National Division, International Division, Chemical Division and Nuclear Division. In addition to these, there are two colleges, one of them with a large training area (DEMA, n.d.d.). Furthermore, DEMA is responsible for the Danish national fire and rescue services and has directive responsibilities for fire prevention and runs five regional fire and rescue centres that assist local fire and rescue services in case of major accidents or disasters. In addition to the employed staff of 600 persons, DEMA can activate up to 1,150 conscripts, non-commissioned officers and volunteers. Additionally, there are two voluntary response forces available to assist the fire and rescue services with around 400 volunteers (DEMA, n.d.f).

DEMA is responsible for coordinating contingency planning. This function comprises several tasks that involve coordination of the National Emergency Plan, counselling and guidelines for authorities on all administrative levels regarding contingency planning and guidance within various sectors and coordination between sectors (DEMA, n.d.b; DEMA, n.d.c.). Furthermore, DEMA jointly coordinates planning and conducting national

emergency management exercises. It also assesses and monitors national and cross-sector vulnerabilities (DEMA, n.d.d).

DEMA underscores the importance of all organisations playing an important part in disaster risk reduction (DEMA, 2015a), including those with no traditional preparedness role.

The Danish Health Authority has the overall responsibility in the health sector. In emergency management, the Danish Health Authority's task is national coordination of operations within the health sector. It also issues necessary guidelines and instructions on both regional and municipal levels and assists respective bodies during their response operation. If the Danish Health Authority deems it necessary, it may activate its crisis staff to work specifically on the actual event. As pointed out above, all regions and municipalities must issue or revise their health preparedness plan every fourth year and must send the plan to the Danish Health Authority for advice and consent (Danish Health Authority, n.d).

#### **3.3.4 The regional level**

Major incidents or disasters activate a Local Operational Staff (*Lokal beredskabsstab*) to manage cross-sectorial coordination and cooperation. There is one Local Operational Staff in each of the 12 police districts. It is activated when an adverse event affects the district in question. The police chair the Local Operational Staff, which consists of representatives from the local defence region, DEMA's regional fire and rescue centre, the municipality, and the region's health preparedness organization. If needed, the police can invite ad hoc members from other relevant bodies. If the incident involves more than one district, the Head of the National Police may designate one district to be responsible for the joint effort (DEMA, 2015).

As mentioned, state level rescue preparedness consists of five regional fire and rescue centres providing assistance to the local fire and rescue services whenever necessary. As of 2016, the municipal fire and rescue services in Denmark are merged into 24 fire and rescue service organisations, while the health services remain organised in the five health regions and police services in 12 districts. This results in administrative divisions overlapping in various ways. The health regions manage prehospital and ambulance services, and private companies can be hired on a contractual basis to deliver prehospital services (DEMA, n.d.f; European Commission, n.d.).

### **3.3.5 The municipal level**

In a major incident, an on-site Local Command (*Kommandostadet*) will be established in the response area. The Local Command's work involves collaboration between the police's response leader, the fire and rescue services' response leader, and the health response leader. Additional ad hoc leaders can be included. General coordination management is the responsibility of the police's response leader. The fire and rescue services' incident commander is responsible for technical and safety on-site management, and the health response leader is in charge of prehospital response (DEMA, 2015; Beredskabsstyrelsen, 2013). Thus, the Chief of Police ensures that coordination of the response is as effective as possible.

In addition to legal obligations in terms of the Emergency Management Act and contingency planning for the municipality, the Health Act states that the municipalities must prepare a contingency plan on health matters. This plan can cover the health-related social services, e.g. home care of elderly. And as stated above, before a municipality council can pass a health contingency plan, it must be sent to the Danish Health Authority for advice and consent.

### **3.3.6 Civil society and nongovernmental engagements/agencies**

Nongovernmental agencies and the voluntary sector play a certain role in the Danish system of emergency management. DEMA has large units of volunteers and the non-profit Danish Civil Protection League (*Beredskabsforbundet*) has 5000 members. The volunteers are organised locally as support for the fire brigades. They aim to increase the general population's knowledge of preparedness and prevention and enhance their resilience through education on preparedness issues. The Danish Civil Protection League is involved in training and educating the volunteers on food provision and temporary housing, fire service, rescue work and the use of rescue dogs, communication and SAR-teams (Search and Rescue). Furthermore, the Danish Civil Protection League offers various courses, e.g., in first aid, community preparedness and disaster management (European Commission, n.d.).

The Danish Home Guard (*Hjemmeværnet*) is a volunteer military organisation and the fourth service of the Danish military. It takes part in the defence and support of the

country. Besides providing support to the Armed Forces, the organisation supports the police, the emergency services and other relevant authorities in their operations during adverse events. The number of members is approximately 46,600 and around 15% of the volunteers are women (Hjemmeværnet, n.d.).

The Danish Red Cross (*Røde Kors i Danmark*) is not formally involved in the contingency planning within regions and municipalities. However, it can cooperate in crisis and disaster management as well as disaster reduction. The tradition of cooperation between the Red Cross and municipalities is not strong, but the Red Cross can be a vital resource for regions and municipalities. It can activate an acute team during major events, and the Red Cross is also ready with relief, logistics and assistance when the first emergency relief work is over. Furthermore, the Danish Red Cross can provide psychosocial support, e.g., outreach services (door-to-door visits), safety zones, community meetings and support groups, a psychosocial hotline staffed by trained volunteers as well as information and practical help. This service covers the whole country (Danish Red Cross, n.d.; Danish Red Cross, n.d.a). Telephone hotlines, which are often run by the voluntary sector, are important tools for maintaining contact with vulnerable groups.

### **3.4 Local social services' role in the emergency management system**

As mentioned, all authorities are legally obliged to plan for the continuity of fundamental societal functions in times of adverse events as well as assist other authorities and participate in cross-sectional emergency management. Contingency planning at the municipal level reflects this. A contingency plan includes an overall plan describing municipal preparedness and emergency management and subplans, including plans for response and continuity of vital functions within the municipality in various sectors. This means that local social services in Denmark are required to develop their own contingency plan to ensure proper and immediate response measures, in order to ensure continuity of their key operations and respond to emergencies (e.g., Københavns Kommune, 2006; 2011). In the guidelines prepared by DEMA the role of social services is mentioned but there are no special guidelines for social services (DEMA, 2009).

As mentioned above both the municipality and the regions also have to prepare health contingency plans, which the Danish Health Authority oversees. These plans cover

the social service preparedness that includes health matters. The Danish Health Authority oversees these tasks while DEMA oversees other social service tasks (Region Hovedstaden, 2013).

Hence, the local social services do have clear legal duty to produce a contingency plan and the municipalities should address their roles in their own plans. Similarly the special health preparedness plans shall address social service tasks related to health. However, each municipality defines the roles of social services and the authors of the report did not find any research on the issue. Hence, it is difficult to conclude about the statuses of the contingency plans in all 98 municipalities. Furthermore, the fact that the social services have a clearly defined legal obligation regarding the contingency planning does not necessarily mean that the needs of all vulnerable groups are represented in the planning e.g., the Ministry of Children, Gender Equality, Integration and Social Affairs criticised the emergency management system in a report on the *Disability Policy Action Plan 2013*. The ministry underlined that the Emergency Preparedness Act does not refer explicitly to the needs of people with disabilities. Furthermore the report stated that the relevant agencies do not have sufficient knowledge on how to include people with disabilities during disasters, e.g. in the case of evacuation. Additionally, the SMS-based early warning system was criticised for not taking into account deaf foreigners (Ministry of Children, Gender Equality, Integration and Social Affairs in Denmark, 2013).

### **3.5 Conclusion**

According to the Danish Emergency Management Act, all governmental authorities can be asked to participate, and all authorities are expected “to plan for the continuity and maintenance of vital societal functions in case of major accidents and disasters. This includes the development of preparedness plans” (DEMA, 2015, p. 7). Hence, all municipal authorities, including the local social services, have to plan for maintaining their critical functions in the event of major accidents and crisis. Usually, the municipality prepares a plan, and the plan of the social services is a sub-plan in the overall plan (see table 3.1).

Furthermore according to the Danish Health Act both regions and municipalities are required to prepare a specified health contingency plan. Hence, in times of disaster the social services that are relevant to health care are under the command of the Danish Health

Authority. DEMA, the Danish Emergency Organisation, is in charge of the contingency planning of the social services.

**Table 3.1** Conclusion: Social services in Denmark’s contingency planning

<b>Emergency Management</b>	
Ministry responsible	Ministry of Defence
Coherent body of law on EM?	Yes, the Emergency Management Act The Act on Shelters The Act on Safety and Environmental Control of Nuclear Installations
Committee/council/board at national level?	Yes, the Emergency Management Group
Are social services represented in the committee/board/council?	No, Ministry of Defence, Foreign Affairs, Justice and Health are represented
EM national institution or authority?	Yes, DEMA
No. of staff?	600
Main principles?	Sector responsibility Similarity Subsidiarity Cooperation Precaution
EM cooperating with voluntary organizations according to formal contracts?	Yes, legislation/formal contracts
Conscripts and volunteers	Danish Civil Protection League ( <i>Beredskabsforbundet</i> ) has 5000 members. DEMA can activate up to 1,150 conscripts. There are two voluntary response forces available with around 400 volunteers, and the Danish Home Guard ( <i>Hjemmeværnet</i> ), a volunteer military organisation, has 46,600 members.
<b>Role of local social services in emergency management</b>	
Does the act on EM address the role of local social services?	No
Does the legal framework address the role of local social services in relation to EM?	Yes, in the Emergency Act (all institutions) and in the Health Act
Does the legal framework outline distinctive role/roles?	No
Are social services legally obligated to prepare a contingency plan?	Yes, all authorities have a legal obligation to produce a plan
Does the law on social services specifically address the role of the services in the context of disaster?	No
Are there specific guidelines for social service contingency planning?	No, just the general guidelines for all authorities provided by DEMA

DEMA is responsible for coordinating contingency planning and providing counselling and guidelines for authorities on all administrative levels regarding the planning and guidance within various sectors and coordination between sectors (DEMA, n.d.b; DEMA, n.d.c.). However there are no specific instructions for social services reg. contingency plans nor is there any systematic information about how many municipalities have special contingency plans for social services.

DEMA is responsible for following up on the municipalities’ planning, but it is difficult to review the results of such activities as they are not published on the DEMA



website or on municipalities' homepages. It fell outside the scope of this report to request insight into specific plans and processes. The 98 municipalities in Denmark all make their own plans, and it would be very useful for not only them but also other Nordic countries if the plans of the social services could be published (if possible for security reasons). To publish the plans can also enhance co-operation between different municipalities and also cross-sectional co-operation since other actors might benefit from reading what the social services consider to be their role in case of emergency. The fact that there exist not research nor report on the role of social services in case of disaster in Denmark also speaks for the need of such comprehensive knowledge. Furthermore, due to the practice that each municipality makes an agreement with the Danish Red Cross, it would also be important to gather comprehensive knowledge about its roles in previous disasters and learn more about the division of labour between the social services and the Danish Red Cross during disasters.

The Danish Social Service Act does not address the role of social services in times of disaster, nor does it mention the contingency plans. The instructions from DEMA on how to make a contingency plan make references to social services, but aside from that, not much information on their role can be found in the documents and information from DEMA. Hence there seems to be ample space for informing sectors, DEMA and the social service about each other's role and duties.

The Danish system of emergency management emphasizes the subsidiarity principle that the contingency planning shall be made as close to the citizen as possible, and this also applies also to the local social services. This fact should make it easier to co-operate across sectors within the municipality. However, the fact that all the main actors of the national emergency management system (the rescue and fire services, the police, and the health care system) are organized on the regional level calls for emphasis on enhancing the co-operation between municipal and regional levels.

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## 4. FINLAND

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### 4.1 Introduction

#### 4.1.1 Geography and climate

Finland is often referred to as the “land of a thousand lakes”. This is no surprise since there are around 188,000 lakes, covering more than 500 m<sup>2</sup> of the country. Inland lakes and rivers make up 10% of the country. Finland’s land area is 303,898 km<sup>2</sup> (total area 338,440 km<sup>2</sup>). Only 6% (22,805 km<sup>2</sup>) of it is arable. Another main geographical characteristic in Finland is its forests. They cover almost two thirds of the land mass (Norden, n.d.). The mean temperature in Finland is several degrees higher than in other areas in these latitudes. The inland waters, the Baltic Sea and the airflow from the Atlantic raise the temperature in Finland (European Commission, n.d.b).

#### 4.1.2 Demographics

At the end of 2015 Finland’s population was nearly 5.5 million. About one million inhabitants lived in the area in and around Helsinki (Statistics Finland, n.d.). The population density in 2014 was 17.9 /km<sup>2</sup>, which is quite similar to Norway. The population in the capital area<sup>17</sup> in 2014 was 1,090,616 inhabitants (Norden, n.d.).

The median age<sup>18</sup> of the population in 2015 was 42.4 years, 44.3 years for women and 40.7 years for men (CIA, n.d.). The Finnish population is getting older, and the number of persons aged 65 or older has doubled since the mid-70s (Indexmundi, 2015). The average life expectancy in Finland in 2014 was 83.86 years for women and 77.8 years for men (Statistics Finland, 2015). The gender difference is greater in Finland than in other Nordic countries (Statistics Finland, 2015a). In 2015 the fertility rate in Finland was 1.75 children born per woman. The infant mortality rate was 2.52 per 1000 live births (CIA, n.d.). The

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<sup>17</sup> Helsinki, Espoo (Esbo), Kauniainen (Grankulla) and Vantaa (Vanda).

<sup>18</sup> For the definition of median age, please see page 66.

total dependency ratio<sup>19</sup> in 2015 was 58.3%. The potential support ratio<sup>20</sup> in 2015 was 3.1 (CIA, n.d.).

At the end of 2014 immigrants comprised 5.9% of the Finnish population. Around 22% of all immigrants originate from the former Soviet Union and the second largest group originates from Estonia (14%) (Statistics Finland, n.d.a). Net immigration to Finland in 2014 was 16,020 persons, down 2,030 from the year before. Immigration to Finland from the other EU countries was 15,380 in 2014. Finland had a migration gain of 5,270 persons from the EU countries. This is lower than the year before (Statistics Finland, 2015b).

Between 2010 and 2014, Finland received 3000-4000 asylum seekers per year, of which the biggest country of origin was Iraq (22.6% in 2014) (Refugee Advice Centre, 2016). The migration rose rapidly in 2015. Finland received well over 30,000 asylum seekers and established tens of new reception centres in the country (Ministry of the Interior in Finland, n.d.a). Integration of the newcomers into Finnish society will be a challenge in the coming years.

In November 2015, 70.7% of all people aged 16-67 living in Finland were employed. The total unemployment rate in November 2015 year stood at 8.4%, 9.2% for men and 7.2% for women (Statistics Finland, 2015b). The expenditure on social affairs<sup>21</sup> in Finland as a percentage of GDP in 2012 was 31.2% (NOSOSCO, 2015). The growth in social protection expenditure in 2014 was particularly due to expenditures connected with old age and unemployment (Statistics Finland, 2016).

#### **4.1.3 The governmental system**

The form of government in Finland is a republic. The president, is elected by the people and he/she has real power over foreign affairs, EU policy and major military decisions. On all other matters, the parliament is the country's highest authority (*Eduskunta 200 seats*) (Norden, n.d.).

In Finland there are six Regional State Administrative Agencies (*Aluehallintovirasto*) and 15 Centres for Economic Development, Transport and the Environment (*Elinkeino-, liikenne- ja ympäristökeskus*). They all work in close collaboration with the local authorities.

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<sup>19</sup> For definition of total dependency ratio, please see page 66.

<sup>20</sup> For definition of potential support ratio, please see page 66.

<sup>21</sup> For more detailed information on what expenditure on social affairs includes, please see page 66.

The national government appoints the heads of these administrative units. The main role of regional state administrative authorities is to steer and supervise local authorities; hence they also have executive power on certain issues. The areas of responsibility of Regional State Administrative Agencies are basic public services, legal rights and permits, education and culture, occupational health and safety, environmental permits and rescue services and preparedness.

In addition to the state regional authorities, there are 18 regions in Finland, plus the autonomous province of Åland. These 18 regional councils are statutory joint municipal authorities operating in accordance with the principles of local self-government. They operate as regional development and planning authorities and safeguard regional interests. They focus on common regional needs and the material and cultural well-being of their regions (Local Finland, n.d.a). The present Government of Finland aims to reform regional governance in the country. Regional governance will be based on the existing 18 regional councils or counties. Most of the currently state-directed regional functions as well as many of the municipality-directed functions will be transferred to the regional counties. For example, by 2019 the 18 counties will organise rescue services as well as all public social and health care services. The reform of regional administration will be one of the biggest administrative reforms ever in Finland (Government Communications Department, 2016).

Finland is divided into 317 municipalities (2015), each governed by a council and mayor. The municipal councils are elected every four years. They are self-governing entities with the right to decide their own affairs according to law (Local Finland, n.d.). They are responsible for providing their inhabitants with mandatory basic services, such as education and culture, environmental services and technical infrastructure. Social welfare and health care are the largest local government functions. The right to social welfare and health services is a fundamental right of the entire population. Municipalities are responsible for providing the social welfare and health care services required by law. They either provide the services or secure them from other organisations or private sector providers (Local Finland, n.d.b). Finland is a member of the EU (since 1995), and its currency is the euro. Finland is not a member of NATO (Norden, n.d.).

#### 4.1.4 Disaster and risk profile

Finland has faced disasters in recent years resulting from storms, floods, mass shootings, and transport accidents (European Commission, n.d.). Finland completed its National Risk Assessment in 2015. The assessment is primarily drafted from the perspective of emergency management. It thus takes all society's vital functions into account. The assessment identified risks that may have wide regional or national impact and require managing through resources coordinated between several authorities. The National Risk Assessment regards six wideranging threats and 15 serious regional events as the main risks facing the country. The wideranging hazards named in the National Risk Assessment are serious disruptions of the energy supply, risks in the cyber domain, serious human infectious diseases, a security-policy-related crisis, a severe nuclear accident and solar storms. The serious regional events named in the Risk Assessment are as follows: extensive rapid flooding in urban areas, serious chemical accidents or explosions at a plant handling dangerous substances, major maritime, aviation, rail transport and road traffic accidents, several simultaneously occurring major forest fires, other major fires, disruption of the water supply, a large-scale winter storm followed by a long cold spell, a severe thunder storm, a terrorist act or targeted violence, violent and large-scale civil disturbances and a mass influx of migrants (Ministry of the Interior in Finland, n.d.b).

Finland is facing a number of structural and societal challenges, including an ageing society, increased need for services due to multi-morbidity, increasing socioeconomic and health inequalities, accumulation of social and health problems, such as poverty, unemployment, poor health and poor mental health. The dependency ratio is alarming although there are great regional differences in demographic changes. There are also inequalities in the availability and quality of care and this should be improved simultaneously with improvement in productivity and reduction of the sustainability gap (Vaarama, Karvonen, Kestilä, Moisio and Muuri, 2014). In addition, urbanisation, interconnectedness, globalisation and the changing hazard patterns caused by climate change create challenges for Finnish society. These challenges threaten the maintenance of a high level of resilience. In order to meet these challenges, Finland must strengthen the linkages for policy implementation, monitoring and tackling the risk perception gap across levels of government. Furthermore, the country should strengthen national policy on the



preparation for large-scale risks, increased prevention and risk reduction efforts (UNIDSR, EC and OECD, 2014).

## **4.2 Local social services**

The Ministry of Social Affairs and Health is responsible for planning, steering and implementing social and health policy in Finland (Ministry of Social Affairs and Health, n.d.a). The Regional Administrative Authorities guide and monitor public and private social welfare and health care services produced at the local level. The municipalities organize and mainly produce the actual services.

The aim of combined social and health care services is close collaboration between the services. In many municipalities they are administratively integrated. Functional integration varies by municipality. The idea of integrating these services in Finland is strongly based on the state's structural and organizational requirements for municipalities. Small municipalities' capacity to provide basic health care services has been considered too weak. Thus, since 1970 basic health care services have been organised in municipalities or joint municipal service areas of more than 10,000 inhabitants. On the other hand, the municipalities, regardless of their size, have organised social services until the establishment of the so-called Paras-legislation in 2007, that is, the Act on Restructuring Local Government and Services No. 169/2007 (*Laki kunta- ja palvelurakennemuutuksesta*). With the Act, the Government wanted to increase the efficiency of local social and health care services. The act set the minimum population base for basic health care services and social services at 20,000 residents. To achieve this minimum population, the municipalities with less than 20,000 residents either merged with neighbouring municipalities or formed collaborative service areas. The law also aimed at creating and strengthening regional cooperation on services and promoting cooperation between social and health services (Kokko et al., 2009).

The organisation of basic social and health care varies, but the 317 municipalities carried out their responsibility for the services in 2015. Single municipalities or joint social service areas can purchase part of the services from the private sector or a third sector organisation. In Finland, approximately 30% of social services are privately produced

(Arajärvi and Väyrynen, 2011). In 2015 there were 20 hospital districts providing special health care services in Finland.

The government of Finland is in the process of reforming social welfare and health care services. The government is expected to enact the reform before January 2019. According to the policy, the tasks of organising the social welfare and health care services will be reformed into 18 autonomous regions, or counties, in the country. According to the Finnish Government, the objective of social welfare and health care reforms is to achieve uniform service quality and availability in accordance with the Constitution. Social welfare and health care services will be integrated to form customer-oriented entities, and basic public services will be strengthened. Financing of the services will also be reformed in order to increase the customers' choice of services (Government Reform Packages, 2015.)

Finland adopted a new Social Welfare Act No. 1301/2014 (*Sosiaalihuoltolaki*) in 2014. All municipalities were obliged to implement it before April 1<sup>st</sup> 2015. The aim of the new act is to enhance equal access of the services, to promote early intervention and well-being of people instead of specialized services, strengthen client-centred approaches in services and secure services for the clients in their own living environments. Increasing multi-sectoral cooperation is also one of the aims of the Act. According to the Act, the delivery of the social services should be based on the client's needs. The services must be organized to support managing of everyday life situations and needs. For example, housing and financial support, fighting social exclusion and violence within the family and elsewhere, supporting inclusion, support to persons in sudden crisis situations, supporting children's development and well-being, supporting needs deriving from substance abuse, mental health problems, disability, seniority or other physical, mental, social, or cognitive disabilities threatening everyday life. In addition, the clients' relatives and next of kin must be supported. The following social services must be organized in each social welfare and health care service area: social work, case management, social rehabilitation, family case management, home care, home service and institutional care services, transportation, substance abuse and mental care, child and family counselling, and other services according to the needs of clients. Emergency social services and monitored parent and child meetings must also be organized.

In June 2016 the Government published a proposal for legislative changes in the Social Welfare Act, Health Care Act and urgent social and health care. According to the

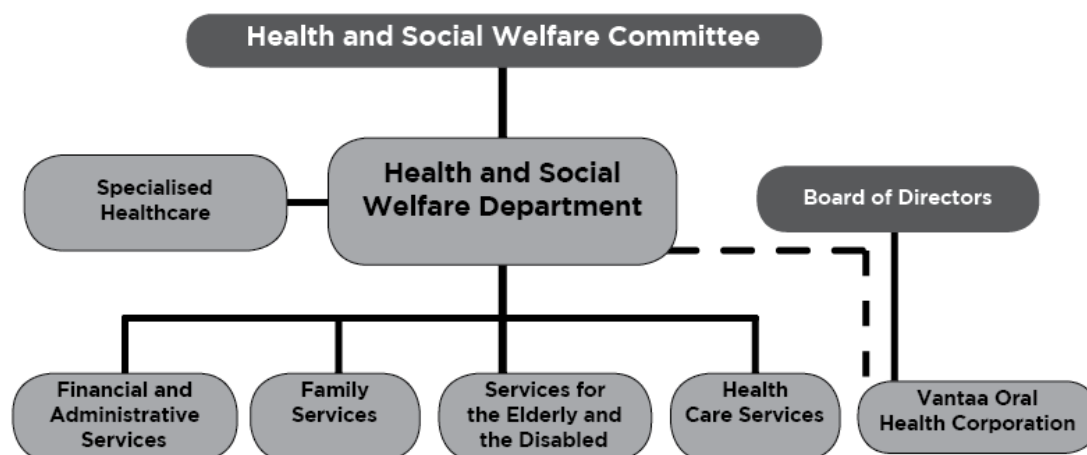
proposals, emergency social services will be strengthened and linked better with the health services and prehospital emergency care, and five university hospital areas will be strengthened as well. The aim is also to clarify the organization of psychosocial support after disasters as an integrated service produced in coordination by social and health care services (Government Communications Department, 2016). In Finland, psychosocial support and services is understood to consist of psychiatric support, social work, social services and spiritual support provided by faith-based organizations (*Sosiaali- ja terveystieteiden ministeriön julkaisu*, 2009, p. 12).

There is also special legislation on social welfare services, such as the Act on the Status and Rights of Social Care Clients, which includes issues of data security. Special legislation also covers child welfare, child day care, the treatment of substance abusers, and the special care of people with intellectual disabilities, disability services, informal care support, family care, rehabilitation and elderly people (Ministry of Social Affairs and Health in Finland, 2016.)

#### **4.2.1 Example of local social services in Finland: The case of Vantaa**

The Vantaa case is presented here as an example of the Finnish social sector's preparedness. Vantaa is situated in the Helsinki Metropolitan Area. It is the fourth biggest city in Finland with 210,000 inhabitants. About 20% of the population is under the age of 16, while 14.5 percent are older than 64. Ten percent of the population is originally from other countries, hence there are 100 languages spoken in the city. The biggest language groups after Finnish and Swedish are Russian, Estonian and Somali.

Vantaa produces and integrates social and health care services (Figure 4).



**Figure 4.** Vantaa Social and Health Care Services

Source: Vantaa, n.d.

The Health and Social Welfare Committee and City Executive Board updates Vantaa’s Health and Social Welfare Department's preparedness plan approximately every third year. The preparedness plan is based on risk assessment. The greatest city-level risks are mass casualty accidents, fires in an institution or residential care units, floods, destructive storms, acts of terror, emissions of hazardous substances, infectious diseases and mass immigration. The greatest risks to the functioning of the Health and Social Welfare Department's provision of services are disruptions of the energy supply, water management, IT systems or data communications. Outsourcing of several services is a serious challenge to the manageability of the service package.

Potentially hazardous situations occurring in the city demand that the authorities take special action. Normal organization and authorizations are applied. *Basic level preparedness* consists of maintaining the preparedness plan. Each operating unit must have up-to-date rescue plans and around-the-clock emergency preparedness. Personnel are trained and cooperation with essential external actors has been agreed. *During hazards* the level of preparedness is raised. Tasks are re-evaluated, and functions are increased and streamlined. Employees prepare themselves to assume other tasks, e.g., in services for substance abuse care, mediation and preventive social work. Material is checked and supplemented if needed, and communications and alarm systems are verified. Required training and guidance are also arranged, and the possibility of paying social benefits for the

clients in advance is ensured. *Full preparedness* will only be set in emergency conditions within 2-5 days. It requires government decision. In such cases, the entire organization shall have the operational capability required for the emergency. If the situation is prolonged, the use of resources will be further prioritized to ensure vital services. Social services focus on ensuring minimum social assistance for the citizens, arranging care, for example, for orphaned children. The basic idea is that in a state of emergency, normal legislation and organization shall be applied to the extent possible.

The Health and Social Welfare Department's civil defense duties are first aid, treating patients and emergency care. Social services take care of shelter, food, clothing and other basic care of accident victims and evacuees. Social services together with health care provide psychosocial support. Social service employees have been divided into teams responsible for caring for the population and employees in the civil defense organization. Food-supply teams are created during disasters. The Social Emergency and Crisis Center coordinates psychosocial support. It consists of employees from family counselling clinics and psychological services. When required, care teams will help in mass decontamination of people after radiation or gas emissions.

Leadership in a state of emergency and during disasters is based on valid legislation. The city's deputy mayors head their own departments, supported by departmental management groups. The Health and Social Welfare Committee leads operations, but some of its authority may be transferred to the chair or an office-holder. The mayor and his staff lead the city in a special command centre, shared by the city and the rescue department. At the command centre, the director of Health Services is responsible for emergency care, whereas the director of Family Services is responsible for maintenance of those in need.

The departments' training plans include training in basic preparedness. The main aim of the training is to maintain awareness of the preparedness plan and employees' own positions and duties in case of disruptions and emergencies. If a threat arises, employees are given training related to it. Employees participate in drills arranged by the defense forces and the government, annual Search and Rescue drills, Parents Rescue exercises and civil defense courses

Vantaa City's Social Emergency and Crisis Center (*Sosiaali- ja kriisipäivystys*) is a vital actor in cases of crisis and disaster. It is part of the city's Health and Social Welfare Department. The centre provides mandatory services in social emergencies, social services

outside office hours, emergency child protection 24/7, support in acute traumatic crises, police social work and psychosocial support in disasters. The main reasons for contacting the service are, for example, domestic violence, a caregiver's sudden illness, or a situation threatening the safety of a child (intoxication, mental problems). The customer him/herself, or his/her relative or friend can seek help and get services free of charge.

The Social Emergency and Crisis Center is always prepared for catastrophes and responsible for arranging psychosocial support in case of accidents and disasters. Psychosocial support consists of psychological first-aid and acute social services. The need for support and care may continue for years. Vantaa's Social Emergency and Crisis Center has a special status in the Finnish preparedness system. The Ministry of Social Affairs and Health authorises it to provide nationwide psychosocial services and consultation for other municipalities if needed (Vantaa.fi, n.d.).

### **4.3 The emergency management system**

The preparedness and emergency management system in Finland is based on a comprehensive concept of security and the Resolution on Security Strategy for Society in Finland. The resolution provides guidelines to all actors of society, i.e., to ministries, regional and local administration for safeguarding national sovereignty, promoting the population's security and well-being, and maintaining the functioning of society. The approach of the strategy is multi-agency and multi-hazard. It places greater emphasis on the role of municipalities than previous crisis strategies have (Ministry of Defence in Finland, 2011). Municipal, regional and state level management are all involved in disaster risk management as seen in Figure 5 (Ministry of Defence in Finland, 2011, p. 56; Valtioneuvoston kanslia, 2009, p. 51).



**Figure 5.** Disaster management principles in Finland

Sources: Adapted from Ministry of Defence, 2011 and Valtioneuvoston kanslia, 2009.

Two main principles guide the work on emergency management and contingency planning in Finland:

- Each authority continues its normal activities during disasters, but may have specific additional responsibilities.
- As few new bodies as possible are introduced into emergency management. This means that organisational changes are kept to a minimum.

The approach of the Security Strategy, along with its principles, promotes decentralisation of the emergency management system.

Police, Emergency Response Centres (112) and defence forces are state-coordinated in Finland. There is only one emergency number, 112, and the Emergency Response Centre Administration (*Hätäkeskuslaitos*) handles emergency calls. The Emergency Response Centre Administration is a national-level agency, with emergency response centres throughout the country. The agency is under the Ministry of the Interior, which, with the Ministry of Social Affairs and Health, is responsible for guiding the agency's performance. The main tasks of the Emergency Response Centre Administration are receiving emergency calls involving the police, rescue services and social and health services; handling communications regarding the safety of people, property, and the environment, and communicating received information to appropriate assisting

authorities. The Act on Emergency Response Centre Activities entered into force on January 1<sup>st</sup> 2001. It promotes the safety of citizens, restructures the provision of emergency response centre services and improves the coverage and quality of services (Ministry of the Interior in Finland, n.d.). The voluntary sector has its own alarm system. It is connected with the emergency response centres (112). The voluntary Rescue Services have a regional alarm system, which includes the Finnish Red Cross.

Collaboration between civil and military authorities is organised at each administrative level. The Defence Forces are obliged to participate in rescue operations, civil defence and support of all civil emergency management actors in accordance with relevant regulations (European Commission, n.d.a).

#### **4.3.1 Tasks and objectives**

Generally, emergency management in Finland operates in accordance with three acts—the Emergency Powers Act (*Valmiuslaki*) No. 1552/2011, the Rescue Act (*Pelastuslaki*) No. 379/2011, and the Act on Emergency Response Services (*Laki hätäkeskustoiminnasta*) No. 692/2010. However, various other acts have directives on disaster risk reduction and management and contingency planning. Examples include the Electricity Markets Act (*Sähkömarkkinalaki*) No. 588/2013, the Act on Information Management Governance in Public Administration (*Laki julkisen hallinnon tietohallinnon ohjauksesta*) No. 634/2011, the Health Care Act (*Terveydenhuoltolaki*) No. 1326/2010, and the Health Protection Act (*Terveydensuojelulaki*) No. 763/1994.

The most important tasks of the Finnish emergency management system are safeguarding the population's security and well-being and ensuring vital functions in society in all situations (Ministry of Defence in Finland, 2011). Each sector of society is responsible for its disaster management procedures in Finland. The leading coordination organization of response operations depends on the type of crisis. Each ministry is responsible for the strategic tasks relevant to its domain of operation, and the Security Strategy for Society lists the key functions vital to society and the responsible ministry.

When several authorities from different branches of the administration are involved in disaster management and response, the Prime Minister's Office takes on the responsibility of coordination at the state level. At the local level, the coordination of



operations is most often under the rescue services, depending on the case (Ministry of Defence in Finland, 2011).

#### **4.3.2 Contingency planning**

Contingency planning in Finland is mandatory for public services at all levels of administration (national, regional and local), in accordance with the Emergency Powers Act. Each ministry, within its mandate, is in charge of preparedness issues (Ministry of Defence in Finland, 2011). Each authority is responsible for its statutory functions at all times. This means that all sectors of authorities are responsible for their own preparedness, such as making contingency plans, acquiring special equipment and training personnel (European Commission, n.d.b).

#### **4.3.3 The national level**

In order to ensure cooperation between the relatively independent ministries, ministerial Chiefs of Preparedness are appointed. They are put in charge of contingency planning and the necessary measures for emergency preparedness. The Prime Minister's Office coordinates contingency planning, facilitated by the ministerial Chiefs of Preparedness (Ministry of Defence in Finland, 2011).

The Ministry of Social Affairs and Health and its sector is responsible for the population's income security, capability to function and insurance. These tasks refer to the capability to provide comprehensive social security and social, health and environmental health care services. These tasks also cover the functioning of social and private insurance (Ministry of Defence in Finland, 2011).

The Ministry of the Interior's Department for Rescue Services directs and monitors rescue services. The tasks of the Finnish rescue services are divided into accident prevention, rescue operations and civil defence. There are around 5000 full-time employees in the professional rescue service departments and about 15,000 voluntary rescuers mainly in more remote and scarcely populated areas (European Commission, n.d.a).

#### 4.3.4 The regional level

As noted earlier, Finland has six Regional State Administrative Agencies and 15 Centres for Economic Development, Transport and the Environment. The main role of Regional State Administrative Authorities in the field of preparedness and contingency planning is coordinating, guiding and monitoring disaster preparedness on the local level and organizing preparedness exercises and training on disaster management. Finland is divided into 22 rescue service regions. The regional rescue departments are responsible for providing local rescue services in their area. Regional rescue services are operated in cooperation with the municipalities of the region, as defined by law. They operate in various kinds of emergencies, such as fires, daily accidents and major disasters. They are as well major actors in civil defence. When several authorities from different administrator branches are involved in a rescue operation, the rescue authority coordinates the operations at the regional level (European Commission, n.d.a). Reform of regional administration will occur in the very near future. The reforms will include reducing the rescue service regions by 2019 (Government Communications Department, 2016). The five-university hospital service area organises prehospital emergency care. These services are an integral part of the emergency services of health care (Sosiaali- ja terveystieteiden ministeriön julkaisu, 2011).

As noted earlier, health care, social services and regional governance will be reformed by the end of 2018 to modernise services and improve the sustainability of general government finances. The reform has several dimensions: reform of health care and social welfare, reform of fire and rescue services and reform of regional government. In addition to social, health care and rescue services, the counties (regional government) will be responsible for environmental healthcare, regional development duties and tasks related to the promotion of business enterprise, planning and steering of regional land use, promoting the identity and culture of the counties and other statutory regional services assigned to the counties. In the future, the municipalities will be communities of local involvement, democracy, culture and vitality. They will manage the duties related to municipal self-government as decided by the residents (general mandate) and local duties defined by law. The municipalities will be responsible for managing and promoting employment, promoting engagement and culture, promoting health and well-being, services related to sports, culture and other leisure activities, youth services, as well as local

industrial policy, land use, construction and urban planning (Government Communications Department, 2016).

#### **4.3.5 The municipal level**

Municipalities are currently responsible for a number of the vital functions that are organized in cooperation with neighbouring municipalities. Rescue services and specialized health care services are among these functions and are already organized jointly at the regional level. According to legislation from 2007, the Paras-legislation, the basic health care services and social services shall be organized in areas where the population exceeds 20,000 inhabitants. This has led to many new regionally based social and health care service organizations (Association of Finnish Local and Regional Authorities, 2013).

#### **4.3.6 Civil society and nongovernmental engagements/agencies**

The voluntary sector in Finland plays a vital role in emergencies. Volunteers are trained to provide psychosocial support, and primary help tasks are organized under the umbrella of the Voluntary Rescue Service in Finland<sup>22</sup>. It is an organization of 50 different NGOs and is coordinated by the Finnish Red Cross (*Suomen Punainen Risti*). Additionally, the Finnish Red Cross has a pool of professional crisis psychologists who are activated when needed in mass emergencies (Rapeli, 2014).

The Red Cross coordinates first-aid training and first-aid programmes in Finland and is responsible for training trainers. The program is divided into first aid and health, on the one hand, and life-saving first aid, on the other. All who participate in first-aid courses receive the same training throughout the country. The Finnish Red Cross maintains a register of approved first-aid trainers and monitors the number of people trained in first aid (Finnish Red Cross, 2014).

The Ministry of Social Affairs and Health has an agreement with the Finnish Red Cross on support from volunteers for social and health care authorities. The agreement outlines the cooperation between the authorities and the Red Cross branches at the local level. The following tasks are examples of the volunteer support mentioned in the social services' preparedness plans:

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<sup>22</sup> For further information on The Voluntary Rescue Service, see link: <https://vapepa.fi/en/a-network-that-saves-human-lives/>

- provide help and support in everyday life during crisis, logistical support, child care and shelter,
- provide general psychosocial support,
- provide material help, including financial aid, clothing, organizing donations of clothes, offering blankets, mattresses and cooking equipment for the use of those in need,
- organize additional staff to help the basic services, for example, in elderly homes, child care and care of disabled persons,
- provide volunteers for evacuation centres and for providing food and clothing,
- provide use of the organizations' facilities, evacuation of, for example, the elderly to volunteers' private homes,
- provide support for the authorities during mass influx,
- provide preparedness training.

The Ministry of Social Affairs and Health encourages local authorities to make agreements with the Red Cross on the use of volunteers during aid operations. The decision is based on the government-approved security strategy for Finland (Rapeli, 2014). Furthermore, the voluntary fire brigades play an important role in the rescue services system. As mentioned, the Finnish rescue services have access to volunteers when needed. Around 15,000 rescue volunteers can be activated. They work mainly in more remote and scarcely populated areas. They participate in operations in accordance with an agreement with the permanent rescue service authority in the region. The number of voluntary and part-time rescue practitioners is 14,300 in 635 voluntary fire brigades (European Commission, n.d.a).

#### **4.4 The role of local social services in the emergency management system**

The Emergency Powers Act mandates that all authorities, which include the public social welfare services at the local level, shall prepare contingency plans. According to the Social Welfare Act, support in crisis situations and emergency social services, as well as other services mentioned in the law, must be provided at the local level. The Health Care Act 1326/2010 requires that "each health care unit shall produce a plan for quality management and for ensuring patient safety. The plan shall include arrangements for improving patient safety in cooperation with social services". Mental health services coordinate psychosocial support for individuals and society in sudden crises, and the services shall be planned and implemented in coordination with local social and health care services. Urgent psychosocial support shall be provided for patients regardless of their place of residence according to the Health Care Act.

According to the Rescue Act, “social welfare and health authorities and the agencies in the relevant administrative sector, in accordance with the division of labour laid down in the statutes on them, are responsible for organizing emergency medical care, services concerning psychosocial support as well as the services and accommodation of those in distress as a result of accidents.” The Ministry of Social Affairs and Health has outlined guidelines for local level social welfare service preparedness planning (Ministry of Social Affairs and Health in Finland, 2008). These guidelines for the above mentioned services and accommodation of those affected are mandatory for the local social welfare services. These tasks are also mentioned in the Government Proposal of the Social Welfare Act. The guidelines provide the framework for the local social services preparedness planning and for emergencies. The Ministry also provided guidelines for local social services on the preparedness and functioning of evacuation centres (in 2015), safety and security planning of social and health care services (in 2011) and preparedness and provision of psychosocial support in crisis situations (in 2009) (Ministry of Social Affairs and Health in Finland, n.d.). Furthermore, every year the Ministry organizes two-day courses on social and health care disaster risk management. The program is for management personnel in municipalities and social and health care service areas. Disaster risk management courses, seminars and exercises are also organized in cooperation with various partners, for example, the Emergency Service College (*Pelastusopisto*), the Regional State Administrative Agencies and the National Emergency Supply Agency (*Huoltovarmuuskeskus*) (Ministry of Social Affairs and Health in Finland, n.d.).

The Ministry of Social Affairs and Health has a 24/7 officer on duty. The officer’s responsibility is to keep the political and administrative level management informed of possible emergencies. Social and emergency services of Vantaa City act as a national support organ for local level psychosocial services. In a largescale emergency, the on-duty officer grants Vantaa City a mandate to assess the situation and support local social services, if needed (European Commission, n.d.a).

On a regional level, the social and health sector authorities guide and monitor the local level disaster preparedness activities. In long-lasting response situations they gather information and a situational picture of the region.

The contingency plans on the local level consist of a general plan and subplans for each service sector. The plans cover all the functions and client groups of social services,

such as child protection services, mental care and substance abuse care, social assistance, care for the elderly and disabled, as well as psychosocial support, and the services and accommodation mentioned in the Rescue Act (Ministry of Social Affairs and Health in Finland, 2008).

The vast majority of the municipalities (84%) have complied with their duty to write a preparedness plan for social welfare services in Finland. Furthermore, the majority of the plans (77%) are revised every three years. According to the written contingency plans, the social services seem to be well prepared for the continuity of their services and psychosocial support tasks. However, there seem to be discrepancies in how to support social services management regarding situational awareness, alarm procedures and the interaction with private social services (Rapeli, 2016).

The tasks of the social emergency services are most often related to child protection and family violence issues. In 2009, only 16% of the emergency social services in Finland served as first responders in emergencies (Reissell et al., 2012). The new Social Welfare Act recognises social emergency services, as well as social support in crisis situations, and the local service areas should improve their support for people affected in crisis situations in the future.

#### **4.5 Conclusion**

In Finland the Emergency Powers Act (2011) mandates that all public services at all levels of administration complete contingency planning. There are specific paragraphs in the act for social services that can be activated in a state of emergency if needed. The role of the local social services in Finnish contingency planning is mentioned in the Rescue Act (2011). The role is to take care of the sheltering, nutrition and clothing of those affected as well as supporting the rescue personnel. This role is also noted in the report with governmental bill for the Social Welfare Act (2014). The act also states that local social services must provide support for people affected in crisis situations and arrange emergency social services. The role of social services and contingency planning has guidelines in the Handbook on Emergency Planning in Social Services, published by the Ministry of Social Affairs and Health in 2008 (please see the following Table 4.1 for more detailed information).

**Table 4.1** Conclusion: Social services in contingency planning in Finland

<b>Emergency Management</b>	
Ministry responsible	Each ministry is responsible for emergency management within its respective administrative sector, but the Prime Minister's Office co-ordinates matters during major disasters
Coherent body of law on EM?	Yes, the Emergency Powers Act No. 1552/2011 The Rescue Act No. 379/2011 The Act on Emergency Response Services No. 692/2010 <sup>23</sup>
Committee/council/board at national level?	Yes, Security Committee
Are social services represented in the committee/board/council?	Yes, the permanent secretary of the Ministry of Social Affairs and Health representing social and health care, environmental health and social security and insurance issues is a member of the Committee.
EM national institution or authority?	No
No. of staff?	-
Main principles?	In securing the functions vital to society, the commonly accepted and observed principles of Finnish society are to be followed: Democracy and the rule of law, sharing responsibility across society, retaining the normal division of duties, flexible preparedness control, cost-effectiveness, safeguarding of resources, taking the international dimension of preparedness into account, monitoring of preparedness development, co-ordination of the measures.
EM cooperating with voluntary organizations according to formal contracts?	Yes Formal agreement with contracts in the rescue sector, border and coast guard, police and the defence forces. MoA with the Ministry of Social Affairs and Health. Local level agreements between the municipalities and NGOs.
Conscripted and volunteers	Volunteers in the fire brigades, 15,000 Voluntary Rescue Service (incl. the Finnish Red Cross) 22,500 Sea rescue volunteers 2000 Air rescue volunteers 400
<b>Role of local social services in emergency management</b>	
Does the act on EM address the role of local social services?	Yes, there are specific paragraphs in the Emergency Powers Act (2011) for social services to be activated in a state of emergency As roles for the social services, the Rescue Act (2011) mentions sheltering, nutrition and clothing of those affected as well as support for the rescue personnel.
Does the legal framework address the role of local social services in relation to EM?	Yes, the role is noted in the pre works of the Social Welfare Act (2014). The act states that local social services must provide support for people affected in crisis situations and arrange emergency social services as well as psychosocial support.
Does the legal framework outline distinctive role/roles?	Yes, sheltering, nutrition and clothing of those affected as well as support for the rescue personnel, support for people affected in crisis situations, emergency social services. Continuity of the ordinary social services.
Are social services legally obligated to prepare a contingency plan?	Yes, the Emergency Powers Act (2011) mandates that all public services at all levels of administration shall complete contingency planning. Social services complete a sub-plan for the sector to be incorporated into the municipality's plan.

<sup>23</sup> Finland also has other legislation concerning EM, like the legislation related to the International Health Regulations and EU-legislation of Cross-border Health Threats as well as legislation on business continuity in the energy sector. Only the central legislation concerning common EM, especially in the social sector, is noted here.

*Table 4.1 cont. Conclusion: Social services in contingency planning in Finland*

Does the law on social services specifically address the role of the services in the context of disaster?	Yes, the role is noted well in the preface of the Social Welfare Act (2014). The Act's paragraphs note that local social services must provide support for people affected in crises and arrange emergency social services as well as psychosocial support.
Are there specific guidelines for social service contingency planning?	Yes, the Ministry of Social Affairs and Health published the Handbook on Emergency Planning in Social Services in 2008. The Ministry of Social Affairs and Health published the Handbook on Evacuation Shelters in 2015, Safety and Security Planning of Social and Health Care Services in 2011 and Preparedness and Provision of Psychosocial Support in Crisis Situations in 2009.

The social welfare sector is relatively well recognized in Finland in the present disaster risk management structures. This might derive from the comprehensive security model that is outlined in the Security Strategy for Society 2010. The strategy recognizes all sectors of society as vital for emergency management and this idea is very well implemented in all levels of administration. Finland also has a long history of contingency planning, which was never cut down after the II World War.

In Finland there is no national authority that has the role of coordinating various sectors and areas of responsibility. During disturbances that have national level impacts the Prime Minister's Office takes the responsibility of coordination at the state level. At the local level the operation's coordination belongs most often to the rescue services, hence depending on the case.

The social sector is included in the municipalities', regions and state level contingency plans. The social sector has written sub contingency plans, which are part of the whole municipalities' plans. However, disaster risk management could be better outlined in the social welfare legislation and the increasing private social welfare services should be better included in the preparedness cooperation.

Finland is facing one of the largest administrative reforms ever in its history while the regional administration and the social welfare and health care services are reformed by the year of 2019. The reform will have its implications also to disaster risk management administration in all levels of society. Presently the regional and local level public administration, including the administration of social welfare and health care services, is organised in many overlapping geographical areas. The on-going reform will hopefully unify the geographical areas and in that way also benefit disaster risk management.



The voluntary sector in Finland plays a vital role in emergency situations. Regarding the social sector tasks, volunteers are trained to provide psychosocial support and primary help. Their tasks are organised under the umbrella of the Voluntary Rescue Service, which is coordinated by the Finnish Red Cross. The Ministry of Social Affairs and Health has a memorandum of understanding with the Finnish Red Cross on support from volunteers for social and health care authorities, but the implementation of the agreement should be further improved in the municipalities.

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## 5. ICELAND

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### 5.1 Introduction

#### 5.1.1 Geography and climate

Iceland is a volcanic island in the northern part of the Atlantic Ocean. The country is located near the Arctic Circle, and half of the landmass of its northernmost island, Grímsey, lies within the Arctic Circle. The land area of Iceland is 90,154 km<sup>2</sup> (total area 103,000 km<sup>2</sup>). Although the country is 2.5 times the size of Denmark, only just over 1% of the land is arable (1,865km<sup>2</sup>). The majority of the country's terrain is covered by large lava fields, plateaux and glaciers. Iceland is one of the youngest landmasses on the planet. It formed approximately 25 million years ago. Consequently, the island is volcanically active, and the landscape is characterised by geysers and volcanoes (Ministry for Foreign Affairs in Iceland, n.d.; Norden, n.d.).

Due to the Gulf Stream, the winters in Iceland are milder than in most places at similar latitude. The climate is temperate, moderated by the North Atlantic current. Winters are mild but windy, and the summers are damp and cool (European commission, n.d.b).

#### 5.1.2 Demographics

At the beginning of 2015, Iceland's population was 329,100. A majority of the inhabitants, 208,752 lived in the capital area<sup>24</sup> (Statistics Iceland, n.d.). The population density in the ice-free areas in 2014 was 3.6/km<sup>2</sup> (Norden, n.d; Statistics Iceland, n.d.a). The median age<sup>25</sup> of the population in 2015 was 36.0 years, 36.7 for women and 35.4 for men (CIA, n.d.). Although the Icelandic population is on average younger than in Denmark, Finland, Norway and Sweden, the population is gradually getting older. While the average age in 2015 was 37.5 years, the average age in 1990 was 32.5 years (Statistics Iceland, n.d.). Iceland's life expectancy is among the highest in Europe. In 2015 the life expectancy for women was 85.2 years and 80.8 years for men. In 2015 the fertility rate in Iceland was 2.02 children born

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<sup>24</sup> Reykjavík, Kópavogur, Seltjarnarnes, Garðabær, Hafnarfjörður, Mosfellsbær, Kjósarhreppur and Álftarnes.

<sup>25</sup> For definition of median age, please see page 65.

per woman. Furthermore, Iceland has the lowest infant mortality rate in all of Europe, 2.06 per 1,000 live births (CIA, n.d.). In 2015 the total dependency ratio<sup>26</sup> was 51.6%, and the potential support ratio<sup>27</sup> was 4.8 (CIA, n.d.).

At the start of 2015 immigrants and descendants comprised 10.0% of the Icelandic population; 8.9% were immigrants and 1.1% were descendants. Around 38% of all immigrants and descendants originate from Poland, and the second largest groups originate from Lithuania (5.1%) and the Philippines (5.0%) (Statistics Iceland, 2015). In 2015, the Directorate of Immigration in Iceland received 354 applications for asylum. This was twice as many as in previous years. The largest number of asylum seekers came from Albania (30%), Syria (8%), Iraq (8%) and Macedonia (8%). In 2015, Iceland granted asylum to 66 persons and offered 16 residence permits on humanitarian grounds. Eighty-two applications did not receive substantive review. The reasons for this included that applicants already had protection in other countries. Others withdrew their applications (Útlendingastofnun, 2015).

In 2015 84.2% of all people living in Iceland, aged 16 to 64, were employed. The unemployment rate that year was 4%, 4.1% for women and 3.9% for men (Statistics Iceland, 2015). In 2012, 6.3% of the population received social assistance, and 25.2% of the country's GDP went for social expenditure<sup>28</sup> (Norden, n.d.; NOSOSCO, 2015).

### 5.1.3 The governmental system

Iceland is a constitutional republic with a multi-party system. The President is the head of state, and the Government exercises executive power. The Icelandic parliament (Alþingi) consists of 63 representatives that are elected every fourth year. The legislative power is vested in both the Parliament and the President, but in practice it is the Parliament that holds the legislative power, while the President gives formal consent on acts of Parliament. The judicial court system of Iceland comprises eight district courts (*héraðsdómar*) and the Supreme Court (*Hæstiréttur Íslands*) (Stjórnarráð Íslands, n.d.; Government Offices of Iceland, n.d.).

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<sup>26</sup> For definition of total dependency ratio, see page 66.

<sup>27</sup> For definition of potential support ratio, see page 66.

<sup>28</sup> For more detailed information on what expenditure on social affairs includes, see page 66.

Iceland is not a member of the EU. However, it takes part in European economic co-operation through the EEA Agreement. In essence, the EEA Agreement unites the EU member states and the three EFTA EEA states (Iceland, Lichtenstein and Norway) into a single market that seeks to guarantee the free movement of goods, capital, services and people (Ministry for Foreign Affairs in Iceland, n.d.a). Iceland has been a member of NATO since it's founding in 1949 (Norden, n.d.). Iceland is, however, the only NATO member maintaining no standing army. It ensures its security and defence by cooperating with other countries. During the Second World War, the United States took over the defence of Iceland from the British. This arrangement continued until 2006 when the United States decided to withdraw its forces. Subsequently, Iceland took over its air defence system and became a part of NATO's Integrated Air and Missile Defence. Today, the Icelandic Coast Guard (*Landhelgisgæsla Íslands*) and the National Commissioner of the Icelandic Police (*Ríkislögreglustjórnin*) are responsible for all operations of the Icelandic air defence system and other surveillance and defence-related projects (Landhelgisgæsla Íslands, n.d.).

Iceland is divided into 74 municipalities. They are governed by local authorities, which is a collective term for city government, town government and parish councils that are elected every four years in democratic elections. The municipalities are responsible for a number of tasks, such as providing day-care services and preschools, elementary schools, adult education and social services. These include services for disabled people and home care services for older people (Association of Local Authorities in Iceland, n.d.).

#### **5.1.4 Disaster and risk profile**

Iceland is located in the middle of the Mid-Atlantic Ridge, which separates the North American and Eurasian tectonic plates. The plates are constantly moving farther apart. Consequently, earth tremors frequently shake parts of the country (Ministry for Foreign Affairs in Iceland, n.d.a). Earthquakes are most frequent in southern and the northern Iceland. Other known risks are frequent volcanic eruptions. On average, Iceland experiences a major volcanic event once every five years. In addition, sub-glacial eruptions also cause outburst floods in glacial rivers. Furthermore, the country's geothermal heat can be dangerous. Geysers and hot springs attract many tourists and in such areas steam explosions, dangerous gas and ground subsidence can cause accidents (National Commissioner of the Icelandic Police, 2011).



The climate in Iceland also poses risks. Storms are frequent, and ice and snow make roads impassable. In some parts of the country, avalanches have buried homes and caused death. In spring, when snow starts to melt, there is a risk of floods. Other known risks are shipwrecks, fires and accidental pollution (National Commissioner of the Icelandic Police, Civil Protection, 2011).

## **5.2. Local social services**

The Ministry of Welfare is responsible for the administration of and policy making for social affairs, health and social security in Iceland (Ministry of Welfare in Iceland, n.d.). The roots of the local social services in Iceland can be traced back 1100 years to when the settlers divided the country into municipalities. Their role was to prevent poverty and provide help to the poor when the extended family could not assist the individual/family in question. In comparison to most other European countries, the church played a minor role in providing help to the poor. The Act on the Poor of 1280 remained unchanged until the 18th century. No institutions or poor houses existed in Iceland, and when the municipalities provided a poor person with help, they moved the person to the farm offering to accept the lowest payment from the municipality to care for the person in question (Broddadóttir, Eydal, Hrafnadóttir and Sigurðardóttir 1997; Gunnlaugsson, 1993). This system of family care remained in place until the early 20th century when laws on financial support and social assistance came into force in 1905. These laws were revised several times. However, in the 1960s discussion began of the need for a comprehensive law on the local social services. Such a law, however, did not enter into force until 1991 with the passage of the Act on Local Authorities' Social Services (*Lög um félagsþjónustu sveitarfélaga*) No. 40/1991.

The aim of the Act on Local Authorities' Social Services "is to guarantee financial and social security and to work for the welfare of the inhabitants on the basis of mutual aid". Minor amendments have been made to the Act since 1991 but in 2014 the Minister of Social Affairs appointed a committee to revise the Act (Velferðarráðuneytið, 2014). Under the Act, social services shall include social counselling, financial assistance, home help, services for children and young persons, services for the elderly and disabled people, housing assistance, assistance for substance abusers and unemployment registration and employment services. The Act strongly emphasises the autonomy of the municipalities

having duties to guarantee financial and social security of the inhabitants. However, they can decide how the services are designed and provided. Furthermore, the municipalities have to provide child protection in accordance with the Child Protection Act (*Lög um barnavernd*) No. 80/2002. Each municipality has to appoint a social service committee and the municipality can decide to make the social service committee responsible for child protection or to appoint a special child protection committee. However, a municipality must have at least 1,500 inhabitants in order to appoint a child protection committee (Eydal and Guðmundsson, 2012). The financial assistance clearly shows the independence of municipalities regarding the level and organization of the services. All citizens unable to support themselves can apply for social assistance in the municipality where they have legal residence. The municipality makes its own rules about the level of and conditions for financial assistance (Eydal and Marteinsdóttir, 2011).

In many cases the municipalities provide the services in cooperation with the state e.g., for years the Directorate of Labour, a special state agency, has provided registration for unemployment and employment services (Eydal, Guðmundsson and Bjarnason, 2012; Vinnumálastofnun, n.d.). In addition, while the Act has been in force, the municipalities have been responsible for services that the state previously provided, e.g., the services provided to disabled people in 2011. Municipalities have attempted, e.g., in Akureyri and Hornafjörður, to coordinate social home help services and home nursing for the elderly. This is the responsibility of the state-run health care centres. Despite positive evaluations of such attempts to merge social and health services for the elderly, the Minister of Health did not extend the project, and it was closed down (Óskarsson, 2011). In Reykjavik, the state-financed local social services and home nursing have been co-ordinated since 2009.

### **5.3 The emergency management system**

Iceland's emergency management uses the all-hazard approach. Its response is planned according to a national organisational system, named the *SÁBF* system, which stands for command, planning, logistic and operations (*stjórnun, áætlun, bjargir og framkvæmd*). The source of the system is the US Incident Command System and National Incident

Management System<sup>29</sup>. It has been adapted to national and local conditions (DCPEM, n.d.j). Four general principles guide the work on emergency management and contingency planning in Iceland:

- Sector responsibility: the department or agency that is responsible for an activity under normal conditions should also be responsible for such operations in an emergency.
- Proximity: emergencies should be handled at the lowest possible level in society.
- Equality: to the extent possible, operations should be organised in the same way during emergencies as under normal conditions.
- Coordination: all response bodies coordinate their response operations in preparedness planning and emergency management to guarantee efficient use of equipment and human resources

These principles promote decentralisation of the emergency management system and making decisions at the lowest level possible (Ríkislögreglustjóri Almannavarnadeild, 2011).

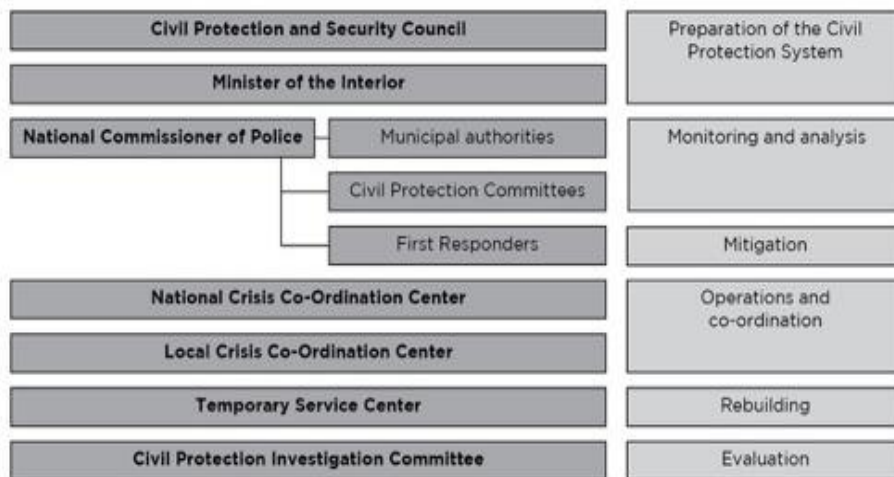
The Civil Protection and Security Council<sup>30</sup> (*Almannavarna- og öryggismálaráð*) is responsible at three-year intervals for policy formulation on preparedness, emergency management and security. However, the Department of Civil Protection and Emergency Management (*Almannavarnadeild ríkislögreglustjóra*) is responsible for the daily administration of preparedness and emergency management.

The emergency management system operates on two administrative levels: the national and municipal levels (see Figure 6).

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<sup>29</sup> The Incident Command System (ICS) is a standardised approach to the command, control, and coordination of emergency response. It provides a common hierarchy within which responders from multiple agencies can be effective. It was initially developed to address challenges of inter-agency responses to wildfires in California and Arizona, but today it is a component of the National Incident Management System (NIMS) in the US, where it has evolved into use in all-hazards situations. Furthermore, ICS has served as a pattern for similar approaches internationally (FEMA, n.d.).

<sup>30</sup> The members of the Civil Protection and Security Council are: the Prime Minister, the Ministers of the Interior, Transport and Telecommunications, the Environment and Natural Resources, Welfare (formerly the Minister of Health), Foreign Affairs and the Minister of Industries and Innovation. The Prime Minister may co-opt up to two ministers to sit on the council. The Permanent Secretaries of the above-mentioned ministries, The National Commissioner of the Icelandic Police and the Director of the Icelandic Coast Guard, the Director of the Post and Telecommunications Administration, the Director of the Icelandic Transport Authority and the Director of the National Roads Administration, the Director of the Icelandic Meteorological Office, the Director of the Iceland Fire Authority and the Director of the Environmental Agency, the Director-General of Public Health, the Epidemiological Officer and the Director of the National Radiological Protection Authority, the Director of the National Energy Authority and the Director of Landsnet, representatives of the Icelandic Association for Search and Rescue, the Icelandic Red Cross and of the coordinated emergency alert service (112). In addition, the Prime Minister appoints two representatives to the council in accordance with nominations by the Union of Local Authorities in Iceland.



**Figure 6.** The Icelandic Emergency Management System: National Organisational Chart

Source: The National Commissioner of the Icelandic Police - The Department of Civil Protection, 2015.

The 112 national emergency number is the only emergency number in Iceland. It pertains to all parties responding to accidents, fire, crime, search, rescue and disasters caused by natural hazards on land, at sea, or in the air. In addition, Iceland's child protection duty officers can be reached by contacting 112 (Neyðarlínan, n.d.). This service is available day and night year-round. It can be reached anywhere in Iceland, from any telephone, by voice or SMS. Emergency Alert 112 (*112 – Neyðarlínan*) operates the emergency alert system. Emergency Alert 112's service is threefold: the operation of the 112 national emergency number, the National Tetra Telecommunication Service (*Tetra*), and the Icelandic Maritime Service (*Vaktstöð siglinga*). The Emergency Alert 112 is also responsible for the TETRA public safety radio network in Iceland. All responding units around the country use it, including the police, the ambulance and fire services, the search and rescue units, and the energy companies (Neydarlinan, n.d.). The Icelandic Coast Guard is responsible for the coordination and execution of all maritime and aeronautical search and rescue operations in the Icelandic search and rescue service. The agency operates the Joint Rescue Coordination Centre in Reykjavik (*Björgunarstjórnstöð sjófarenda og loftfara*). The centre's main duties are monitoring and controlling emergency telecommunications and controlling the automatic Ship Reporting Duty and general radio communications with ships and boats (Icelandic Coast Guard, n.d.; Icelandic Coast Guard, n.d.a).

Iceland has no armed forces, but the country ensures its security and defence with other measures domestically and by cooperating with other countries. The National Commissioner of the Icelandic Police and the Icelandic Coast Guard are responsible for security and defence matters (Icelandic Coast Guard, n.d.a).

### **5.3.1 Tasks and objectives**

The main tasks and objectives of Icelandic Civil Protection, according to the Civil Protection Act (*Lög um Almannavarnir*) No. 82/2008, are to prepare, organise and implement measures aimed at protecting the well-being and safety of the public and keeping it from harm; protecting property and the environment from damage, disasters (resulting from natural or man-made hazards), pandemics, military action or other types of disaster. This involves measures of risk assessment, prevention/mitigation, preparedness, mitigation, emergency assistance and recovery. The tasks regarding emergency assistance involve providing assistance, due to losses incurred, and assisting people during emergencies (European Commission, n.d.b). The state is responsible for emergency management countrywide, on land, in the air and at sea, while the local authorities are responsible for emergency management at the local level in collaboration with the state (Civil Protection Act No. 82/2008).

A number of regulations further define the structure and roles of response bodies in the emergency management system. The Regulation on the Working Procedure of the Civil Protection and Security Council (*Reglugerð um starfshætti almannavarna- og öryggismálaráðs*) No. 459/2009 applies to the national level. It specifies the organisation of the council's work. The Regulation on the Content and Design of Response Plans (*Reglugerð um efni og gerð viðbragðsáætlana*) No. 323/2010 applies to all governmental levels. As its name suggests, it outlines what the response plan should include and the process of designing the plan. The Regulation on the Organisation of the Coordination and Command Centre (*Reglugerð um skipulag og störf stjórnar samhæfingar- og stjórnstöðvar og viðbragðsaðila almannavarna*) No. 100/2009 applies to the national level. It comprises the centre's tasks. The Regulation on the Civil Protection Act's Alert Levels (*Reglugerð um flokkun almannavarnastiga*) No. 650/2009 outlines the emergency levels. The National Commissioner of the Icelandic Police takes decisions on emergency levels on the state level, in consultation with the relevant Chief of Police.

Other relevant laws and regulations include the Act on Emergency Alert-112 (*Lög um samræmda neyðarsímsvörun*) No. 25/1995, the Act on the Icelandic Coast Guard (*Lög um Landhelgisgæslu Íslands*) No. 52/2006, the Act on Fire Protection (*Lög um brunavarnir*) No. 75/2000, and the Police Act (*Lögreglulög*) No. 90/1996 (European Commission, n.d.).

### **5.3.2 Contingency planning**

In accordance with the Civil Protection Act and Regulation on preparedness plans, each ministry and its subordinate agencies are obliged to prepare a contingency plan covering the organisation of measures in emergencies. The same applies to the municipalities and bodies under their administration. They are obliged to draw up contingency plans, based on the risk assessment in their administrative districts.

The contingency planning is twofold, a general one and a specific one designed for a specific area (DCPEM, n.d.<sup>31</sup>). The general contingency plan describes how to respond to any hazard or disaster situation in Iceland regardless of location or likelihood. It is based on standardised plans for a general response to disasters. Specific plans, which are much more detailed than the general one, cover highly likely events (for example volcanic eruptions, large earthquakes and influenza pandemics) (DCPEM, n.d.h). The contingency plans are reviewed as often as considered necessary (Civil Protection Act No. 82/2008; European Commission, n.d.). Additionally, the Department of Civil Protection and Emergency Management has issued a checklist on continuity of operations, for both the public and private sector, regarding continuity of operations designed to assist in contingency planning (DCPEM, n.d.i).

### **5.3.3 The national level**

The Minister of the Interior is the supreme authority in the field of emergency management at the national level. Each government ministry and its subordinate bodies have a duty of preparedness planning and emergency management within its area of responsibility. The Minister delegates administrative responsibility to the National Commissioner of the Icelandic Police. The National Commissioner of the Icelandic Police oversees matters, such

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<sup>31</sup> There is nothing in the Civil Protection Act suggesting that local authorities should consult local residents in the process of formulating contingency plans; nevertheless, the inhabitants were consulted when the last risk assessment report was done (Almannavarnir/Jóhannesdóttir, 2011).

as hazard and risk assessments, mitigation and contingency planning, and is responsible for nationwide coordination. Furthermore, the National Commissioner of the Icelandic Police makes decisions on civil protection alert levels at any given time, in consultation with the relevant nine district Chiefs of Police. The National Commissioner of the Icelandic Police ensures that measures are taken in accordance with the Government's emergency management and security policy (Civil Protection Act No. 82, 2008).

The responsibilities of the Civil Protection and Security Council mainly involve formulating the government policy on emergency management and security. The policy is reviewed every three years. The policy presents a description of the current situation and prospects for emergency management and security. The policy also addresses the structure of emergency management and security affairs, preventative actions, coordination of the content of contingency plans, and the functions of public bodies in preparedness matters. Additionally, the policy addresses the required stock levels, the recovery phase and other measures the council considers necessary (Civil Protection Act No. 82, 2008).

The current policy, The Policy on State Civil Protection and Security for 2015-2017 (*Stefna í almannavarna- og öryggismálum ríkisins 2015-2017*) is based on the three following components:

- Emergency response system: all emergency response measures are based on the same emergency response system during emergencies, with the National Crisis Co-ordination Center (*Samhæfingar- og stjórnstöð*) in a key coordination role.
- Vital infrastructure: the security and functions of vital infrastructure components necessary for the functions of society and the economy are to be secured.
- Public security and law enforcement: the security of the public should be ensured insofar as possible against various hazards, natural and man-made (Ministry of Interior in Iceland, 2015, p.6).

The policy for the period 2015-2017 entails a list of projects that shall be emphasised during these three years. The project list includes the effort to enhance the co-operation of the Department of Civil Protection and Emergency Management, with scientists from the natural and social sciences. The policy does not address the role of social services (Ministry of Interior in Iceland, 2015). The Prime Minister chairs the council, but the Ministers of the Interior, Environment and Natural Resources, Health, Foreign Affairs, and Industries and Innovation are all members of the council (Civil Protection Act No. 82/2008).

In the wake of disasters, the Civil Protection Investigation Committee (*Rannsóknarnefnd almannavarna*) operates independently, examining the use of contingency plans and the measures taken by the response bodies (Civil Protection Act No. 82/2008).

#### *The Department of Civil Protection and Emergency Management*

The National Commissioner of the Icelandic Police operates the Department of Civil Protection and Emergency Management. The department is responsible for the daily administration of preparedness and emergency management. The Department of Civil Protection and Emergency Management supervises the structure of emergency management measures, at both the national and local levels. The main tasks of the Department of Civil Protection and Emergency Management involve coordination of monitoring, assessing and responding to hazard events, both before, during and after the events (DCPEM, n.d.a). The Department of Civil Protection and Emergency Management's role during emergency operations is to provide outside assistance (national or international) for the affected area, as the Chief of Police deems necessary, in collaboration with the National Commissioner of the Icelandic Police (European Commission, n.d.). Furthermore, the Department of Civil Protection and Emergency Management supervises the preparation of risk assessments in consultation with the Civil Protection Committees (*almannavarnanefndir*) and participates in preparing contingency plans for both the public and private sectors. The employed staff of the Department of Civil Protection and Emergency Management consists of 9 full-time employees (DCPEM, n.d.a; DCPEM, n.d.b).

The Department of Civil Protection and Emergency Management operates the National Crisis Co-ordination Centre, located in Reykjavík. The centre can be activated as necessary. Coordination and overall control of emergency management operations are carried out in the centre. It provides and mobilizes human resources, equipment and tools for the area requesting assistance. Furthermore, the centre plays an advisory role and therefore has access to researchers and other experts in various fields when needed. The centre coordinates all operations between districts during a state of emergency, supervises the ambulance services and coordinates registration of the people affected (DCPEM, n.d.c).

Following disasters, the Department of Civil Protection and Emergency Management has authority to open a Temporary Service Centre (*Tímabundin*



*þjónustumiðstöð*). The role of the centre is to provide support and services to the people affected and disseminate information (DCPEM, n.d.d).

#### 5.3.4 The municipal level

Municipalities in Iceland do, in case of disasters, play an important role in the emergency management in addition to their daily tasks and obligations according to research on emergency management (Bernharðsdóttir and Svedin, 2004; Eydal and Árnadóttir, 2004; Pétursdóttir and Sigurjónsdóttir, 2008; Þorvaldsdóttir, Bernharðsdóttir, Sigurjónsdóttir, Oddsson and Pétursdóttir, 2008). Daily they provide services<sup>32</sup>, which become more extensive during and in the aftermath of disasters (Sverrisson and Hannesson, 2007).

Local authorities appoint Civil Protection Committees in each municipality. The main role of the Civil Protection Committees is to conduct and review risk assessments, prepare contingency plans and conduct exercises for the contingency plans, in collaboration with the Department of Civil Protection and Emergency Management. Each committee consists of the Chief of Police, representatives from the local authorities and representatives who in their daily work for the local authorities attend tasks that involve the safety of the inhabitants. The Municipalities can set up joint committees and by the end of 2015 the number of Civil Protection Committees was 21. Furthermore, municipalities can collaborate on the preparation of contingency plans and enter into agreements on mutual assistance (DCPEM, n.d.g).

The operational and site management is in the hands of the Chief of Police in the area in question. The Chief of Police is a member of the operations committee (*Aðgerðastjórn*) with representative from the Civil Protection Committee in the district, representatives from the Icelandic Association for Search and Rescue (*Slysavarnafélagið Landsbjörg*) and the Icelandic Red Cross (*Rauði krossinn*), and response bodies in accordance with the contingency plan. The committee operates the Local Crisis Co-ordination Center (*Aðgerðastöð*) that is in charge of local emergency management operations and cooperates with the National Crisis Co-operation Center (DCPEM, n.d.f). The chief of police appoints a site manager who is in charge of the on-site coordination (DCPEM, n.d.e).

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<sup>32</sup> General obligations of municipalities involve road construction, providing water and electricity, domestic waste collection services, fire brigades and ambulance services, as well as providing day-care services centres and preschools, elementary-schools, adult education, and providing social services, including services for disabled people and home care services for older people (Association of Local Authorities in Iceland, n.d.a).

In hazard and disaster situations a national and district consultation team on psychological first aid and trauma relief is activated. The team operates under the lead of the Icelandic Red Cross according to an agreement with the National Commissioner of the Icelandic Police. In addition to the leader from the Red Cross, representatives from the Directorate of Health (*Embætti Landlæknis*), the Icelandic Association of Local Authorities (*Samband íslenskra sveitarfélaga*), the National church (*Þjóðkirkjan*) and the University hospital of Iceland (*Landspítali*) are appointed to the national team, while the district teams have representatives from the health sector, the church, the local Red Cross and social services (National Commissioner of the Icelandic Police et al., 2015).

In recent years, there has been substantial work on risk assessment in Iceland. The Department of Civil Protection and Emergency Management published a comprehensive risk assessment in 2011. It covered all police districts<sup>33</sup> in Iceland (National Commissioner of the Icelandic Police, 2011). It was based on the results from the risk assessment and results from the project LVN<sup>34</sup>. The Department of Civil Protection and Emergency Management, in cooperation with several municipalities, has worked on guidelines for contingency planning for the municipalities, not yet published. The municipality of Árborg has worked out a detailed contingency plan in accordance with the LVN that was for the first time applied in the earthquakes in 2008 (Ingimarsdóttir, 2012), but there is only a record of two other municipalities that have completed contingency plans (Sigurjónsdóttir, 2009).

### **5.3.5 Civil society and nongovernmental engagements/agencies**

Civil society and nongovernmental agencies play an important role in prevention and rescue work in Iceland. The Icelandic Association for Search and Rescue and the Icelandic Red Cross have played important roles in certain emergency management matters in accordance with an agreement with the National Commissioner of the Icelandic Police. Volunteers dedicate themselves to working within these agencies. Their joint mission is to prevent accidents, and save human lives and valuables. In order to fulfil this mission, a large number of volunteers is available night and day all year round. The volunteers practice

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<sup>33</sup> There are nine police districts in Iceland.

<sup>34</sup> The results from the LVN project (Long-term Response to Natural Disasters) provides guidelines to local authorities on relief assistance and recovery following disasters caused by natural hazards.

regularly. They are frequently activated for search and/or rescue missions. The importance of these volunteer agencies is unquestionable, especially bearing in mind that Iceland maintains no standing army (Bernharðsdóttir and Kristinsson, 2004; European Commission, n.d.a).

The main tasks of the Icelandic Association for Search and Rescue include searching for and rescuing people, health and disaster relief, patrol and transport. The Icelandic Association for Search and Rescue has rescue teams in all parts of the country. Its activities gradually expanded and continue to play a major role in many aspects of accident prevention and rescue operations in Iceland (Bernharðsdóttir and Kristinsson, 2004). By current agreement, the Icelandic Association for Search and Rescue's main role is to search for and rescue people, coordinate operations between police districts when assistance is provided by the National Crisis Co-ordination Center, arrange and supervise the transport of rescue teams and equipment to and from disaster areas, and replace rescue teams and supervise certain tasks in cooperation with the National Crisis Co-ordination Center. There are some 18,000 members in the Icelandic Association for Search and Rescue, working in different divisions (search and rescue, accident prevention, and youth groups) (Ríkislögreglustjórinn Almannavarnadeild, 2012; Slysavarnafélagið Landsbjörg, n.d.).

The Icelandic Red Cross is an important humanitarian organization in Iceland. A total of 4000 Red Cross volunteers throughout the country are available when needed and some 750 volunteers have been trained to set up emergency shelters, supervise the waiting area where relatives receive information, and provide psychosocial support and psychological first aid (IRC, n.d.). By current agreement, the Icelandic Red Cross's main tasks are mass social assistance and providing support to the people affected. The Icelandic Red Cross supervises the activities of the emergency shelters. Their aim is to provide disaster victims with safe facilities, where they can eat, rest and seek counselling and psychosocial support. In cooperation with the National Crisis Co-ordination Center, the Icelandic Red Cross gathers information on the victims and provides information to relatives (IRC, n.d.a; Ríkislögreglustjórinn Almannavarnadeild, 2012a). In addition as mentioned, the Icelandic Red Cross supervises psychological first-aid education and coordinates, under current agreement, the psychological first aid and psychosocial support in the emergency management structure in Iceland (IRC, n.d.a).

#### **5.4 The role of social services in the emergency management system**

The Civil Protection Act states that local authorities are responsible for emergency management at the local level, but the Act does not define the role of social services during disasters, nor do any other laws or regulations. Furthermore, the Act states that the Civil Protection Committees should include representatives from local authorities who work on daily tasks involving the safety of the residents (Civil Protection Act No. 82/2008). In addition, two of the members in the Civil Protection and Security Council are representatives from the Union of Local Authorities in Iceland. The expertise and scope of work of these local authorities' representatives is not defined.

#### **5.5 Conclusion**

Icelandic contingency planning does not specifically mention the role of the local social services, and the Act on Emergency Management does not address their role (please see the following table 5.1 for more detailed information).

**Table 5.1** Conclusion: Social services in the contingency planning in the case of Iceland

<b>Emergency Management</b>	
Ministry responsible	The Ministry of the Interior
Coherent body of law on EM?	Yes, the Civil Protection Act No. 82/2008 The Regulation on working procedure of the Civil Protection and Security Council No. 459/2009 The Regulation on the Content and Designing of Response Plans No. 323/2010 The Regulation on the organisation of the Coordination and Command Centre No. 100/2009 The regulation on Civil Protection Act Alert Levels No. 650/2009
Committee/council/board at national level?	Yes, Civil Protection and Security Council
Are social services represented in the committee/board/council?	Yes, there is one Ministry of Welfare in Iceland, but there are two ministers, a Minister of Social Affairs and Housing and a Minister of Health. The Minister of Health is a member of the Civil Protection and Security Council. The permanent secretary at the Ministry of Welfare is a member, but according to the law, he is there as the permanent Secretary of Health. Hence, his presence cannot be interpreted as an emphasis on social issues.
EM national institution or authority?	Yes, the Department of Civil Protection and Emergency Management
No. of staff?	9
Main principles?	Responsibility Similarity Proximity Cooperation
EM cooperating with voluntary organizations according to formal contracts?	Yes, formal agreement with contracts
Conscripts and volunteers	ICE-SAR 18,000 and IRC 750
<b>Role of local social services in emergency management</b>	
Does the act on EM address the role of local social services?	No
Does the legal framework address the role of local social services in relation to EM?	No (According to an agreement on how to organize psychological first aid and trauma relief, the social services shall appoint a representative in the district team, but not in the legal framework)
Does the legal framework outline distinctive role/roles?	No
Are social services legally obligated to prepare a contingency plan?	Yes, according to the Civil Protection Act, all municipalities and municipal intuitions should have a contingency plan. Hence, the social services should make their own plans.
Does the law on social services specifically address the role of the services in the context of disaster?	No
Are there specific guidelines for social service contingency planning?	No, but the Department of Civil Protection and Emergency Management is preparing general guidelines for municipalities

Many of the tasks that social services have in other countries (discussed in chapter 2) concerning e.g. emergency shelters and psycho-social support in the emergency phase is in the Icelandic system contracted to the Icelandic Red Cross. One possible explanation for this might be historical, since the Red Cross has operated units in most municipalities but the local social services developed relatively late in Iceland, in particular in smaller municipalities. The disaster literature emphasis the importance of volunteer work during

the times of disasters and that no social services has enough number of staff to provide the needed services without the help of volunteers. Hence it is important to address the division of labour between the Red Cross and the social services and how these organizations can collaborate in all phases of the disaster cycle, not at least during the aftermath when the role of the municipalities is biggest (Sveinsdóttir, 2012; Þorvaldsdóttir et al. 2008).

The social services are not mentioned in the law on Civil Protection from 2008, nor is it mentioned in the policies for the period 2015-2017. The only case where the social services are actually formally given a role in the documents, that were analysed in the study, is in the agreement between the Red Cross, the Directorate of Health, the Icelandic Association of Local Authorities, the National church and the University hospital of Iceland with the Department of Civil Protection and Emergency Management on how to organize the psychological first aid and trauma relief where the social services shall appoint a representative in the district team.

All state and municipality institutions are by law obligated to make their own contingency plans, but only a few municipalities have. Guidelines are being constructed for the municipalities and it is expected that it will facilitate the work for the municipalities. To our knowledge, no social service unit has conducted a contingency plan. As pointed out in the introduction Iceland experienced a deep economic crisis in 2008 and this meant increased pressure on the social services, hence it is logical that they were not adding new tasks on their agenda during this period. However if the social services are to become a part of the respondents it is important that it fulfils its legal obligation and informs both local and national emergency respondents about what it could contribute with in times of disasters. The law on social services should also reflect the legal obligations in relation to the law on Civil Protection; hence the contingency planning should be mentioned.

The social services are organized and financed on the local level but health care and hospitals on state level. The fact that the formal co-operation between the health and the social services differs between municipalities and health districts, might contribute to the explanation of why the social services have not been included in the emergency management to an higher extend, while the roles of the health sector is clearly defined. However at the same time- the emphasis on the local level in the organization of the emergency management should enhance the possibilities for increased co-operation

between the local civil protection committees and, in the time of disasters, the Local Crisis Co-ordination Centres.

As table 5.1 shows clearly the social services are not represented in the Icelandic Emergency Management System, but according to the policy for the period 2015-2017 one of the projects that shall be prioritized is to enhance the co-operation of the Department of Civil Protection and Emergency Management with scientists from natural and social sciences. Hence this can only be interpreted as the emphasis on the social consequences of disasters is gaining increased understanding among the policy makers.

Finally, in the case of Iceland it is important to gain more knowledge about the role of the social services in previous disasters and what lessons can be learned from that. What roles have the social services played and how did they co-operate with the Red-Cross and other respondents are among the questions that should be emphasised in future research. There has been a slow increase in disaster-studies in social sciences but when the frequency of disasters in the case of Iceland is taken into consideration an increase is needed.

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## 6. NORWAY

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### 6.1 Introduction

#### 6.1.1 Geography and climate

Norway is known for its mountains and beautiful spectacular landscape. It stretches from beaches and cliffs in the south through the mountain ranges in the middle of Norway to the midnight sun at North Cape. The land area in Norway is 305,470 km<sup>2</sup> (total area 323,787 km<sup>2</sup>). Due to the abundance of mountains, forests and plains, only about 3% of the land is arable, i.e., 8,155 km<sup>2</sup> (Norden, n.d.). Because of the Gulf Stream and warm air currents, Norway has a warmer climate than its latitude would suggest. The North Atlantic current moderates the temperate climate along the coast, while Norway's inland regions are colder because mountains block the warm west winds from the sea. There are three different climate zones in Norway. The southern part has a warm temperate humid climate, while the mid- and northern regions have a humid snowy climate. The northern coastal areas and the mountainous regions have an icy climate with long, cold winters and cool summers (European Commission, n.d.; Weather online, n.d.)

#### 6.1.2 Demographics

At the beginning of 2015 Norway had approximately 5.1 million inhabitants. In 2014 the population density in Norway was 16.9 p/km<sup>2</sup>, which is quite similar to Finland. The population in the capital area<sup>35</sup> in 2014 was 1,210,220 (Statistics Norway, 2015; Norden, n.d.).

In 2015, the median age<sup>36</sup> in Norway was 39.1 years, 39.9 for women and 38.3 for men (CIA, n.d.). Despite an aging population, the Norwegian population is on average younger than the population of Finland, Sweden and Denmark. Norway's average life expectancy in 2015 was 83.8 years for women and 79.7 years for men. In 2015, the fertility rate in Norway was 1.89 children born per woman. The infant mortality rate was 2.48 per

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<sup>35</sup> Oslo municipality and Akerhus County.

<sup>36</sup> For definition of median age, please see page 65.

1000 live births (CIA, n.d.). In 2015 the total dependency ratio<sup>37</sup> was 52.2% and the potential support ratio<sup>38</sup> 4% (CIA, n.d.).

The number of immigrants in 2015 was approximately 848,000 (169.9% of the total population). This is in accordance with the large population growth in recent years. The number of foreign citizens has more than doubled since 2007. The largest group of foreign citizens in Norway is Poles (100,000). The second largest groups are Swedes and Lithuanians (Statistics Norway, n.d.). In 2015, 31,145 applications for asylum were lodged in Norway. Most applications were from citizens of Syria (10,536) and Afghanistan (6,987). That year the Norwegian Directorate of Immigration granted 5,411 persons asylum in Norway, and 168 were offered residence permits on humanitarian grounds (UDI, n.d.).

In October 2015, the total employment rate was 67.9%. In 2014, women accounted for 47% of the labour force. That year the labour force comprised 68% women and 75% men, aged 15 to 74 (Statistics Norway, n.d.). The total unemployment rate at the end of 2015 stood at 4.5% (Statistics Norway, n.d.b).

The statistics on people receiving public benefits include public spending that the Norwegian Labour and Welfare Administration (*Ny arbeids- og velferdsforvaltning, NAV*) paid in connection with old age, absenteeism (sickness benefits, disability, vocational rehabilitation allowances, work assessment allowances and rehabilitation allowances), unemployment, children, medical assistance and other social security and benefit schemes. Old age pensions made up more than 41% of the total expenditure, according to the Norwegian Labour and Welfare Administration in 2013. By far the biggest increase in expenditures was for pension benefits from 2008 to 2013, i.e., 56%, while the other social security and benefit schemes increased by 25% during the same period. This development shows the growing number of old-age pensioners (Statistics Norway, n.d.a). In 2012, 3.4% of the population received social assistance, and 25% of the country's GDP was on social expenditure<sup>39</sup> (Norden, n.d.; NOSOSCO, 2015).

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<sup>37</sup> For definition of total dependency ratio, please see page 66.

<sup>38</sup> For definition of potential support ratio, please see page 66.

<sup>39</sup> For more detailed information on what expenditure on social affairs includes, please see page 66.

### **6.1.3 The governmental system**

Norway has a constitutional monarchy with the king as the head of state, but the parliament (Stortinget, 169 seats) is the country's highest authority (Norden, n.d.).

Norway is divided into 19 counties. The central government has the highest authority and supervision of county and municipal administration that have the same administrative status. The main responsibilities of the county authorities are upper secondary schools, regional development and planning, county roads and public transport, culture and cultural heritage, and environmental issues. There are 428 municipalities in Norway. They are responsible for providing their inhabitants with basic statutory services, such as primary and lower secondary schools, nurseries/kindergartens, primary healthcare, social services for the elderly and disabled, local planning, water supply, and cultural development (Ministry of Local Government and Modernisation in Norway, 2014). Norway is not a member of the EU, but participates in European economic co-operation through the EEA Agreement. The EEA Agreement extends the EU's internal market to the three EEA EFTA states, Norway, Iceland and Lichtenstein. Norway is a member of NATO since its foundation in 1949 (Norden, n.d.).

### **6.1.4 Disaster and risk profile**

Landslides and floods are the most common natural hazards causing damage in Norway today. In recent years, Norway has also faced chemical and biological accidents, infrastructure accidents, oil pollution and other spills of hazardous materials, large fires and water works accidents (European Commission, n.d.). Over the last 30 years, there also have been air crashes and maritime and train disasters. In 2011 Norway was hit by bombing in Oslo and mass shooting at Utoya Island, where young people from the Social Democratic Party held their annual meeting. In 2013, five Norwegians were killed in the In Amenas hostage crisis in Algeria.

## **6.2 Local social services**

The Ministry of Labour and Social Affairs is responsible for Norway's welfare policy (Government, n.d.). According to the Act on Social Services in the Norwegian Labour and Welfare Administration (*Lov om sosiale tjenester i arbeids- og velferdsforvaltningen*) No.

131/2009, the aims of the local social services in Norway are: to improve the living conditions for the disadvantaged, contribute to social and economic security, including ensuring that individuals can live in their own homes and enhance transition to work, social inclusion and active participation in the society. The law shall contribute to vulnerable children, young people and their families receiving comprehensive and coordinated service. The law shall contribute to equality and prevent social problems.

In 2006 the Labour and Welfare Administration Act (*Lov om arbeids- og velferdsforvaltningen, NAV-loven*) No. 20/2006 was enacted. It was a radical reform of the Norwegian welfare system. The aim was to create a one-stop shop for all clients (Lægneid and Rykkja, 2016). Whether they needed financial assistance from social insurance, unemployment insurance or support from the municipality, they could seek services in one place—their local NAV<sup>40</sup> office. The NAV office also provides support for those eligible for participation in the labour market. NAV's main goals are as follows:

- More people active and working, fewer people on benefits
- A well-functioning job market
- Provide the right services and benefits at the right time
- Provide good services tailored to the users' needs and circumstances
- Comprehensive and efficient labour and welfare administration (NAV, n.d.a).

In 2015 there were 456 NAV offices in the country. The local authorities and the central government run the NAV offices jointly. In addition to the services that have to be provided in accordance with the Act on NAV, each local authority decides which elements of social services it offers within NAV; hence, the services in the NAV office might vary from one office to another (NAV, n.d.). The municipalities are responsible for providing the local social services, but the state's various obligations are also listed in the Act on Social Services in the Norwegian Labour and Welfare Administration. They include that the state shall partly finance the services (Ch. 2, §11). Under the act, municipalities shall also cooperate with other relevant institutions and the voluntary sector (Ch. 3, § 13 & 14).

The Act on Social Services emphasises that each municipality shall acquire oversight of the circumstances of the inhabitants and pay special attention to developments that can lead to or maintain social problems. The municipalities shall try to counter such

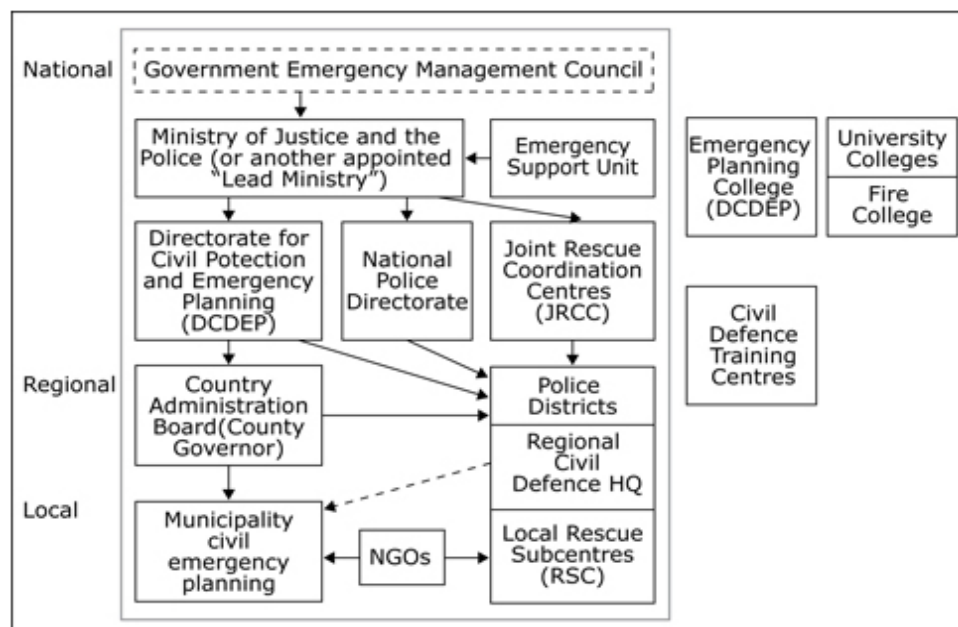
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<sup>40</sup> NAV, originally an acronym for "New Labour and Welfare Administration" (*Ny arbeids- og velferdsforvaltning*) is now seen as a word.

developments and work for a strong community and solidarity (Ch. 3, § 12). Furthermore, the Act obliges the municipalities to provide housing for the inhabitants that are disadvantaged and cannot ensure their interests in the housing market. Last but not least, the social services shall provide counselling and advice on how to apply for assistance, other entitlements, housing, employment agencies, services for children and family counselling, health, financial advice and counselling to substance abusers and their families. In addition to social services, each municipality is obligated to provide child welfare services (*barnevernet*) under the Child Welfare Act (*Barnevernloven*) No. 100/1992.

### 6.3 The emergency management system

The emergency management system in Norway emphasises a safe and robust society with the vision of everyone sharing responsibility to safeguard life, health, the environment, vital public functions and material assets (DSB, n.d.) The emergency management system operates on three administrative levels—the ministerial/national, regional and municipal levels. The rescue services are performed through cooperative effort, involving government agencies, voluntary organizations and private enterprises (see Figure 7) (Ministry of Justice and Police in Norway, 2002).



**Figure 7.** The Norwegian emergency management system: National Organisational Chart

Source: European Commission, n.d.



The preparedness and emergency management work in Norway is based on four fundamental principles:

- The principle of responsibility entails that the organisation responsible for an activity in a normal situation is also responsible for necessary preparedness and for dealing with extraordinary events.
- The principle of similarity implies that the everyday organisational structure should be maintained during times of disasters, if possible.
- The proximity principle suggests that disasters should be handled at the lowest level possible.
- The principle of cooperation entails that authorities, businesses or agencies are all responsible for ensuring the best possible cooperation with relevant stakeholders and agencies in the work of preparedness and emergency management.  
(Regulation relating to instructions for the ministries' work on civil protection and preparedness, the Ministry of Justice and Public Security's coordination role, supervision and central crisis management (*Instruks for departementenes arbeid med samfunnssikkerhet og beredskap, Justis- og beredskapsdepartementets samordningsrolle, tilsynfunksjon og sentral krisehåndtering*), No. 535/2012, translation by authors).

The principles promote decision making at the lowest administrative level possible and similarity in the daily set-up and the emergency set-up to the extent possible. The principles thus encourage decentralisation of the preparedness and emergency management system.

There are three emergency numbers in Norway: 110 for fire and major accidents, 112 for police and the rescue coordination centre, and 113 for ambulance medical emergencies (New in Norway, n.d.)

Civilian-military cooperation in Norway emphasises total mobilisation of all possible civilian and military resources in order to limit serious incidents in peacetime and/or during war. The aim is to protect lives and health and to maintain the key functions of society. Today, Norway focuses more on its armed forces' supporting civil society and close cooperation between civil preparedness and military defence. During disasters in peacetime, this means supplementary assistance to the civil authorities that cannot manage disaster on their own. Moreover, during full military mobilisation, the army needs resources from civilian society. This underlines the importance of keeping the functions of civilian society in good order (European Commission, n.d.a).

### **6.3.1 Tasks and objectives**

The overall objectives of emergency management are organisation and implementation of measures preventing disasters and efficient handling of emergencies that arise. The

purpose is to ensure that interruptions to important societal functions and large accidents do not entail large societal losses. Society has to be prepared to meet any threat and situations that arise. The main focus is on:

- Preventive activities, including health, environment and security work
- Ensuring that agencies with emergency responsibilities are able to tackle major incidents, including acts of terrorism and/or mass destruction
- Coordinated and purposeful work to ensure protection of critical infrastructure
- Increased cooperation, including plans and exercises, between civil and military authorities
- The ability of intelligence and security services to analyse, warn and prevent different forms of terrorism in Norway
- Holistic and coordinated emergency management centrally, regionally and locally (European Commission, n.d.b)

The legal framework includes several main laws and regulations on preparedness and emergency management. The purpose of Civil Protection Act (*Lov om kommunal beredskapsplikt, sivile beskyttelsestiltak og Sivilforsvaret*) No. 45/2010 is to protect people's lives and health and prevent damage to property. The Act outlines the tasks and responsibilities of Civil Defence (*Sivilforsvaret*). The agency's purpose is to plan and implement measures to protect the population and the environment and prevent damage to property. The Act also regulates the responsibilities of municipalities for risk analyses and contingency plans.

A number of regulations are connected with the Civil Protection Act. One of them is the Regulation relating to instructions for the ministries' work on civil protection and preparedness, the Ministry of Justice and Public Security's coordination role, supervision and central crisis management No. 535/2012. The regulation provides guidelines for emergency management and preparedness work in the civilian sector. The guidelines describe the four principles, the responsibilities each ministry has in this respect, the coordination and supervision role of the Ministry of Justice and Public Security, and the role of the Crisis Support Unit (*Krisestøtteenheten*). The Regulation relating to instructions for the Rescue Service (*Instruks for redningstjenesten*) No. 1102/2013 describes the organisation for the rescue service in Norway. The regulation relating to instructions for the County Governors and the Governor in Svalbard on societal security, preparedness and crisis management (*Instruks for fylkesmannens og Sysselmannen på Svalbards arbeid med samfunnsikkerhet, beredskap og krisehåndtering*) No. 703/2015 entails county-level

responsibilities. The instructions' purpose is to provide guidelines for county governors in relation to societal security and preparedness and the coordination of emergency management during disasters. The Regulation relating to municipal preparedness duty (*Forskrift om kommunal beredskapsplikt*) No. 894/2011 expands municipal preparedness obligations.

The aim of the Health and Social Preparedness Act (*Lov om helsemessig og sosial beredskap*) No. 56/2000 is to protect people's lives and health and to help ensure necessary medical treatment and social support for people in disasters. Actors covered by this act are responsible for being able to continue, reorganise and expand their operations, if needed during disasters, on the basis of their daily services. The Act also charges them with updating plans and conducting regular drills.

A number of regulations are associated with the Health and Social Preparedness Act. One of them is the Regulation relating to requirements for preparedness planning and preparedness work (*Forskrift om krav til beredskapsplanlegging og beredskapsarbeid mv. etter lov om helsemessig og sosial beredskap*) No. 881/2001. It states that actors are obliged to draw up a contingency plan, as stated in the Health and Social Preparedness Act, must provide measures, ensuring the necessary provision of services during disasters. The contingency plans should be based on risk assessments, including overview of responsibility and authority, warning routines, procedures for operative management, and coordination of plans. This applies to entities on state, regional and local levels.

Legislation, such as the Security Act (*Lov om forebyggende sikkerhetstjeneste*) No. 10/1998, the Police Act (*Lov om politiet*) No. 53/1995, the Fire and Explosion Prevention Act (*Lov om vern mot brann, eksplosjon og ulykker med farlig stoff og om brannvesenets redningsoppgaver*) No. 20/2002, and the Protection Against Pollution Act (*Lov om vern mot forurensninger og om avfall*) No. 6/1981 are also important in the context of disaster (European Commission, n.d.a).

### **6.3.2 Contingency planning**

The responsibility for contingency planning lies at all levels of government. Each ministry is responsible for preparedness work within its mandate, and municipalities are obliged to carry out a risk and vulnerability analysis and plan and prepare for emergencies from short- and long-term perspectives (DSB, n.d.; DSB, n.d.a). All contingency plans are standardized

and coordinated with the aim of making the national contingency system work as a single integrated response system during disasters (EPPR, n.d.). The Norwegian Directorate for Civil Protection (*Direktoratet for samfunnssikkerhet og beredskap, DSB*) reviews the ministries' preparedness work on behalf of the Ministry of Justice and Public Security. The Directorate aims at ensuring that the municipalities follow their duties for preparedness issues (DSB, n.d.; DSB, n.d.a). However, as the municipalities may organize their follow-up of responses to emergencies locally, the service experience of the survivors and bereaved varies greatly, following accidents and disasters.

The Total Defence strategy guides contingency planning and emergency management. The strategy emphasises the resilience of the nation's infrastructure, both military and civilian, and the importance of safeguarding life, health and the welfare of the population. The focus of the strategy is gradually shifting towards the importance of taking into account new societal challenges like increased vulnerability in modern societies (Government, n.d.a). Thus, the total defence concept is wider than before and works both ways where civilians can provide support in times of military crises, and the military is operationally prepared to assist civilian society in times of need (European Commission, n.d.a).

### **6.3.3 The national level**

The Ministry of Justice and Public Security (*Justis- og beredskapsdepartementet*) is responsible for the overall administrative coordination of the work on safety, security and contingency planning within the civil sector.

The ministry is responsible for the development of national regulations and key decision-making for the civil preparedness system. It is also in charge of the administrative part of the Search and Rescue Service. In addition, each ministry is responsible for preparedness and contingency planning within its own sector. Furthermore, each ministry is responsible for coordinating its work with the work of other ministries on these issues. In case of uncertainty regarding the ministries and responsibilities, the Prime Minister appoints the lead ministry. Preparedness operations are performed cooperatively, involving government agencies, voluntary organizations and private enterprises (Ministry of Justice and Police in Norway, 2002; European Commission, n.d.).

The Crisis Council (*Kriserådet*) is the highest coordinating body at the national level of emergency management in Norway. It consists of five permanent members, the secretary to the government at the office of the Prime Minister (*Statsministerens kontor*), secretary generals in the Ministry of Foreign Affairs (*Utenriksdepartementet*), the Ministry of Health and Care Services (*Helse- og Omsorgsdepartementet*), the Ministry of Defence (*Forsvarsdepartementet*), and the Ministry of Justice and Public Security. If necessary, the Council can include all other ministries, and representatives of underlying entities and special expert communities. The most affected ministry takes the lead in the Crisis Council. Hence, neither the Minister of Labour and Social Affairs nor the Minister of Children and Families is a representative on the Crisis Council. The main function of the council is to contribute to the central emergency management during disasters by ensuring strategic assessments, coordination of measures implemented by different sectors and the flow of coordinated information to the public and the media. The Department of Public Security operates within the Ministry of Justice and Public Security. The Department is responsible for emergency management, and rescue and emergency work. The Emergency Support Unit, which is part of the Department of Public Security, supports the ministries and the Crisis Council in disasters (Ministry of Health and Care Services in Norway, 2014; Government, n.d.b).

In 2015, the Prime Minister's Office established a permanent secretariat (*Sekretariat for Regjeringens Sikkerhetsutvalg*) for preparedness and security matters. The aim of this secretariat is to strengthen the coordination of preparedness and societal security in Norway. It does not at all alter the division of responsibilities between the Prime Minister's Office and other ministries. The Ministry of Justice and Public Security still has the general coordinating role for preparedness and emergency management, and the ministries are responsible for these matters within their own sector (Government, 2015).

#### *The Norwegian Directorate for Civil Protection*

The Norwegian Directorate for Civil Protection supports the Ministry of Justice and Public Security in coordinating preparedness and emergency management in Norway. Its main objective is to maintain a full overview of risks and vulnerability within society, promote measures preventing or mitigating the consequences of adverse events, and guarantee sufficient preparedness and disaster management (European Commission, n.d.). This

includes preparing an annual national risk report, planning and executing exercises, and other emergency management measures. The annual national risk report describes scenarios. These provide a basis for thematic structure in risk assessment, contingency planning and exercises at all levels of government (Helsedirektoratet, 2011). Furthermore, the Norwegian Directorate for Civil Protection's responsibilities cover fire and electrical safety, safety in the handling and transport of hazardous substances, as well as product and consumer safety. The Directorate is moreover responsible for the professional and administrative follow-up of the Norwegian Civil Defence, the Emergency Planning College (*NUSB*), the Norwegian Fire Academy (*Norges Brannskole*) and the Civil Defence's three regional schools (*Sivilforsvarets skole*) (DSB, 2012).

There are around 600 full-time employees working at DSB, with 240 working at the main office and others in different regions in electrical supervision, DSB's educational centres and Civil Defence. The Norwegian Directorate for Civil Protection collaborates with the county governors' offices and other public sectors on emergency management, covering both prevention and preparedness. The Norwegian Directorate for Civil Protection aims at ensuring that all municipalities fulfil their obligation to conduct a risk assessment, draft a contingency plan and prepare for emergencies with short- and long-term perspectives. In emergencies, the Norwegian Directorate for Civil Protection coordinates by collecting, analysing and disseminating information from county governors, relevant agencies and international networks to the Ministry of Justice and Public Security. Additionally, the Norwegian Directorate for Civil Protection provides resources, personnel and expert advice to assist responsible authority in handling an adverse event (DSB, 2012; Sivilforsvaret, n.d.).

The Norwegian Civil Defence is part of the Norwegian Directorate for Civil Protection and is the most important national support resource for emergency services, like the police, the fire services and the health services, when these agencies need reinforcements. Civil Defence's common tasks include fighting bush fires, pumping water after flooding, evacuating civilians and search and rescue. Civil Defence provides training for preparedness, response and rescue. Its clients include its own personnel and other parties within the Norwegian rescue services. There are about 220 permanent employees at 20 Civil Defence locations, and about 8,000 conscripts working in 135 operational units.

The department relies on conscription. Both men and women between the ages of 18 and 65 can be called to serve (Norwegian Directorate for Civil Protection, 2012).

#### *The Norwegian Search and Rescue Service*

The Norwegian Search and Rescue Service (SAR service) is a coordinated nationwide set of services. Many parties contribute to the sole mission of rescuing people from perishing or injury. The SAR service consists of governmental, private, and voluntary agencies that contribute appropriate resources when needed. The basis of the coordination structure is integration. This means that joint coordinating organisations direct the service. These organisations are responsible for all types of rescue operations.

The Joint Rescue Coordination Centres (*Hovedredningsentralen*) in Sola and Bodø and 27 local rescue coordination centres in the police districts direct the entire SAR service's operations in Norway. Each police district establishes a local rescue centre with the local police commissioner as the leading actor. The Joint Rescue Coordination Centre has overarching operational responsibility for the search and rescue service. It is directly in charge of all sea and air rescue. Land rescue is generally in the hands of the local rescue coordination centres, which in all rescue cases immediately notify the Joint Rescue Coordination Centre (Helsedirektoratet, 2011; Ministry of Health and Care Services in Norway, 2014).

#### **6.3.4 The regional level**

At the regional level, the county governors are responsible for coordinating and supervising emergency management within their regions. Their role is to maintain an overview of risk and vulnerability by preparing a risk and vulnerability analysis and a contingency plan for the region. They do so in close cooperation with regional stakeholders. Furthermore, they provide guidance to the municipalities as well as monitor how they meet their legal requirements for preparedness and emergency management. The regional administration is the link between local and central levels in the process of implementing measures and reporting in accordance with the Regulation relating to instructions for the County Governors and the Governor in Svalbard on societal security, preparedness and crisis management.

The county governors appoint a Preparedness Council (*Fylkesberedskapsråd*) which meets at least once a year. The Council consists of representatives of regional stakeholders responsible for critical infrastructure and critical social functions—the police and other emergency services, the military, civil defence, NGOs, and county and state agencies with significant emergency tasks within the county. The role of the Preparedness Council is to contribute to the risk and vulnerability issues and be a forum for discussion and planning on issues of societal security, preparedness and emergency management in accordance with the Regulation relating to instructions for the County Governors and the Governor in Svalbard on societal security, preparedness and crisis management.

### **6.3.5 The municipal level**

The municipalities have comprehensive responsibility and play a key role in emergency management and preparedness work. According to the Civil Protection Act, the municipalities are obliged to draw up a comprehensive risk assessment and a general contingency plan. The plan has to be coordinated and integrated with other contingency plans in the municipality.

The Regulation relating to municipal preparedness duty expands on the municipality's preparedness obligations. Risk assessment has to cover existing and future risks and vulnerability factors of possible significance to the municipality—within as well as outside the municipality's geographical area. The assessment should also address how different risks and vulnerability factors can affect each other. This means, in particular, challenges related to vital societal functions and possible loss of critical infrastructure. Furthermore, the assessment should discuss the municipality's ability to maintain its activities when exposed to an adverse event, the need to alert the population and evacuate, and its ability to regain previous activities following disasters. In addition, a guideline is available to aid municipalities in implementing the regulation.

The contingency plan is coordinated in cooperation with other relevant actors, such as health trusts, county authorities, the Norwegian Armed Forces (*Forsvaret*), the police, Norwegian Civil Defence, local and joint rescue coordination centres, religious communities, NGOs and private entities. This cooperation ensures the municipalities' access to expertise in a wider geographical area. One of the minimum requirements concerning the overall contingency plan is the municipality's obligation to include a plan



for its emergency management. Risk assessments provide the basis for contingency plans, and drills based on the plan are supposed to be practiced at least every other year according to the Civil Protection Act.

In general, the municipalities are obliged to ensure and provide comprehensive and coordinated support to local inhabitants. A part of this responsibility is to guarantee psychosocial interventions in crises, accidents and disasters. Around 98% of Norwegian municipalities have established crisis support units that are activated when adverse events occur. The composition of the units varies, but they usually include a doctor, a mental health nurse, a child protection officer, a clergyman and a police officer. The units are often called in through the emergency medical services or the police. The Norwegian Directorate of Health (*Helsedirektoratet*) provides guidelines for psychosocial follow-up. In 2016 the directorate issued a new version of these guidelines, *Mestring, samhold og håp - Veileder for psykososiale tiltak ved kriser, ulykker og katastrofer* (Helsedirektoratet, 2016).

In accordance with the National health preparedness plan, the municipalities are responsible for offering appropriate assistance and care to people of foreign origin. Limited language proficiency and little familiarity with society make immigrants, refugees and other newcomers more vulnerable to disasters (Ministry of Health and Care Services in Norway, 2014).

Since 2002, the Norwegian Directorate for Civil Protection conducts regularly a survey among municipalities' on their preparedness efforts. The results from the survey serve as an important basis for prioritising and adapting future assistance from the Norwegian Directorate for Civil Protection and the county to the needs of the municipalities. The latest survey in 2015 shows a positive trend in many aspects, compared to a survey conducted in 2012. The majority (86%) of the participating municipalities state that they have completed a comprehensive risk and vulnerability analysis. This is an increase of 6%, compared to the survey in 2012. Moreover, 93% of participating municipalities in the latest survey report that they have drawn up an overall contingency plan (DSB, 2015). Beside the annual questions, the survey in 2016 also focused on the preparedness of the municipalities for school shooting (DSB, 2016).

### **6.3.6 Civil society and nongovernmental engagements/agencies**

The voluntary sector plays an important role within the preparedness and emergency management system in Norway. The Voluntary Organizations' Forum for Rescue (*Frivillige Organisasjoners Redningsfaglige Forum*) is an umbrella organization for the voluntary rescue services in Norway. The volunteers in these organisations have the expertise, skills and resources to tackle tasks on a broad basis, whether it is at sea, on land or in the air (FORF, n.d.).

There are a number of agreements between authorities in health and care services and NGOs on how to support and perform different tasks in the emergency management sector. This framework provides these authorities the opportunity to provide the resources and expertise needed. The Directorate of Health is the contact point for NGOs (Ministry of Health and Care Services in Norway, 2014). The Norwegian Red Cross (*Røde Kors*), through an agreement with the Directorate of Health, facilitates the operation of support for survivors and relatives in the event of disaster by activating support groups that assist the victims and other people affected (Ministry of Health and Care Services in Norway, 2014).

### **6.4 The role of social services in the emergency management system**

The Health and Social Preparedness Act aims at ensuring that the population has social and health services available in crises and disasters. The act states the municipalities' obligation to draw up contingency plans for the social care services for which they are responsible. The Act also applies to private social care service providers and their personnel, but they have limited planning responsibilities according to the Health and Social Preparedness Act. The Regulation relating to requirements for preparedness planning and preparedness work addresses the obligation of social services to ensure continuity of the services during disasters. The services ought to base their contingency plans on risk assessments, including an overview of responsibility and authority, warning routines, procedures for operative management, and coordination of plans. Personnel with assigned tasks in the contingency plan have to undergo training and have the necessary expertise and protective gear (Ministry of Health and Care Services in Norway, 2014).

Furthermore, in accordance with Social Services Act, each municipality must prepare a contingency plan on social services. The contingency plan on social services shall

be coordinated with other contingency plans on the municipal level. Moreover, the Act requires municipalities to provide the necessary assistance during disasters, also in cases when other municipalities need assistance. The county governor supervises the planning obligations of the municipalities.

In all preparedness activities relating to social care (and health) services and administration, the Directorate of Health together with county governors, assist in ensuring that cooperation is safeguarded in contingency planning and during crises. They do so by providing guidelines, advice and guidance to the municipality. Furthermore, the Directorate facilitates drills and implementation of expertise measures when needed (Ministry of Health and Care Services in Norway, 2014).

The Norwegian Directorate for Civil Protection's survey in 2015 asked the participating municipalities whether they had prepared for the continuity of local health and social services during disasters. Ninety-three percent of the municipalities answered yes (DSB, 2015). However, the survey does not include a more detailed specification of the health preparedness measures, on the one hand, and the social services preparedness measures, on the other.

## **6.5 Conclusion**

Norway's social services do have to prepare contingency plans, according to both the Act on Health and Social Preparedness and the Act on Social Services. Hence, the role of social services is clearly part of Norway's emergency management (please see the following table 6.1 for more detailed info).

**Table 6.1** Conclusion: Social services in Norway's contingency planning

<b>Emergency Management</b>	
Ministry responsible	Ministry of Justice and Public Security
Coherent body of law on EM?	Yes, Civil Protection Act No. 45/2010 Regulation relating to instructions for the ministries' work on civil protection and preparedness, the Ministry of Justice and Public Security's coordination role, supervision and central crisis management No. 535/2012 The Regulation relating to the municipal preparedness duty No. 894/2011 The Regulation relating to instructions for the rescue service No. 1102/2013 The Regulation for the county governors' and the Governor of Svalbard's work with societal security, preparedness and emergency management No. 703/2015 Health and Social Preparedness Act no. 56/2000 The Regulation relating to requirements for preparedness planning and preparedness work No. 881/2001
Committee/council/board at national level?	Yes, the Crisis Council (Kriserådet).
Are social services represented in the committee/board/council?	No, (but the Minister of Health and Care would represent social services related to health and care). Prime Minister's Office Ministry of Foreign Affairs Ministry of Justice and the Police Ministry of Defence Ministry of Health and Care (The Ministry of Labour and Social Affairs is not represented)
EM national institution or authority?	Yes, DSB
No. of staff?	600
Main principles?	Responsibility Similarity Proximity Cooperation
EM cooperating with voluntary organizations according to formal contracts?	Yes, Contracts
Conscripts and volunteers	About 8000 conscripts working in 135 operational units The Civil Defence, 220 permanent employees
<b>Role of local social services in emergency management</b>	
Does the act on EM address the role of local social services?	No
Does the legal framework address the role of local social services in relation to EM?	Yes, the Health and Social Preparedness Act specifically mentions social services and so does the Social Services Act. The Regulation relating to requirements for preparedness planning and preparedness.
Does the legal framework outline distinctive role/roles?	Yes, their roles are distinctively mentioned.
Are social services legally obligated to prepare a contingency plan?	Yes, both according to the Act on Health and Social Preparedness and the Social Service Act.
Does the law on social services specifically address the role of the services in the context of disaster?	Yes, the Social Services Act states that each municipality must prepare a contingency plan on labour and welfare administration in accordance with the Health and Social Preparedness Act.
Are there specific guidelines for social service contingency planning?	Yes, the national guidelines, provided by the Directorate of Health, include the Guideline for health and social preparedness in the municipalities.

Hence, the local social services are clearly designed into the system of Emergency Management, and it emphasises that the services shall be provided in case of disaster. Furthermore, the Act on Social Services specially mentions that a municipality shall be

prepared to provide services for another municipality in disaster. The social services have a legal obligation to provide contingency plans, and there are special guidelines for making the plan. Furthermore, the social services' contingency plans shall be integrated into the comprehensive contingency plans of the municipality. It is the county governor who coordinates and oversees the preparation and the yearly revision of the municipalities' contingency planning. The municipalities are also expected to hold exercises every other year.

Surveys conducted by the Norwegian Directorate for Civil Protection show an increasing number of municipalities that have a contingency plan, up to 93% in 2015 (DSB, 2015). The survey asks about health and social contingency plans, but it would also be important to ask specifically about the the local social services' planning and get further insights into their roles according to the plans. As pointed out earlier, it fell outside the scope of this report to request insight into specific plans and processes, but the high number of Norwegian municipalities that include social and health contingency plans into their planning call for further investigation of the contents of the plans. Systematic publication or review of the plans would be very useful for the other Nordic countries and, of course, other countries as well. Furthermore, if security does not hinder the publishing of the social service contingency plans, this practice could also enhance co-operation between different municipalities, as well as cross-sectional co-operation. Other actors might benefit from reading what the social services consider their role to be during an emergency.

Research on the role of social services during disaster in Norway is lacking. Such research would be a very important contribution to the literature, keeping in mind the disasters that Norway has had to overcome in recent years.

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## 7. SWEDEN

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### 7.1 Introduction

#### 7.1.1 Geography and climate

Sweden is the fifth largest country in Europe and the largest Nordic country. The land area is 408,901 km<sup>2</sup> (total area 447,420 km<sup>2</sup>) with 26,080 km<sup>2</sup> of arable land (Norden, 2014). To the east, the country has a coastline 3,218 km long. To the west, mountains separate Sweden from Norway. A road and a rail bridge connect the southern part of the country with Denmark. In the far north, the country reaches well over the Arctic Circle. Forests cover approximately 64% of Sweden. Nine per cent of the country's land mass is inland lakes (Norden, 2014; Norden, n.d.). Another characteristic of Sweden is its islands. They make up 2.6% of the country's land area. Including the smallest islands, they number 221,800 islands in the sea, lakes and rivers (Norden, 2014).

The Gulf Stream influences Sweden's climate. There are three different climate zones in Sweden. In the southern part of the country, humid air makes warm days feel warmer and cold days feel colder. Winters are mild, and it seldom snows. The mid- and northern regions have a humid snowy climate, where snowfall is more common than in the southern part of the country. The mountainous regions have an icy climate with long, cold and dry winters (Weather online, n.d.).

#### 7.1.2 Demographics

As of 31 July 2016, the population of Sweden was 9,920,881 (Statistics Sweden, n.d.). In 2014 the population density was 23.7 pop./km<sup>2</sup> and the population in the capital area<sup>41</sup> was 2,163,042 inhabitants (Norden, n.d.).

In 2015 the median age<sup>42</sup> in Sweden was 41.2 years, 42.2 for women and 40.2 for men (CIA, n.d.). Life expectancy has increased and is expected to continue rising, leading to

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<sup>41</sup> Stockholm, Upplands Väsby, Vallentuna, Österåker, Värmdö, Järfälla, Ekerö, Huddinge, Botkyrka, Salem, Haninge, Tyresö, Upplands-Bro, Nykvarn, Täby, Danderyd, Sollentuna, Södertälje, Nacka, Sundbyberg, Solna, Lidingö, Vaxholm, Norrtälje, Sigtuna and Nynäshamn.

<sup>42</sup> For definition of median age, please see page 65.

an ageing population. The average life expectancy in Sweden in 2015 was 83.9 years for women and 80 years for men. In 2015 the fertility rate in Sweden was 1.88 children born per woman and the infant mortality rate was 2.6 in every life 1000 births (CIA, n.d.). In 2015, the total dependency ratio<sup>43</sup> was 58.3 and the potential support ratio<sup>44</sup> 3.1 (CIA, n.d.).

In 2015 there were 1,603,551 foreign-born persons living in Sweden. This is 22.2% of the total population (Statistics Sweden, n.d.a). The largest groups of foreign-born people in 2014 were born in Finland (158,488), Iraq (130,178) and Poland (81,697) (Statistics Sweden, n.d.). The number of asylum seekers has risen rapidly in Sweden in the past years. In 2010, the country received 31,819 applications for asylum, while in 2015 the number of applications had risen to 162,877. In the same period, the Swedish Migration Board (*Migrationsverket*) increased the number of asylum grants from 8,732 in 2010 to 32,631 in 2015. Most of the applications in 2015 were from Syrian (51,338), Afghan (41,564) and Iraqi citizens (20,857). By far the largest number of those granted asylum were citizens of Syria (18,523). There were also substantial numbers of citizens from Eritrea (6,542) and Afghanistan (1,088) (Migrationsverket, n.d.).

In terms of employment, in 2015 around 74% of people, aged 18 to 64, had a paid job. There is not a large difference between the employment rate of men and women, as 76% of men were in paid work that year, compared to 72% of women. In 2015, 7.9% of the labour force was unemployed. The unemployment rate for men was 8.2% and 7.2% for women (OECD, n.d.). In 2013, 3.5% of the population received social assistance and 30.5% of the country's GDP was on social expenditure<sup>45</sup> (Norden, n.d.; NOSOSCO, 2015).

### **7.1.3 The governmental system**

At the national level, Sweden is a constitutional monarchy as the king or queen is the head of state. However, royal powers are limited to official and ceremonial functions. The Swedish Parliament (Riksdagen, 349 seats) is elected on a four-year basis and is tasked with law-making, budgeting and government oversight. The government that takes care of day-to-day governing derives from and is responsible to the Parliament, where the legislative power resides due to the separation of the judicial, legislative and executive powers.

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<sup>43</sup>For definition of total dependency ratio, please see page 66.

<sup>44</sup> For definition of potential support ratio, please see page 66.

<sup>45</sup> For more detailed information on what expenditure on social affairs includes, please see page 66.

Government offices and central government agencies and administrations assist the government according to The instrument of government (*Kungörelse om beslutad ny regeringsform*) No. 152/1974. There are important constitutional conditions that are somewhat different from the other Nordic countries. All authorities (national, regional, local) are autonomous in applying the law (see ch. 12). This implies, for example, no operational tasks or decision-making for ministries.

Sweden has three administrative levels of government: the national (State), regional (County Administrative Boards and County Councils) and local authorities (Municipalities). The regional level is divided into 20 counties (*Landsting och eller regioner*, currently under revision). The counties undertake political tasks through the county councils. The county councils are responsible for overseeing tasks that municipalities cannot handle at the local level or require coordination across a larger region. The most notable examples are health care under the Act on Health Care (*Hälso- och sjukvårdlagen*) No. 763/1982 and the Disaster Medicine Act (*Lagen om Katastrofmedicin som en del av svenska insatser utomlands m.m*) No. 553/2008. The county councils are authorised to levy income taxes to cover their costs.

However, included in emergency management are the 21 county administrative boards (*Länsstyrelser*). These are governmental bodies at the regional level appointed by the national government. They are especially relevant as they are important agents for local authorities in the context of emergency management (elaborated below).

The local authorities (290 municipalities) derive their legal authority of self-government from The Instrument of Government and Act on Municipalities (*Kommunallagen*) No. 900/1991, outlining that local authorities determine their own affairs in accordance with the law. Each municipality has an elected assembly, the municipal council. It takes decisions on municipal matters. The municipal council appoints the municipal executive board (*kommunalstyrelsen*). The municipalities are responsible for a large share of public services, including education, municipal management, development issues and rescue services as well as social services.

#### **7.1.4 Disaster and risk profile**

Sweden is geologically and geographically situated in a region that has been struck by neither earthquakes nor volcanic eruptions. Sweden's geopolitical position has not resulted

in major terrorist attacks, but there have been a few assaults resulting in a comparatively low number of casualties (Cuadra, 2015). A severe incident occurred in Stockholm in 2010 where only a suicide bomber was killed (Lindberg & Sundelius, 2012). Mostly flooding, winter storms, landslides, forest fires and ice floes have struck Sweden (European Commission, n.d.; Bakken & Rhinard, 2013). There have also been shipping disasters with major casualties and injuries as well as emergencies due to major fires—for example, in 1998 in a discotheque (Socialstyrelsen, 2009) and a major wild fire in 2014 (Government, 2015). Sweden suffered severe casualties in the Asian tsunami in 2004. Many citizens were on holiday in Thailand when the tsunami struck. About 550 Swedes died, and 1,500 were injured. Much sorrow and distress followed in the wake of the disaster. The Swedish population's criticism of the government's response was strong. This resulted in a public investigation and systemic changes regarding crisis preparedness (Government, 2005) as well as research (e.g. for example, Johannesson et al., 2009).

The National Risk and Capability Assessment 2014 (*Risker och förmågor 2014*) lists potential future risks. The country's major risks pertain to natural adverse events (e.g., flooding, storms, wildfires), contagious diseases (e.g., pandemics, epizootics, lack of medicines), criminality (e.g., antagonistic threat/sabotage, terrorist attacks), dangerous substances (for example, if chemicals or other dangerous substances spread due to accidents and technical failure), and disturbances in electronic communication, power supply and technologies for different supply systems (with consequences, for example, for the Internet, alarm functions and the distribution and quality of water) (MSB, 2015).

## **7.2 Local social services**

The local social services are in The Ministry of Health and Social Affairs' political area of responsibility (Government Offices of Sweden, n.d.). Municipalities organise the public social services under the Social Services Act (*Socialtjänstlagen*) No. 453/2001. According to Act on Municipalities, municipalities can decide which politically appointed committees shall be responsible for the functions of Social Services and organize the services in the way they deem most suitable, provided this is within the framework of the Social Services Act and other relevant legislation. This authorisation has resulted in big differences in

organisational solutions between municipalities (Morén, Blom, Lundgren and Perlinski, 2010).

The Social Services Act was passed on 1 January 1982 and can be traced back several centuries (Pettersson, 2011). It has been revised several times and was last restructured in 2002. The act leaves considerable room for discretion by virtue of its construction as a framework law. Such laws are goal-oriented and leave officials with considerable power to apply general rules individually (Socialstyrelsen, 2003).

The aims of the act are as follows:

On the basis of democracy and solidarity, the public social services shall promote human beings'

- economic and social safety,
- equality in living conditions,
- active participation in societal life.

Considering humans' responsibility for their own and others' social situation, social services, shall be oriented toward emancipating and developing individuals' and groups' own recourses. The activities shall be based on respect for human autonomy and integrity (Ch. 1, §1).

The responsibility involves both structurally oriented ventures on the community level as well as services. The former involves being well-informed of the living conditions of the entire population, actively participating in the planning of society, co-operating with other societal institutions (*samhällsorgan*) and promoting good living conditions in the community (*främja goda miljöer i kommunen*). Services, on the other hand, can be either general (such as providing information, counselling, out-reach programs, preventive work, etc.) or specific to individuals (for example, economic support or social assistance, child protection, treatment for substance abuse, care and home assistance for the elderly, services for disabled people and support for victims of crimes). Such services are commonly organised into three main areas. Specialised laws apply to some of these (see below): individuals and families, care for persons with disabilities and the elderly. According to Bergmark and Lundström (2005), emphasis on specialization in the delivery of services has been growing at the expense of a generic perspective in Swedish social services since the 1980s and onward.

In line with the report's interest in emergency management, it is most relevant that within each municipality's area, it has ultimate responsibility for providing individuals with the support and help they need according to the Social Services Act. It is also responsible for individuals residing in the municipality (Ch. 2, § 1). This responsibility is the basis for providing services outside office hours and on weekends (so-called social services on call) (*Social jour*). The municipalities' ultimate responsibility applies in the context of all phases of emergencies. It is also the basis for psychosocial support (*krisstöd*) (see below).

The Social Services Act states that everyone should be guaranteed a reasonable standard of living if the person's needs cannot be met in other ways (Ch. 4 § 1). The municipalities are also obliged to support and protect individuals only temporarily residing in the area. In practice, the responsibility for temporarily residing people has been interpreted to apply only to acute needs (related to distress or destitution). Acute needs are needs that a person's own income or other kinds of support, such as shelter, cannot meet (Cuadra & Staaf, 2012).

The National Board of Health and Welfare (*Socialstyrelsen*) annually provides national standards determining the amount of financial support. In 2013, 3.5% of the Swedish nation applied for financial assistance (NOSOSCO, 2015).

The Care of Young Persons Act (*Lag om vård av unga*, LVU) No. 52/1990 is special legislation applying to public social services. It involves child protection. There is as well the Care of Alcoholics and Drug Abusers Act (*Lag om vård av missbrukare i vissa fall*, LVM) No. 870/1988. These acts concern involuntary care. These acts concern involuntary care. Social services can initiate such care, but it is the Administrative Court (*Förvaltningsrätten*) that has the authority to decide it. Moreover, the Act concerning Support and Services for Persons with Certain Functional Impairments (*Lag om stöd och service till vissa funktionshindrade*, LSS) No. 387/1993 outlines rights in this regard. It can involve personal assistance as well as special accommodations with support from staff. These laws are relevant in the context of disasters as they imply a certain responsibility in relation to persons subject to the laws.

### 7.3 The emergency management system

The emergency management system in Sweden has been identified as one of the most decentralised systems in the world (Engberg & Wimelius, 2015). It forms part of a wider approach to societal security and preparedness that involves protection against accidents, crisis (emergencies) preparedness as well as civil defence (in the context of war). There is a common orientation towards preparedness and the capacity to manage consequences of adverse incidents—what is referred to as societal disturbances (*samhällsstörningar*)—in order to have a common denominator regardless of the scale of the event and different actors' roles and responsibilities (MSB, 2014). Hence, a comprehensive notion of security underpins the approach as well as an “all-hazard-plus” approach along the entire scale of threats (accidents, crisis and war). This approach is understood as a “whole-of-society” approach (Lindberg & Sundelius, 2012). The approach is oriented towards identified protectable values (*skyddsvärden*) that derive from goals outlined by the government (Government, 2009). These are further connected to vital societal functions and infrastructures (MSB, 2013). The values are people's lives and health, societal functionality, democracy, the role of law and human rights, environmental and economic values, and national security (MSB, 2014a).

The emergency management system is based on three principles (Government, 2005a<sup>46</sup>):

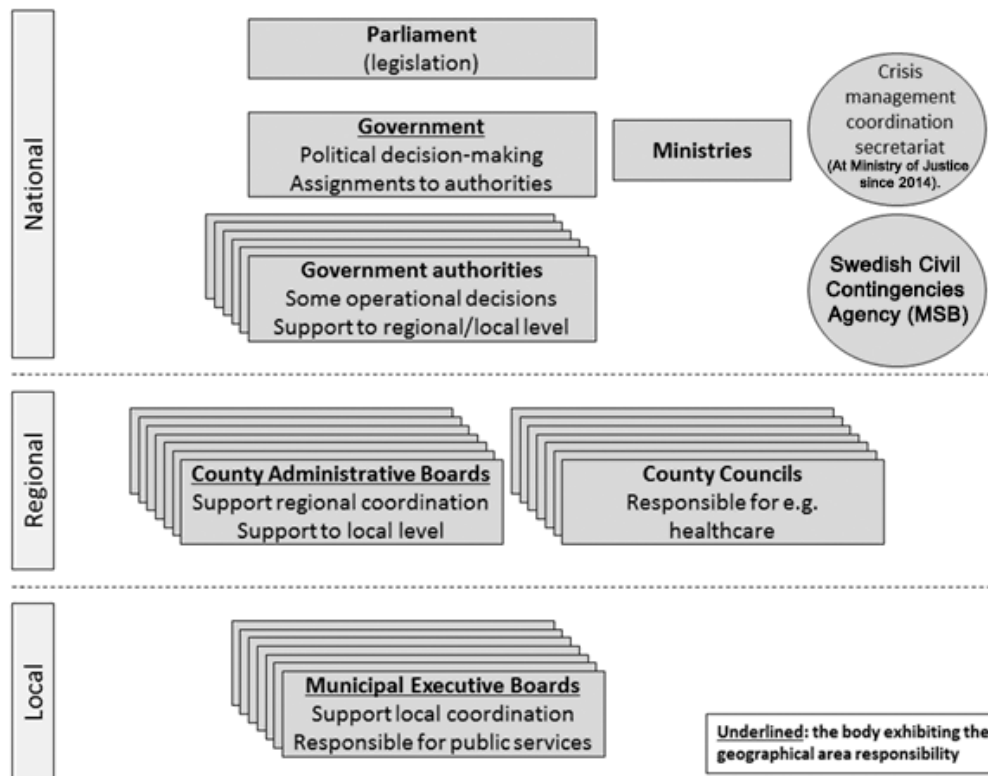
- The responsibility principle: the organisation responsible for an activity under normal conditions should maintain its responsibility for such operations and initiate cross-sectoral cooperation in times of emergency.
- The similarity principle: to the extent possible, the organisation of all operations during emergencies should be similar to their organisation under normal conditions.
- The proximity principle: emergencies should be handled at the lowest possible level.

These principles promote decisionmaking at the lowest administrative level possible. Organisations retain/keep their responsibility during emergencies, and the daily set-up and emergency set-up are similar insofar as possible. This encourages decentralisation of the preparedness and emergency management system.

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<sup>46</sup> MSB has recommended that the Government revise the guiding principles to clarify to actors what their responsibilities for coordination and being proactive are in emergencies (MSB, 2016). Consequently, the Government underlines in its Budget Proposition 2017 (*Budgetpropositionen för 2017*), Proposition No. 17 2016, that coordination and taking action are important components of taking responsibility (Government, 2016).

As the emergency management system follows the national governmental and administrative structure of public responsibilities, it operates on the three different levels of government: in government offices on the national level, governmental authorities on the regional level and local activities on the municipal level (see Figure 8).



**Figure 8.** The Swedish emergency management system: National Organisational Chart

Source: Bakken & Rhinard, 2013, updated by the authors in relation to changes in 2014.

There is one emergency number in Sweden, 112, and SOS Alarm AB handles emergency calls. SOS Alarm is a publicly owned company, owned jointly by the Swedish State and the Swedish Association of Local Municipalities and Counties. It operates in two areas: Alerting and Preparedness and Safety and Emergency Services. The area of Alerting and Preparedness operates with SOS 112, SOS Health Care, and rescue and emergency management. Under an agreement with the state, SOS Alarm is responsible for the emergency number 112 and is a part of the emergency preparedness system in Sweden. This assignment involves collaboration with sea, air and mountain rescue services, and the police (SOS Alarm, n.d.). Municipalities can have agreements with SOS Alarm in order to have their own alarm number and procedures for alerting the municipalities' emergency system. Such agreements also bear upon social services (SOS Alarm, n.d.).



There is civil-military cooperation. This cooperation takes place at all administrative levels and includes planning, international activities, training and exercises as well as joint reporting to the government. The cooperation is currently subject to restructuring (Government, 2014). Regional military offices have been established. This implies strengthened military-civilian cooperation involving reciprocal support. The restructuring bears upon social services in terms of civil defence.

### **7.3.1 Tasks and objectives**

The legal framework consists of laws, ordinances and regulations on societal security and preparedness. Ordinance on crisis preparedness and authorities' (responsible for safeguarding) measures in heightened alert (*Förordning om krisberedskap och bevakningsansvariga myndigheters åtgärder vid höjd beredskap*) No. 1052/2015 regulates the demands on government authorities at national and regional levels (such as county administrative boards). Under this ordinance, all Swedish governmental/national authorities are obliged to carry out risk and vulnerability analyses in their own areas of responsibility. This measure is to strengthen their own and Sweden's overall emergency management capacity.

At regional (i.e., county councils) and local levels, Act on Municipal and County Council Measures Prior to and During Extra-ordinary Events in Peacetime and During Periods of Heightened Alert (*Lag om kommuners och landstings åtgärder inför och vid extraordinära händelser i fredstid och höjd beredskap*) No. 544/2006 states that municipalities and county councils should attain fundamental capacity for engaging in civil defence activities. The act regulates planning of and preparation for the handling of complex extraordinary events demanding coordinated management between various societal activities at local and regional levels. Under this law, municipalities' tasks are to perform risk and vulnerability analyses, develop contingency plans and prepare for crises, organise an emergency management committee as well as train and educate staff and politicians, be responsible for their geographic area (to coordinate all local actors) as well as report to national authorities. Corresponding Ordinance on Municipalities' Key Role and Responsibilities Prior to and During Extra-Ordinary Events in Peacetime and During Periods of Heightened Alert No. 637/2006 addresses the municipalities' key role and

responsibilities. Further regulations involve performance of and accounting for risk and vulnerability analyses as well as practical guidelines (MSB, 2011; MSBFS, 2015).

Civil Protection Act (*Lagen om skydd mot olyckor, verbatime, protection against accidents*) No. 788/2003 outlines municipalities' responsibility to organise rescue services to prevent and limit harm to people and damage to property and the environment resulting from adverse events. The same act also outlines the responsibilities for marine, air traffic and mountain rescue services. These are national responsibilities. In addition, there are operations involving radioactivity and major environmental rescue operations that are national areas of response.

Taken together from the municipalities' perspective, the legal framework involves two related strands (Sparf, 2014), one for accidents and one for unexpected high consequence events (crisis and disasters), referred to as extraordinary events or societal disturbances (MSB, 2014). The municipalities commonly integrate these strands organisationally, for example, for issues on safety and security. While the objective of rescue services is, as mentioned, to prevent and limit harm to people and damage to property and the environment resulting from adverse events, the objectives of emergency management are to protect the lives and health of populations, societal functionality, and the ability to maintain vital values (Government, 2009).

Other relevant regulations are a series of government ordinances containing instructions for the Swedish Civil Contingencies Agency (*Förordning med instruktion för Myndigheten för samhällsskydd och beredskap*) No. 1002/2008, Swedish Armed Forces (*Förordning med instruktion för Försvarmakten*) No. 1266/2007, Government Offices (*Förordning med instruktion för Regeringskansliet*) No. 1515/1996, and County Administrative Boards (*Förordning med länsstyrelseinstruktion*) No. 864/2002. In addition, given this report's focus, Act on regulating handling of dangerous and explosive substances (*Lag om brandfarliga och explosiva varor*) No. 1011/2010 might also be relevant along with the Police Act (*Polislag*) No. 387/1984, Infectious Diseases Act (*Smittskyddslag*) No. 168/2004 and their related regulations, as well as the Planning and Building Act (*Plan- och bygglagen*) No. 900/2010 and the Environmental Code (*Miljöbalken*) No. 808/1998. The variety of laws makes it obvious that disaster prevention and management relates to a multitude of political areas (Becker & Baez Ullberg, 2016). No specific legal regulation

specifically targets volunteers and nongovernmental organizations (see section on civil society below).

### **7.3.2 Contingency planning**

The responsibility for contingency planning lies with all levels of government (Deschamps-Berger, 2015). As indicated, all national authorities are obliged to carry out risk and vulnerability assessments in their own areas of responsibility under Ordinance on crisis preparedness and authorities' (responsible for safeguarding) measures in heightened alert.

As also indicated above, Act on measures to be taken by municipalities and county council in preparedness for and during extraordinary incidents during peacetime and periods of heightened alert requires municipalities as well as county councils to perform risk and vulnerability analysis, develop contingency plans and prepare for crisis and organize an emergency management committee as well as train and educate staff and politicians. Municipal responsibility includes all areas of operation and, thus, also social services. Furthermore, municipalities are responsible for their geographic area, i.e., for coordinating all local actors and reporting to national authorities. This implies anticipated cooperation with both public and private actors (Lindberg & Sundelius, 2012) bearing upon contingency planning.

### **7.3.3 The national level**

The government is responsible for emergency management at the national level (Bakken & Rhinard, 2013). The government's forum for information sharing and discussion, The Crisis Management Council, is led by the Minister for Home Affairs' State Secretary. The Council, normally includes central authorities such as the National Police Commissioner, the Head of the Swedish Security Service, the Supreme Commander of the Armed Forces and the Directors-General of the National Grid (*Svenska kraftnät*), the Swedish Civil Contingencies Agency, Swedish Radiation Safety Authority and, most important to our interest, the National Board of Health and Welfare, and County Governor represents the county administrative boards. Representatives of the ministries responsible for relevant agencies may also take part.

Since October 2014, the overall political responsibility for civil emergency planning at the ministerial level lies with the Ministry of Justice. In accordance with the overall

objective of ensuring effective cross-ministerial coordination within the government, since 2014, the Crisis Management Coordination Secretariat has been under the Ministry of Justice (established in 2008) (MSB, n.d.). The secretariat continuously monitors domestic and international events, threats and risks 24/7, assists the ministries with contingency planning and communication, and organises training sessions and exercises. During a crisis bearing upon the national level, the secretariat supports the ministries with emergency management implementation, raises alarms, gathers information and provides comprehensive analysis of the crisis landscape and its societal impact (Bakken & Rhinard, 2013).

Other authorities have more specialized roles. The National Board for Health and Welfare, which is highly relevant to this report's focus, is responsible for areas involving health care and social services, patient safety and epidemiology. It drafts regulations and general advice, produces and develops statistics and knowledge for health and medical care and social services. The Board works with emergency preparedness in health care and social service. In doing so, the Board supports, coordinates and monitors health care and social services before, during and after a disaster. It thus aims at strengthening emergency preparedness, based on laws, regulations and general advice. The role during a crisis is primarily to support the counties and municipalities with expertise and equipment (Socialstyrelsen, 2009). Its expertise involves nuclear, biological, chemical, and radioactive areas, as well as psychosocial support (Bakken & Rhinard, 2013). The Board is generally responsible for developing, maintaining and disseminating expertise on and knowledge of disaster medicine within the authority's area of activity. It is also responsible for putting expertise at the disposal of society in crises and disasters. Moreover, as indicated, the Board carries out risk and vulnerability analyses (under Ordinance on crisis preparedness and authorities' measures in heightened alert) within its area of responsibility on a yearly basis. This consequently involves social services. The Board shall also be capable of maintaining a leadership role if the crisis affects their area of responsibility. It shall also cooperate with county councils, municipalities and other organizations and agencies.

The Swedish Police Authority (*Polismyndigheten*) is a supervisory central administration for the Swedish Police. It is responsible for coordinating emergency-related police operations. It also assumes operational responsibility under specific circumstances (Polisen, n.d.). Still, the local police districts usually take charge even during extraordinary

incidents. The services provided by the police during crises include the sealing of accident areas, identification of killed persons and notification of relatives, related criminal investigations and event assessments (Polisen, n.d.).

Upon request of The Swedish Police Authority, the Armed Forces provide support for counterterrorism, in accordance with the Act on support from the Armed Forces to the Police in fighting terrorism (*Lag om Försvarmaktens stöd till polisen vid terrorismbekämpning*) No. 343/2006. The Swedish Security Services (*Säkerhetspolisen*) carry out intelligence, along with the National Defence Radio Establishment (*Försvarets Radioanstalt*) and units of the Swedish Police Authority and The Swedish Armed Forces.

The Swedish Armed Forces, in addition to their military obligations, are also responsible for providing support to civil authorities during peacetime crises, under the Ordinance containing instructions for Swedish Armed Forces. They support rescue service operations, for example, by providing transport (like helicopters) and human resources and by mobilising the National Home Guard (*Hemvärnet – Nationella skyddsstyrkorna*). Other relevant national agencies, inter alia, all addressed by the Ordinance on crisis preparedness and authorities' measures in heightened alert, that are responsible for safeguarding include the Board of Agriculture (*Jordbruksverket*), the Board of Migration, the National Food Agency (*Livsmedelsverket*), National Post and Telecom Agency (*Post- och telestyrelsen*), the Swedish Road Administration (*Vägverket*), the Migration Agency (*Migrationsverket*), the Swedish Civil Contingencies Agency (*Myndigheten för samhällskydd och beredskap, MSB*), the Coast Guard (*Kustbevakningen*), Public Health Agency of Sweden (*Folkhälsomyndigheten*), National Veterinary Institute (*Statens veterinärmedicinska anstalt*), the Radiation Safety Authority (*Strålsäkerhetsmyndigheten*), the National Grid, the Transport Administration (*Trafikverket*), and the Transport Agency (*Transportstyrelsen*).

### *The Swedish Civil Contingencies Agency*

The Swedish Civil Contingencies Agency is a national authority. Its role is coordinating various sectors and areas of responsibility utilising the “whole-of-society” approach mentioned above (Lindberg & Sundelius, 2012). The Swedish Civil Contingencies Agency’s mandate reflects this role—i.e., to deal with the entire spectrum ranging from threats to risks and from everyday accidents to major crises and disasters as well as civil defence in different phases, before, during and after the occurrence of incidents according to the Ordinance containing instructions for the Swedish Civil Contingencies Agency. The agency’s brief is to build resilience across sectors and levels of government (Lindberg & Sundelius, 2012). The Swedish Civil Contingencies Agency’s assignments involve safeguarding and analysing 24/7, to ascertain the current situation and act as an operational agency, given certain severe circumstances and the need of coordination. However, in line with the principle of responsibility, the Swedish Civil Contingencies Agency does not take over the responsibility of other actors during emergencies but has the role of coordinating various sectors and areas of responsibility. There are 850 full-time employees at the Swedish Civil Contingencies Agency organised in four departments (MSB, n.d.).

The Swedish Civil Contingencies Agency provides ordinances, regulations and guidance. These introduce methodologies and provide examples. The Guide on Risk and Vulnerability Analyses (MSB, 2011) for all government levels is an example of this. Furthermore, the Swedish Civil Contingencies Agency is a major funder of research (MSB, 2012) in the area of safety and security as well as an organiser of education and exercises (inter alia for staff in rescue services).

#### **7.3.4 The regional level**

The 21 county administrative boards (*Länsstyrelser*) at the regional level are responsible for coordinating emergency planning activities within their geographic area (*län*). These include exercises, risk and vulnerability analyses. The boards also act as clearing houses between public and private partners within their geographic area (*län*). As indicated, they are also responsible for having contingency plans in place to handle situations before, during and after a disaster according to the Ordinance on crisis preparedness and authorities’ measures in heightened alert. In this context, the county administrative boards provide continuous support and assistance to the local level. They also monitor the role of

municipalities regarding compliance with laws and ordinances according to Ordinance, No. 825/2007 containing county government instruction (*Förordning med länsstyrelseinstruktion*).

During disasters, when there is need of multi-sectorial and/or multi-municipal cooperation, the County administrative boards are expected to coordinate the appropriate measures with relevant actors (including key companies) at local, regional and central levels. They shall also provide support to maintain the level of responsibility. In addition, in such situations, the county administrative boards have the overall responsibility for reporting the need for national support in the event of a major emergency. They are also responsible for coordinating contact with the media during major emergencies and crises according to the ordinance on crisis preparedness and authorities' measures in heightened alert.

For this report, the county councils at the regional level are also of some interest. They are responsible for health care under Act on Health Care as well as disaster medicine under the Disaster Medicine Act. Under the regulation for Disaster Medicine Preparedness (*Föreskrift om katastrofmedicinsk beredskap*) No. 22/2013, the county councils must have an official in its health care system authorised to establish immediate regional medical command and thereby control the overall available medical resources within the region. Each county council determines whether an event must be declared a major incident, and what regional medical preparedness plan to activate. This will depend on the capacity and resources available at the time. The County Council should plan for collaboration during major incidents. The planning of cooperation with other actors at local, regional and national levels must remain current with municipalities, other counties, municipal agencies, the regional police and agencies.

County Councils' planning for major incidents should include psychosocial support to those affected by or at risk of mental illness due to a major event. From the municipal and social services perspective, this implies that the regional-local cooperation involves their interaction in organising psychosocial support. The county councils offer psychological and psychiatric support to those directly affected by the event. However, the municipalities' approach is broader in terms of services and target groups (Socialstyrelsen, 2008). Furthermore, the fact that the home care delivered in municipalities is organised in close cooperation with social services and county councils (regarding medical staff)

(Socialstyrelsen, 2006) has obvious implications for emergency management from the perspective of social services.

### **7.3.5 The municipal level**

In accordance with the principle of responsibility, the 290 Swedish municipalities play an important role in emergency management, emergency planning and preparedness under Act on Municipal and County Council Measures in Preparedness for and during Extraordinary Incidents during Peacetime and Periods of Heightened Alert. They are thus expected to heavily engage in all phases of emergency management within their geographical area, including preparation (risk and vulnerability analysis, contingency planning, education and training of personnel and politicians) and response (the maintenance of vital societal functions and infrastructures, reporting, crisis coordination and information to the public. Maintaining vital functions is understood to involve the planning of the continuity of services (“service continuity”) (MSB, 2011; MSBFS 2015). Under the same act, in emergencies the mayor is the highest civilian authority in the municipality.

The municipalities operate fire brigades and rescue services and are thus responsible for a great variety of operations, including fire fighting, major traffic accidents, forest fires and chemical accidents under the Civil Protection Act. They target events across the entire spectrum (from everyday accidents to major crises and war) that involve demands for rescue operations. The municipalities are also responsible for their land use planning under the Planning and Building Act and Environmental Code, which is deemed to be an aspect of disaster risk reduction (Becker & Baez Ullberg, 2016).

### **7.3.6 Civil society and nongovernmental engagements/agencies**

The involvement of civil society and volunteers in preparedness and emergency management is highly relevant. There are 18 voluntary defence organisations (for example for transportation, radio communication and working dogs). One of these is the Civil Defence League (*Civilförsvarsförbundet*). It focuses on safety in everyday life and in times of crisis. It organizes training activities, such as first aid, risk awareness, emergency support and voluntary reinforcement resources. The number of members in the Civil Defence League is approximately 19,700 (Civil Defence League, n.d.a).



In 2013, the Swedish Association of Local Authorities and Regions (*Sveriges Kommuner och Landsting*) and the Civil Defence League jointly launched a plan, including recommendations to municipalities on the involvement of non-governmental organizations in preparedness and emergency management. The recommendations suggested ways to improve civil society's involvement. These included setting up Voluntary Resource Groups as well as formalizing agreements with the groups aimed at clarifying the criteria for responsibilities. Currently, the Civil Defence League organizes and educates the Voluntary Resource Groups (at present in place in 162 municipalities). The aim of the Voluntary Resource Groups is to reinforce the municipalities' resources, for example, for evacuation, dissemination of information and other practical activities during emergencies (Civil Defence League, n.d.), which bear upon the social services.

The Swedish Red Cross (*Svenska Röda Korset*) is one of the Voluntary Defence Organisations. It is committed to providing emergency and humanitarian relief both nationally and internationally through its network of volunteers and delegates. In Sweden, the Red Cross provides emergency services through first-aid teams, mobile emergency units and counselling support groups managed by specially trained volunteers. The Red Cross endeavours also to increase knowledge on how to prevent injuries and how to take care of wounded and ill people by offering first-aid courses for the National Home Guard (Swedish Red Cross, n.d.). Furthermore, they run eleven centres for those injured in war and victims of torture. They provide rehabilitation (Swedish Red Cross, 2015), which is very relevant, given the current refugee migration.

Faith-based civil society organisations are also engaged in the emergency management system. In many municipalities, the Swedish Church (*Svenska kyrkan*), as well as congregations of other faiths, participates in the organisation of psychosocial support (Socialstyrelsen, 2006). Furthermore, since 2012, Missing People Sweden arranges search and rescue operations on a voluntary and local basis (Missing People Sweden, n.d.).

#### **7.4 The role of social services in the emergency management system**

The municipalities' responsibility for Public Social Services in the context of emergencies derives from the Act on Municipalities' and County Councils' Measures as well as from the corresponding ordinances and regulations. The outlined responsibilities are expected to be

operationalised in the social services. It is noteworthy that neither the Social Services Act nor other legislation governing social services specifically addresses municipalities' responsibility for operations involving crisis and serious incidents (Socialstyrelsen, 2009). Rather, the principle of responsibility underpinning the emergency system implies that what the Social Services Act outlines about responsibility also applies under critical circumstances as well as in all phases of emergencies. Consequently, each municipality is responsible at all times for social services for people residing in the municipality. It is also responsible for ensuring that people receive the support and help they need. This involves upholding the continuity of services (MSBSF, 2015) for persons already receiving them as well as the support and services needed in the wake of the situation. This might involve as well persons with no previous contact (Socialstyrelsen, 2009). Examples of the latter might involve evacuation and psychosocial support. In most municipalities, social services organise psychosocial support. This is commonly done in cooperation with health care, education, police, faith-based organisations and voluntary organisations (Deschamps-Berger, 2015). Responsibility for emergencies thus relates to ordinary requirements of quality, safety, sustainability and planning in order to maintain existing operations and manage the tasks ahead. Consequently, the municipalities must plan according to what is deemed necessary to manage emergencies (Socialstyrelsen, 2009).

Social services also organise or take part in activities in cooperation with other partners that are relevant to our interests such as activities targeting social risks. These activities range from participating in interventions targeting youth (i.e., collective violent criminal behaviour) to engaging in long-term promotion of living conditions. An example of the former is "ear-to-the-ground" strategies involving meetings on a regular basis with actors for information sharing and planning (Länsstyrelsen Skåne, 2014). A local example of the latter is the formation of "The trans-bordering team" (*Gränsöverskridande Teamet*) targeting children through cooperation between social services and schools (Malmö stad, n.d.). Further, many municipalities organise support for persons wanting to leave violent organisations (Herz, 2016). In the context of violent extremism, it must be said that social services can initiate involuntary care of underaged persons aiming at engaging in warfare (Socialstyrelsen, 2016).

As indicated, the municipalities receive support from and are guided by the National Board of Health and Welfare regarding emergency management, mitigating vulnerabilities

and withstanding threats and risks. The National Board of Health and Welfare's 2015 risk and vulnerability analysis identified some shortcomings within its area of responsibility. These related mostly to the role and function of public social services in emergencies. This outcome is considered critical, especially when taking into account that emergencies can lead to increased demand for services from already known groups as well as new groups. Furthermore, the Board deemed it equally critical that in previous crises, social services tended to focus more on the continuity of services and much less on the services needed following crises (Socialstyrelsen, 2015). This finding underlines the need for public social services to plan strategically for not only measures maintaining the functions of their traditional services but also ways to inform and contact people with whom they have no established contact (Socialstyrelsen, 2009).

## **7.5 Conclusion**

The Swedish legal framework of the emergency management system addresses social services in a regulation (Please see table 7.1). Yet, its role is not addressed explicitly. Furthermore, in terms of contingency planning, social services is a municipal area of operation. It is included in the municipal venture in this regard and has no explicit responsibility under the law to develop crisis preparedness of its own. Consequently, social services are expected to be included in structures and processes underpinning crisis preparedness, such as risk and vulnerability analysis, planning for contingencies and service continuity, educating and training staff and reporting to regional and national authorities.

Regarding the role of social services, it is most relevant that neither the Social Services Act nor other legislation governing the social services, addresses specifically the responsibility of municipalities for operations in case of crisis and serious incidents. Rather, in terms of responsibility, the Social Services Act outlines responsibility. It also applies under critical circumstances as well as in the context of all phases of emergencies. Consequently, each municipality is responsible for social services at all times for people residing in the municipality and is responsible for ensuring that they receive the support and help they need. In crisis this involves maintaining the continuity of services as well as providing services called for in the situation, like crisis support. The latter is commonly organised in cooperation with county councils, education, police and civil society. This

approach involves a need for public social service to plan strategically, not only measures that maintain the functions of their traditional services but also how to inform and get in contact with people with whom they have no established contact, but who might need help during a crisis (Socialstyrelsen, 2009).

With this backdrop, and given the continuous development of the emergency management system along with on-going societal changes, we conclude that a revision of existing guidelines would be beneficial. Further, it would be important to gain more knowledge about social services' practical enactment of their role in contingency planning as well as in manifested crisis. Some important aspects involve current approaches to service continuity and cooperation with other actors, public as well as private, and actors from civil society. It would also be of interest to check the current development of military-civilian cooperation, and what civil defence implies for social services.

**Table 7.1** Conclusion: Social services in Sweden's contingency planning

<b>Emergency Management</b>	
Ministry responsible	The Ministry of the Justice
Coherent body of law on EM?	Yes, act on Municipal and County Council Measures Prior to and During Extra-Ordinary Events in Peacetime and During Periods of Heightened Alert, No. 544/2006, and its corresponding Ordinance No. 637/2006 Regulation MSBFS 2015:5 The ordinance on crisis preparedness and authorities' (that are responsible to guard) measures in heightened alert (national and regional level), No. 1052/2015 The Civil Protection Act No. 778/2003 regulating rescue services as well as national responsibilities in terms of rescue operations
Committee/council/board at national level?	Yes, the Crisis Management Council
Are social services represented in the committee/board/council?	Yes, social Services is represented by the National Board of Health and Welfare as well as through the Social Ministry. Led by the Minister for Home Affairs' State Secretary, it normally includes the National Police Commissioner, the Head of the Swedish Security Service, the Supreme Commander of the Armed Forces and the Directors-General of the National Grid, the Swedish Civil Contingencies Agency, the National Board of Health and Welfare and the Swedish Radiation Safety Authority, a County Governor, representing the county administrative boards. Representatives of the ministries responsible for relevant agencies may also take part. The Minister for Home Affairs' State Secretary may also co-opt other members if necessary.
EM national institution or authority?	Yes, MSB
No. of staff?	850
Main principles?	Responsibility Similarity Proximity
EM cooperating with voluntary organizations according to formal contracts?	Yes, agreements on both national and local level
Conscripts and volunteers	There are 18 Voluntary Defence Organisation, including the Red Cross and Civil Defence League. The latter focuses on safety in everyday life and in times of crisis. It organizes training activities, such as first aid, risk awareness, emergency support and voluntary reinforcement resources. The number of members in the Civil Defence League is approximately 19,700.
<b>Role of local social services in emergency management</b>	
Does the act on EM address the role of local social services?	No
Does the legal framework address the role of local social services in relation to EM?	Yes, in the regulation
Does the legal framework outline distinctive role/roles?	No
Are social services legally obligated to prepare a contingency plan?	Yes, all authorities and municipalities are obligated to make contingency plans. Social services are, as a municipal area of operation, included in municipal responsibility in this regard.
Does the law on social services specifically address the role of the services in the context of disaster?	No, however, the Social Services Act and related social acts apply under all circumstances. The municipalities' ultimate responsibility applies in the context of all phases of emergencies.
Are there specific guidelines for social service contingency planning?	Yes, the National Board of Health and Welfare have issued guidelines as regards emergency management (in 2009) and crisis support (in 2008).

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## 8. CONCLUSION

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The aim of this report was to investigate the roles of local social services in times of disaster. We asked the following questions: Do local social services have a formal role in the contingency planning of the emergency management systems in the five Nordic countries? If so, what are these roles? Disasters usually allow limited time to make decisions, and high values are at stake. Hence, the literature recommends that the level of preparedness be as high as possible, and that contingency plans formally lay out the division of labour between respondents.

The results show that the countries in question have chosen quite different paths regarding this issue (see further discussion below). Municipalities do have legal obligations to make contingency plans in all the countries, but Finland, Norway and Sweden specifically address the role of social services in times of disaster. They do so within both the legal frameworks on emergency management and in the case of Finland and Norway also in the law on social services. All countries expect all authorities to make a contingency plan, but only Finland, Norway and Sweden prepare special guidelines for social services on the contingency planning.

In the introduction we discussed the wide cooperation that the Nordic countries have established in the fields of emergency management, civil defence and health preparedness management, both among the Nordic countries and in the European context. All the Nordic countries have strong systems of emergency management, and all but Iceland have their own defence forces that can be mobilised in times of need. The countries have similar ideas about the main principles of emergency management: responsibility, similarity, proximity and cooperation<sup>47</sup>. The report also addressed how the Nordic countries are also widely known for their strong welfare systems. The Social Democratic Welfare Model is often referred to as a role model for other countries. Hence, all the Nordic countries have two strong systems that are intended to respond to disasters: the

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<sup>47</sup> Sweden is in the process of amending its principles in autumn 2016.

emergency management systems are directed to respond to certain types of major disasters, while the welfare systems usually respond daily on the micro level to crises of individuals or families. However, they respond as well to social problems and crisis on the community level. The literature shows the importance of the co-operation of these two systems, due to both the increase in disasters and the emphasis on participation of the inhabitants and communities in emergency management. The welfare system has tools and information to meet the needs of the most vulnerable groups in the society, and the literature has shown that disasters hit these groups hardest. Hence, the institutions of the welfare systems, in particular the local social services, have proven to be very important. Recent events in the Nordic countries have raised questions on co-operation of the systems, e.g., when the countries faced massive increases in the number of refugees in 2015. The aftermath of the financial and bank crisis in Iceland in October 2008 raised thoughts on why the emergency management and the welfare systems are not responding jointly in a coherent manner. Then, public protests and riots led to the government's resignation, and the nation's trust in most governmental institutions collapsed (Bjarnason, 2014; Bernburg, 2016). The Icelandic government established a special welfare watch to oversee the situation, but the government did not trigger the emergency management system, nor did it have a representative in the welfare watch (Arnalds, Jónsdóttir, Jónsdóttir and Víkingdóttir, 2015).

Despite the importance of social services during disasters, only a few researchers have addressed the role of the welfare state in relation to disasters in the Nordic countries. The literature shows that the role of the health care system is usual well defined and implemented as part of the contingency plans. However, when we searched for literature or reports addressing the roles of the social services, we found only two on-going projects, one in Finland (Rapeli, 2016a) and the other in Sweden (Cuadra, 2015). Our search thus convinced us that comparative research on the roles of local social services in relation to contingency planning would add to knowledge to the field. Hence, we consider the report an important contribution for stakeholders and policy makers. It is also valid input into the growing intersectional disaster research in the Nordic countries and around the world.

### *Role of social services in relation to disasters*

In chapter two, we presented a literature review on the role of social services in times of disaster. The review showed very clearly how the local social services in other countries have played both extensive and important roles in times of disaster. Furthermore, the literature suggests that the role could be even bigger if the full potential of the local social services were applied in all phases of the disaster cycle. This would enhance resilience of individuals, communities and nations as a whole.

International agreements agreed by the UN World Conference on Disasters Risk Reduction, e.g., the *Sendai Framework for Disaster Reduction 2015-2030*, bears witness to the shift from managing disasters to emphasising pro-active risk management. This calls for co-operation of a wide range of stakeholders, in the private and public sector, the voluntary sector and civil society. Localisation and user-involvement is emphasised in order to enhance the resilience and proactive contingency planning of both individuals and communities. The literature and the stakeholders point out that no matter how efficient the emergency management is on the state level, it is the local actors that are most often the first responders. After the emergency phase is over, it is the local community that is the most important actor during recovery. Hence, as pointed out in the introduction, meeting disaster is regarded as a shared task of prepared and resilient communities.

The literature has mapped how multiple factors influence resilience and recovery, including age, diversity, gender and social inequality. The literature shows that vulnerable groups suffer most from disasters, and they have fewer resources to prepare for it. Despite increasing deprivation and segregation in the Nordic countries, they can still pride themselves that a relatively low proportion of people live at the defined levels of poverty and social exclusion. In addition, international comparison shows them to be among the safest countries in the world in terms of disasters and vulnerabilities. The inhabitants of the Nordic countries generally place high trust in their governments. As the list of recent major disasters shows, in recent years, the Nordic countries have all faced major crises due to natural, technical and man-made factors, and if predictions about the increase in disasters are correct, the frequency is on the rise. Hence, even though the Nordic countries have been able to protect their citizens from social ills, the welfare state is facing more complicated tasks than before. In addition, we must bear in mind that the nations are

growing older, and the dependency ratio is increasing. At the same time, the projected number of both natural and social disasters is increasing. These facts call for critical examination of how we utilise the resources earmarked to ensure the nations' welfare. Applying social services to enhance resilience and preparedness of those most vulnerable in disasters is of vital importance.

Furthermore, the growing literature on the role of local social services reports their important roles in disaster mitigation, preparedness, response and recovery for not only vulnerable groups but also all inhabitants generally. The literature has therefore emphasised that plans must integrate the providers of social services into disaster risk management in all phases of disasters. As discussed at length in chapter two, the role of social services and social work in rebuilding lives post-disaster can also be salient, and they can make an essential contribution to disaster recovery by facilitating community development, restoring livelihoods, providing psychosocial support, and enhancing capacity in local communities. We must also recall the importance of close co-operation between social services and the voluntary sector during the emergency and recovery phase. For example, the Red Cross is usually the biggest voluntary organization providing social services during disasters in all the countries.

Social workers are the largest profession working in local social services, but the literature sometimes makes little distinction between social services and social work. Chapter two discussed some of the main distinguishing features. The review showed that the resources of social work could also be used more in relation to disasters. Social workers' practices emphasise user involvement and working closely with vulnerable populations in different institutional settings. This is valuable when shifting from a top-down approach to pro-active risk management. Emphasising the role of individuals and local communities' abilities will enhance resilience. Furthermore, the literature emphasises social workers' knowledge of the methods of community work. These methods build on the participation of a community's members. Hence, the literature points out how social workers' holistic and people-centred approach can contribute, based on empowerment approaches. In this respect, it is important to recall the model by Elliot (2010). Her model addresses the social work tasks in all phases of disaster intervention. Rapeli (2016) applied her model and systematically reviewed the role of social work in disasters. Her results provide us with a list of tasks performed by social workers, as reported in the literature. Local social services

in the Nordic countries could include all these tasks. Hence, in addition to social and human investment, the social services could enhance citizens' economic participation and political empowerment.

**Table 8.1** Social work tasks in relation to disasters according to Rapeli's systematic review

<b>Social Investment</b>
1. Outreach
2. Identification and needs assessment of the affected
3. Linking of those in need with resources and further support / referral services
4. Support for special groups in need
5. Temporary housing
6. Delivery of food and clothing
7. Practical help
8. Providing information
9. Ensuring safety of the affected
10. Support for community development and reconstruction
11. Information for the communities
12. Support groups
13. Support for NGOs to ensure efficient aid
14. Guidance, support and coordination of voluntary action
<b>Economic Participation</b>
15. Financial support
16. Support for getting jobs
<b>Economic Participation – cont.</b>
17. Support for applying for insurance and benefits
18. Channelling funds and goods raised
19. Developing means for livelihoods with communities
20. Promoting micro credits
<b>Political Empowerment</b>
21. Motivation and activation of victims to get support and benefits they have rights to
22. Support for decision makers and management in advocating the needs of the most vulnerable
23. Advocacy for changes in policy if the most vulnerable do not get benefits
24. Conflict mediation between communities and government
<b>Human Investment</b>
25. Psychosocial support
26. Trauma counselling
27. Bereavement counselling
28. Family reunion
29. Support for Disaster Victim Identification personnel
30. Support at funerals
31. Help line for psychosocial support

Source: Rapeli, 2016b.

As discussed in chapter two, the local circumstances and types of disasters in each municipality define to some extent the role of social services. Hence, this is important to keep in mind when discussing and defining the roles of local social services.

*Are social services included in contingency planning?*

Tables 8.2 and 8.3 present the main points made in the concluding sections of the chapters on all five countries. First, the comparison shows quite different approaches to the overall organization of emergency management. All countries except Finland have an institution overseeing emergency management. In Finland, the Office of the Prime Minister coordinates tasks in times of major disaster. However, due to the high degree of sectorial responsibility, there is no need for a special institution in Finland.

The numbers staffing the emergency management institutions, as well as ministries and national authorities' explicit responsibilities to support (and/or monitor) the local level, reveal possible sources of support for social services making their contingency plans. An indicator of this is whether special guidelines have been prepared. In the case of Iceland, that has a relatively high number of disasters caused by natural hazards, the number of staff there is 9 persons, compared to 600 in Denmark and Norway and 850 in Sweden. However, the emergency management institutions all have similar tasks, thus Iceland's low number of inhabitants does not mean that the Icelandic institution has fewer tasks.

All the Nordic countries have a strong voluntary sector that adds to the resources of their formal emergency management. In relation to social services, the voluntary sector provides important contributions to disaster management in all the countries. However, the level of formalisation differs. In some countries, there are formal contracts for their role on the state level. For example, in Iceland the voluntary organisations play key roles. In other cases, contracts are made on the local level when needed, e.g., in Denmark. Because local social services are unable to provide all needed services in a major disaster without the resources of voluntary organizations (in most cases the Red Cross), clearly articulating the division of labour between the local social services and civil society is important in contingency planning and, if possible, formal contracts as well.

**Table 8.2** Main features of emergency management systems in the Nordic countries

	Denmark	Finland	Iceland	Norway	Sweden
Ministry responsible	Ministry of Defence	Each Ministry, but Prime Minister's Office Co-ordinates in case of majory disasters	The Ministry of the Interior	Ministry of Justice and Public Security	Ministry of Justice
Coherent body of law on EM?	Yes	Yes	Yes	Yes	Yes
Committee/council/board at national level?	Yes	Yes	Yes	Yes	Yes
EM national institution or authority?	Yes, DEMA	No	Yes, DCPEM	Yes, DSB	Yes, MSB
No. of staff?	600	-	9	600	850
EM cooperating with voluntary organizations according to formal contracts?	Yes	Yes	Yes	Yes	Yes

Table 8.3 below compares the legal framework for the role of social services in relation to contingency planning. Finland, Norway and Sweden all specifically address social services in their emergency management legal frameworks. These countries also prepare special guidelines for social services' contingency plans. In comparison, neither Denmark nor Iceland mentions social services specifically in their emergency management acts, nor do they prepare special guidelines for social services. As mentioned above, all authorities have a legal obligation to make contingency plans in all the countries. Hence, even if the law does not address social services, the law obligates authorities to make contingency plans—also in Denmark and Iceland. Another point of difference between the countries is whether the act on social services recognizes that social services play a specific role in disasters. The Danish and the Icelandic social services acts do not address this, but the acts of Finland and Norway stipulate on these matters. In Sweden, the role is more implicit as the social act applies regardless of circumstances. We also noticed that it is more usual for the emergency management systems to focus on the health authorities than the social services in national cross-sectional co-operation. We conclude from this that the visibility of social services within the emergency management system could improve. Their invisibility also applies to disaster research. As pointed out above, the role of social services in times of disaster has only been investigated in Finland and Sweden.



**Table 8.3** Are social services addressed in the contingency plans and in the EM systems?

	Denmark	Finland	Iceland	Norway	Sweden
<b>Role of local social services in emergency management</b>					
Does the act on EM address the role of local social services?	No	Yes	No	Yes	No
Does the legal framework address the role of local social services in relation to EM?	Yes	Yes	Yes	Yes	Yes
Does the legal framework outline <u>distinctive</u> role/roles?	No	Yes	No	Yes	No
Are social services legally obligated to prepare a contingency plan?	Yes	Yes	Yes	Yes	Yes
Does the law on social services specifically address the role of the services in the context of disaster?	No	Yes	No	Yes	No
Are there specific guidelines for social service contingency planning?	No	Yes	No	Yes	Yes

Chapter two discussed the local circumstances and types of disasters in each municipality. To some extent, circumstances and disaster types define the role of social services. This is therefore important to keep in mind when discussing and defining the roles of local social services. Hence, another sub-project within the *Nordic Welfare Watch* project addresses the known risks in each Nordic country and examines what challenges these risks pose for local social services. Furthermore, this study has examined only the legal framework and the formal planning on the role of local social services. It has not examined how they would play out in an actual disaster. There is a need for such case studies on how social services have prepared for and responded to disasters. Such a project has already been planned as part of NORDRESS, the NordForsk centre of excellence on societal security, which will compare actual cases (NORDRESS, n.d.). Hence, we hope that these additional projects provide valuable insights and knowledge about the important roles played by local social services in times of disaster.

We hope that the report will enhance the important role of local social services in emergency management, hence making the Nordic Welfare States more resilient and better prepared for future challenges.

The following **recommendations** might serve as stepping-stones in that direction:

- There is a need to share **knowledge** on how to increase the involvement of social services in all phases of emergency management. The guidelines for social services' contingency planning and their plans should be shared across the Nordic countries and among various actors on the state, regional and local levels. This task could also be implemented under the umbrella of the Svalbard Group.

- There is a need to **make the role of social services known in the emergency management systems**, so that the relevant parties can activate the full potential of social services in all phases of the disaster cycle. It is likewise important to **inform the social services of emergency management law and organization** in order to facilitate effective co-operation in the event of disaster.
- It is important to address the **role of emergency management in the education of social workers and social carers** and **enhance disaster research in the social sciences**.
- It is important to create opportunities for the **social services to prepare** for future disasters. It is also important to include the social services in **emergency management exercises**. The exercises might also be extended in scope in order to cover all phases of disasters. Nordic countries could share exercise scenarios involving tasks for the social sector and make use of scenarios already developed.
- The Nordic Council of Ministers and the Nordic Welfare Center (NVC) **should address social sector preparedness issues**. Social sector preparedness cooperation should be enhanced under the umbrella of the Nordic Council of Ministers (Svalbard Group) and collaborate closely with the Haga-process. Such high-level co-operation enhances regional and local level co-operation.

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